

# Neath Port Talbot Council's Draft Plan for Adult Social Care 2019 - 2022



*Building Safe and Resilient Communities*

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## Foreword

We are pleased to share with you our plans for adult social care for the next three years.

This document describes Neath Port Talbot Council's plans to meet the needs of our local population. Its purpose is to outline how we will support older people, those who are vulnerable and people with complex needs.

The plan follows the Council's vision that Neath Port Talbot will deliver a modern sustainable model of social care and housing support that enables people with an assessed social care need to live as independently as possible within their own homes and communities.

We are committed to meeting those needs by delivering services in a way that is targeted, cost effective, of high quality and sustainable. To complement our work with specialist social care providers we need to shift the focus to maximise opportunities for self-reliance, independence and healthy lives.

The plan will help ensure that we have a more diverse and mature range of providers offering greater choice in the social care market, so that service providers are able to deliver and improve quality and performance, are forward thinking, innovative and proactively respond to the needs of the people who use those services.

We want to involve people who use services, their carers, and service providers so that together we can plan the best way to change and invest in our resources so that we can shape the social care market to offer good quality, value for money, effective services.

Finally, we would like to take this opportunity to offer our thanks to all those who have been involved in the development of this plan and look forward to working with you throughout the implementation.



**Councillor Peter D. Richards**  
**Cabinet Member for Adult Social Services**  
**and Health**



**Angela Thomas**  
**Head of Adult Social Care**

## What is our Vision for Adult Social Care in NPT?

The Council's vision is to create *a Neath Port Talbot where everyone has an equal opportunity to be healthier, happier, safer and prosperous*<sup>1</sup>.

This will be achieved by working in partnership with other agencies such as health, housing, education, the third sector, community organisations and the private sector. Through partnership working, people will receive modern, high quality and sustainable services that will meet their assessed care and support needs and demands both now and in the future.

To that end the work of the Social Services, Health & Housing Directorate will embrace the following well-being objectives as defined in our Corporate Plan 2018-2022:

- **To improve the Well-being of children and young people**

*"All of our children and young people have the best start in life, so they can be the best they can be"*

- **To Improve the Well-being of all adults who live in the county borough**

*"Everyone participates fully in community life – socially and economically"*

In doing so we are committed to working in a way which achieves our overarching objectives.

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<sup>1</sup> NPTCBC Single Integrated Plan 2013-2023

## What do we want to achieve?

Our goal is to keep people as independent as possible for as long as possible. This can include short term help which reduces the need for long term care, or services which help people to regain their independence.

We will therefore focus on:

- ✓ Building safe and resilient communities and enabling all people to play an active role and be valued members of their community
- ✓ Implement approaches which help manage the demand for traditional care services and the need for long term care in the community by offering services that support people to retain or regain independence
- ✓ Strengthen the routes into the social care system to give people the right advice at the right time so that we can identify needs at an earlier stage and reduce the need for long-term complex care
- ✓ Focus on approaches which seek greater independence at every opportunity for those people already receiving social care, so they are able to achieve the things that matter to them
- ✓ Create seamless support and services to promote positive transition for young people into adult services
- ✓ Improving the quality of social care services provided and safeguarding people within the borough so that our most vulnerable citizens are kept safe

At the highest level we want to:

- ✓ Promote people's independence, choice and control so they can achieve what matters by being at the centre of their care planning
- ✓ Work to make communities safe and resilient so all people can access their local community, amenities and services
- ✓ Develop modern responsive services with a reablement / rehabilitation / recovery philosophy so that people are supported to retain / regain independence
- ✓ Create new models of care and support to allow people to remain in their own communities and out of long-term care
- ✓ Develop a robust social care market which can respond to changing population needs

- ✓ Engage in development of prevention and well-being services to minimise the demand for complex care
- ✓ Value the important role of carers and recognise their own well-being needs

We propose to shift the focus of the care system so that there is greater emphasis on building safe and resilient communities that promote people's strengths, and ensure we intervene early to prevent needs from escalating.

