



Wrexham Adult Social Care Commissioning Strategy 2018 - 2023

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1. INTRODUCTION & PURPOSE

This