## What shapes our thinking?

There is important law and national guidance influencing the planning and delivery of health and social care services for children and adults, including:

### **The Social Services and Wellbeing (Wales) Act 2014**

The Act consolidates existing laws and places individuals' wellbeing at the centre of care; promoting choice and control

### **Sustainable Social Services for Wales: A Framework for Action 2011**

The Welsh Government's agenda for regional commissioning and collaboration in service provision

### **Wellbeing of Future Generations (Wales) Act 2015**

Improving the social, economic, environmental and cultural well-being of Wales

### **Housing (Wales) Act 2014**

Sets out Welsh Government's aims to improve the supply, quality and standards of housing in Wales

### **Neath Port Talbot CBC Corporate Plan 2018-2022**

Sets out our well-being objectives and priorities

### **Western Bay Population Needs Assessment**

Looks at current and estimated future demand for services

### **Regulation and Inspection of Social Care (Wales) Act 2016**

Places service quality and improvement at the heart of the regulatory regime and strengthens protection for those who need it

### **Together for Mental Health (2012)**

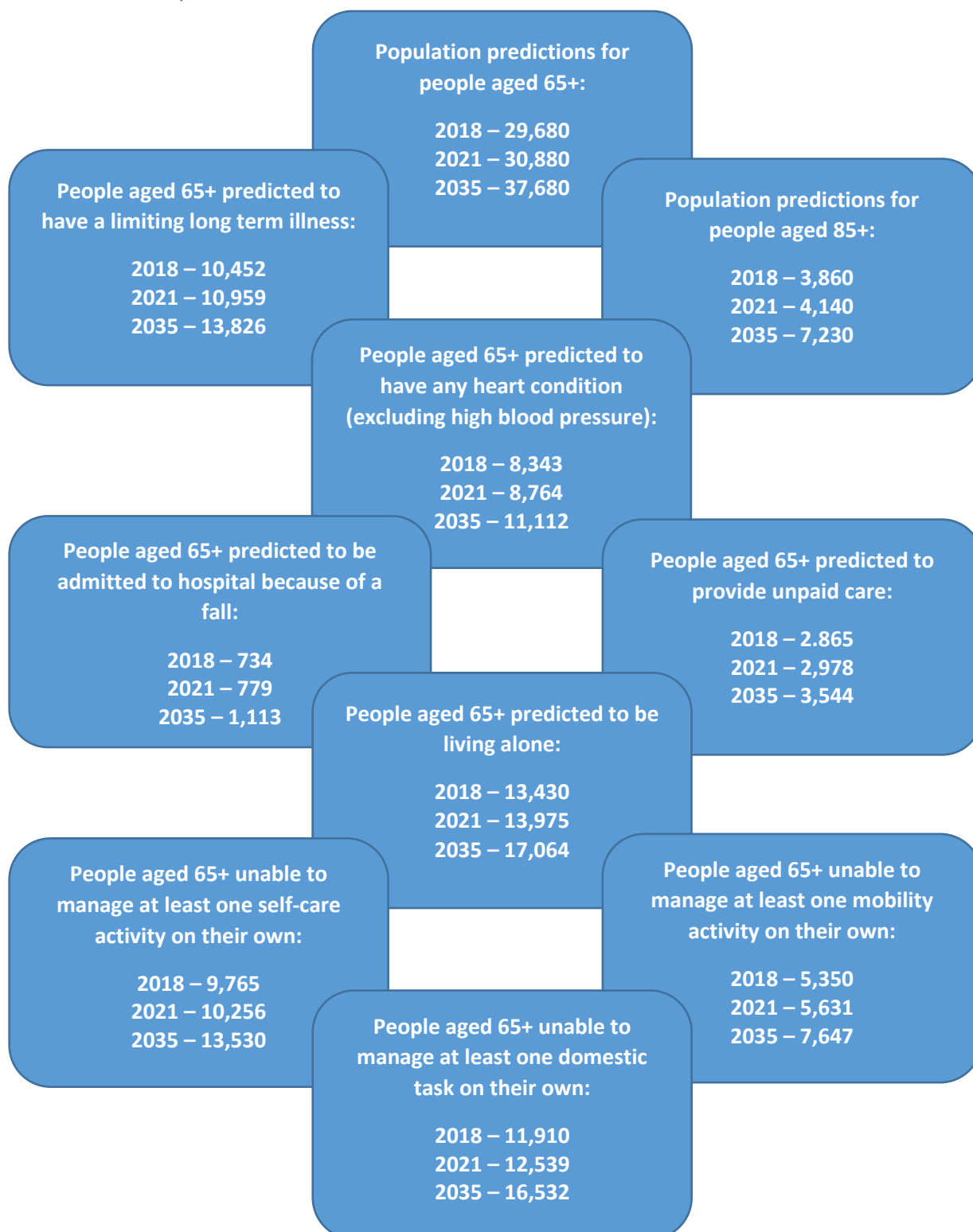
Welsh Government's 10 year strategy to improve mental health and well-being

These are some of the things we have to consider when we plan how we will respond to the needs of our local population.

## Population Trends

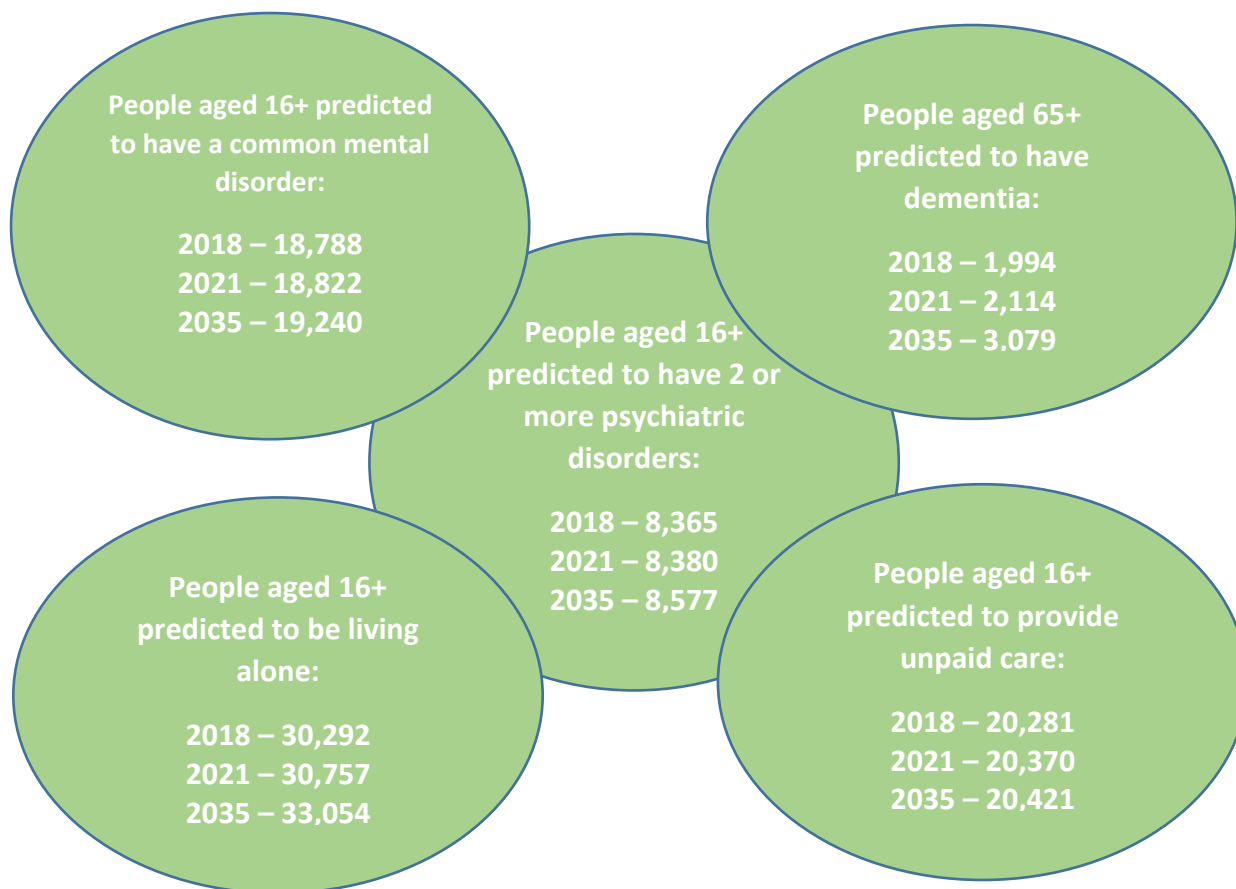
The following section summarises some of the key information we have on the population of Neath Port Talbot in 2018 as well as projections over the three-year time period of this strategy and beyond to 2035. Data obtained from Welsh Government's Daffodil database: [www.daffodilcymru.org.uk](http://www.daffodilcymru.org.uk)

### Older People in Neath Port Talbot





## Mental Health in Neath Port Talbot



## Learning Disabilities in Neath Port Talbot

People aged 18+ predicted to have a learning disability:

2018 – 2,643  
2021 – 2,643  
2035 – 2,696

People aged 18+ predicted to have a moderate or severe learning disability:

2018 – 544  
2021 – 542  
2035 – 540

People aged 18+ with a learning difficulty estimated to have challenging behaviour:

2018 – 51  
2021 – 51  
2035 – 52

People aged 18+ predicted to have Down's Syndrome:

2018 – 46  
2021 – 45  
2035 – 43

People aged 16+ predicted to have Autistic Spectrum Disorders:

2018 – 1,106  
2021 – 1,109  
2035 – 1,139

## Carers in Neath Port Talbot

People aged 16+ providing unpaid care:

2018 – 20,281  
2021 – 20,370  
2035 – 20,421

People aged 16+ providing 50+ hours of unpaid care per week:

2018 – 6,915  
2021 – 7,008  
2035 – 7,299

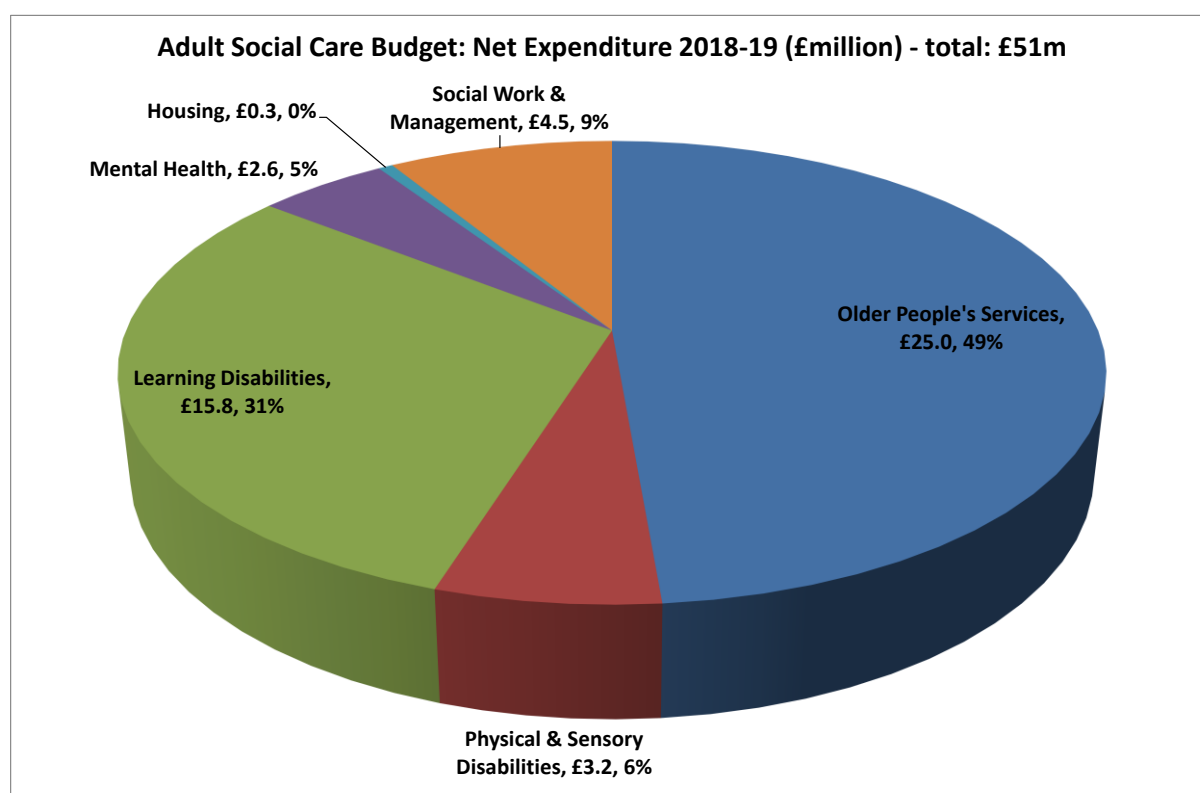
People aged 85+ providing unpaid care:

2018 – 352  
2021 – 378  
2035 – 660

## What do we spend and how do we spend it?

Reducing budgets and an increasing older population mean that the Council has to continue to work as efficiently as possible when commissioning services.

The net budget for Adult Social Services is approximately £51 million per year, which is used to provide, commission and manage services for adults with social care needs, including residential and nursing care, supported living, homecare and respite. In addition to this, there is further funding of £4.8 million provided through the 'Supporting People' programme to address housing support needs. The scale of investment is significant.



In 2018-19 Adult Social Care must try to achieve a savings target of £4 million to meet its commitments to the Council's Forward Financial Plan.

The directorate has seen year on year budgetary reductions while Supporting People funding has remained the same. This represents a real terms reduction when taking into account increased staffing costs and other inflationary pressures.

## What are we going to focus on?

The following represent the key areas we are going to promote. Emphasis is on reducing or removing the need for long term care whilst ensuring that sustainable quality services are available for those who need them:

- 1 • A focus on prevention and early intervention
- 2 • Starting from a position of what someone can do, and will be able to do for themselves, with appropriate levels of support
- 3 • Promote outcomes focussed interventions - making sure that what we do has a positive impact and is evidence based
- 4 • Quality support that meets needs and agreed outcomes, and that service users and carers are satisfied with
- 5 • Adaptable, flexible and inclusive services that can meet changing needs and agreed outcomes
- 6 • Purposeful activities that meet outcomes, including supporting people into education, employment and training
- 7 • Make sure everyone working with adults help them to be full and active members of their communities
- 8 • That we receive good value for money
- 9 • Make sure we have a range of good quality service providers

## What we plan to do

We are an ambitious Council and there is much we want to achieve to make sure people get the best possible support and have positive life experiences.

The following section outlines the areas of priority we are planning to work on over the next three years and beyond in order to commission high quality services that prevent, postpone or minimise the need for formal care, whilst providing value for money and safeguarding our citizens.

### **Early Intervention & Prevention**

*Strengthen approaches to early intervention, prevention and wellbeing*

***A key objective is to keep people independent for as long as possible by reducing or removing the need for long term care. Information, advice and assistance, as well as access to good quality advocacy services can ensure that citizens are well informed to make the right decisions for themselves. We also know that technology can help play a part in helping people maintain their independence.***

By enabling people to access simple support services, and through better targeted early interventions we will prevent or delay a loss of independence and as a result reduce the need for more expensive health and social care services in the future.

#### **Where we are now**

With an increasing older population we need to have the right services in place to support people in their old age. There is a greater need to identify effective ways of supporting people to stay well and reduce the pressure on health and social care services. It is widely recognised that investing in prevention and early intervention results in better outcomes for individuals, organisations and communities and is a more efficient use of existing resources.

#### **Where we are going**

We will commission community based services that promote self-help, so our residents can access a range of information, advice and other services that help maintain their well-being and independence. We will work with people at an earlier stage to support them to live healthier lives in old age.

### **To achieve this we will:**

- ✓ Provide an information, advice and assistance (IAA) service and promote the Community Services Directory so people know what support is available and how to get it
- ✓ Offer an enabling approach through our Community Resource Team to promote greater levels of long term independence such as through Reablement – a mixture of therapies, services and equipment for rebuilding people’s skills and confidence following a hospital admission or similar episode, or supporting people to prevent hospital and care homes admissions
- ✓ Utilise Local Area Coordinators to promote community based support – a local, accessible single point of contact for people of all ages who may be vulnerable due to age, disability, mental illness or social isolation, so that they can build a good life as members of their communities
- ✓ Improve provision of advocacy services to support people to speak up and make their views heard and to help them understand the information they need to make decisions
- ✓ Improving the effectiveness of short term interventions such as reablement; working with people to recover and delay or remove the need for long term care
- ✓ Identify those older people who would benefit from the use of assistive technology to enable them to remain in their own homes and communities for longer

### **Helping people help themselves**

#### *Building Safe and Resilient Communities*

***We want to put responses in place that divert demand through early intervention and prevention by identifying community based services which will better meet people’s needs.***

People will be eligible for a care and support package if their needs ‘can and can only’ be met by social services intervention. The person will be assessed to see if their needs can be ‘sufficiently met’ by support coordinated by themselves, their family or carer, or by community-based services. If this is not the case, they may be eligible for a care package managed by the Council.

An assessment of the person's need will focus on what a person can do, or could do with the right support, rather than focusing on what a person cannot do right now. This requires regular reviews to assess achievement against a set of goals or outcomes that have been developed and agreed with the person requiring support. This will need operational practice (such as social care, health and housing related support) and those responsible for commissioning services to work more closely.

By 'helping people to help themselves' we should see happier, healthier and more vibrant communities.

### **Where we are now**

Assessments often focus on what people cannot do, sometimes resulting in them having reduced opportunities to retain or regain skills.

### **Where we are going**

We will work more closely with and better include all those involved in the person's personal network of support including family, carers, the third sector and the local community. We will also be looking to develop a new range of accommodation and community support options, which will involve the establishment of a new commissioning framework for social care and housing related support services.

Achieving this will require us to focus on ensuring that those who work with people requiring services have the right skills to deliver responses that are enabling and support progression of independence.

### **To achieve this we will:**

- ✓ Work with all service users and providers with the aim of seeing people develop and make progress; we will continually review care and support plans to help people improve their independence
- ✓ Develop an approach to share responsibilities with individuals, families and communities to build on people's strengths
- ✓ Strengthen our approaches to Local Area Co-ordination to help people access local community resources
- ✓ Offer people who require a service the choice of a Direct Payment so they have greater control over how their needs are met

## **Older People's Services**

*Ensure there is a robust market to meet the demands for Older People with enabling approaches to Long Term Care*

***Demand for long term care is changing. Trends seen at a local, regional and national level indicate that demand for more 'traditional' residential care is falling. At the same time demand is increasing for more complex care, including nursing and specialised dementia care. In addition, more people are being supported to stay at home so we need to strengthen the domiciliary care market to meet greater demand.***

People prefer to live in their own homes and communities as long as possible, and we must ensure appropriate support is available to help achieve this.

### **Where we are now**

We are seeing reduced demand for residential care but increases in those people with more complex needs such as dementia. Our projections clearly show the number of people aged 85 and over in Neath Port Talbot will grow significantly over the next few years. A corresponding increase in demand for social care services means our current model of support would become unaffordable and unsustainable.

### **Where we are going**

We expect to see a continued reduction in the overall number of people in long term residential care placements, including through provision of 'support at home' services for older people with lower level eligible needs; this might include domiciliary care or the use of Assistive Technology. We also acknowledge the increasing demand for specialised nursing care and want to ensure we have the right services to meet people's future needs and expectations.

### **To achieve this we will:**

- ✓ Develop more services that help people to regain their independence (known as reablement)
- ✓ Reduce the number of people going into residential care and nursing homes by supporting people to remain at home
- ✓ Make more use of new technology to help people stay in their own homes, e.g. by making it easier for them to contact someone in an emergency



- ✓ Strengthen local domiciliary care provider base to ensure there is an effective and responsive flow into community services. We have introduced a Dynamic Purchasing System (DPS) which more quickly matches domiciliary care packages to those people in need of support at home
- ✓ Review externally delivered domiciliary care packages to support people to achieve greater levels of independence; this can include the use of reablement services or the provision of assistive technology packages
- ✓ Work with Occupational Therapists to develop opportunities to use equipment to create greater levels of independence and reduce the need for double staffed domiciliary care calls
- ✓ Work with the care home sector to explore the development of long term solutions to better meet the demands for complex care, for example nursing and dementia care
- ✓ Work with Western Bay colleagues to develop pooled budget arrangements for the care home sector
- ✓ Continue to implement the recommendations from the Older Person's Commissioner's report

## **Complex Needs: Learning Disabilities & Mental Health Services**

*For people accessing learning disability services or mental health services, we will, in partnership with individuals, carers, families and service providers remodel services and implement a 'progression' model of care.*

***We want our services to have a positive impact on people's lives. We will work with all partners to promote individuals' strengths and independence, and ensure they receive the care they need based on the outcomes they want to achieve.***

By moving away from more risk averse practices and models of support and instead recognise and safely build on people's individual qualities, strengths and abilities, we will be able to ensure that people are able to live more independent lives including, where appropriate, supporting people to live in their own homes and communities. This is often called a '**Progression**' approach.

### **Where we are now**

The current service model is not as progressive as it could be, being heavily reliant on care provided in a residential home or an historical model of supported living for those people with learning disabilities. Similarly, for people with mental ill health there is too much reliance on residential care services. This has resulted in an under-developed market for more enabling services which promote greater levels of independence, recovery and rehabilitation.

We are reviewing people with complex needs using the '**Progression**' approach which seeks to help a person achieve their aspirations for living life as independently as possible and requires working with the person and their support network to develop a personalised assessment. It identifies very specific development requirements in respect of activities of daily living; goal directed support planning; positive risk taking and outcome based reviews. This is then used to help understand how to best support the person and develop their skills so that they can transition into a more independent support model or receive lower levels of staff support.

An example of this approach is the identification that a person currently living in a residential care home out of the area wants and can, with the right support and planning, return to Neath Port Talbot and live in their own home. To achieve this, first the person might take up residency in a local residential care provision for a period of time, during which the provider will work with

the individual to help them acquire independent living skills. During this time they may form a friendship group with other residents and, at a later date, move to a supported shared home with their own tenancy and further enabling support.

### **Where we are going**

Social workers will have a greater role in conducting reviews and preparing support plans, with an increased focus on forward planning and the need to include specific goals and person centred outcomes.

As such, service providers will be commissioned and routinely monitored according to their ability and progress in promoting independence of individual clients, whilst ensuring that costs are in line with the services being provided.

Over a number of years, it is anticipated that housing-based support will gradually change from being a service that consists of mainly residential care or supported living to one where the majority of individuals are living more independently.

### **To achieve this we will:**

- ✓ Review how we provide support for people with very complex care needs; implementing an outcome focussed approach to promote greater levels of independence so we focus on helping people achieve goals and what is important to them

### **For People with a Learning Disability**

- ✓ Work with providers to create a range of more personalised support and flexible accommodation options tailored to the individual
- ✓ Reduce the number of people living in residential care and traditional models of supported living
- ✓ Promote the use of Assistive Technology to promote independence
- ✓ Work with providers to promote the progression model of support

### **For People with Mental Ill Health**

- ✓ Carry out a review of Mental Health provision to develop a rehabilitation and community based model for the future.
- ✓ Improve the availability of services that promote rehabilitation and recovery for those experiencing mental ill health
- ✓ Develop more services that aim to prevent mental health problems

## **Supporting Carers**

*To strengthen our planning arrangements and support mechanisms for carers*

*Neath Port Talbot has the largest community of people reporting as being unpaid carers in Wales and England. The contribution they make is immeasurable. We must do all we can to promote their rights and support their efforts.*

There are an estimated 20,280 people in Neath Port Talbot providing unpaid care. By providing support to carers they are enabled to continue to provide a vital and invaluable role in supporting the people for whom they care.

### **Where we are now**

Neath Port Talbot invests in a variety of services for carers including information and advice, training, advocacy, drop-in support sessions and respite services. However, more can be done to help carers in their role.

### **Where we are going**

We want carers to be able to access a range of services and assistance which support them to continue their caring role where they wish to do so. Services should be available which meet carers' needs flexibly to reduce the impact of caring on the carer's own health and wellbeing.

### **To achieve this we will:**

- ✓ Work with partners to improve early identification of carers, including promoting uptake of carers assessments to ensure eligible need is identified
- ✓ Increase the range of early advice, information and support to people new to the caring role (e.g. carers knowing what help is available to them and the person they care for)
- ✓ Ensure the social care market can offer carers a full range of services including advocacy, breaks, training and respite provision, for example through befriending services
- ✓ With partners, offer training to support the caring role, including peer support and networking opportunities
- ✓ Consult carers to ensure services meet their needs
- ✓ Review local short breaks (respite) policy and provision to ensure it is appropriate and sustainable

## Implementation and Monitoring

This document represents a medium term plan which will be implemented over the next three years. An action plan will be developed and progress will be reviewed and monitored by the Social Services Scrutiny Committee as well as surveys, etc. of service users and their carers.

In line with the service model delivery principles, the success of this plan will be demonstrated by:

- A greater understanding and meeting of service users' choices and expectations
- More people with an assessed need (including carers) either living independently with various support options or supported at home and in their own communities
- More adults achieving positive outcomes as determined by themselves in all areas of life
- Reduced number of people entering residential care
- Consistent delivery of specified high standards for service provision
- Achievement of value for money and the savings within the Council's Forward Financial Plan
- Development of a culture that helps those with assessed support needs to make full use of their potential, protect them from harm and ensure dignity and respect
- Full engagement of service users and their carers in the delivery and shaping of services
- Integrating with the local health service across the care pathway, with appropriate levels of more intensive rehabilitative support as well as ongoing care and intensive community based support as necessary
- Regular reviews to ensure that levels of support change in line with changing needs
- Positive responses and feedback from people using services and their carers

## Conclusion

The needs of individuals can often be complex and multiple, but the aim and emphasis must be on independent living, choice and accessibility. Such a focus will mean a further shift away from conventional forms of service provision towards facilitating more individualised support that *enables* those to overcome barriers to independence and inclusion within their local community. Such a focus on increased participation through independent living produces personal, social and economic benefits both for those individuals, their families and carers and for local communities.

This document is intended to be an open statement for individuals and providers of services to understand our intentions and our ambitions. It will provide a focus for future reviews to enable us to track progress and allow us to review our assumptions. The development of the strategy will allow service users to see where they may wish to influence and contribute to future service developments, and it will offer providers a steer for developing new services.

This plan is a working document that will be reviewed on a regular basis to ensure that it remains fit for purpose and focused on the changing needs of the people of Neath Port Talbot.

## References

Housing (Wales) Act 2014

<http://gov.wales/topics/housing-and-regeneration/legislation/housing-act/?lang=en>

Learning Disability Services Strategic Delivery Plan 2018 – 2019

<https://democracy.npt.gov.uk/documents/s35665/Learning%20Disability%20Service%20Delivery%20Plan%202018-19%20v1.5%2027%20Feb%202018.pdf>

Mental Capacity Act 2005

[http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga\\_20050009\\_en.pdf](http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf)

Mental Health Services Strategic Delivery Plan 2018 – 2019

<https://democracy.npt.gov.uk/documents/s36084/Mental%20Health%20Service%20Delivery%20Plan%202018-19%20v1.2.pdf>

National Dementia Action Plan for Wales 2018 - 2022

<https://gov.wales/topics/health/nhswales/mental-health-services/policy/dementia/?lang=en>

Neath Port Talbot CBC Corporate Plan 2017-2022

<https://www.npt.gov.uk/15847>

Neath Port Talbot CBC Strategic Business Plan for Adult and Children's Services

<https://democracy.npt.gov.uk/documents/s34372/People%20Directorate%20Strategic%20Business%20Plan%202018-2019%203.pdf>

Regulation and Inspection of Social Care (Wales) Act 2016

<http://gov.wales/topics/health/socialcare/regulation/?lang=en>

The Strategy for Older People in Wales 2013-2023

<https://gov.wales/docs/dhss/publications/130521olderpeoplestrategyen.pdf>

Sustainable Social Services for Wales: A Framework for Action 2011

<http://gov.wales/topics/health/publications/socialcare/guidance1/services/?lang=en>

The Social Services and Wellbeing (Wales) Act 2014

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Wellbeing of Future Generations (Wales) Act 2015

<http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

Western Bay Population Needs Assessment 2016 - 2017

<http://www.westernbaypopulationassessment.org/en/home/>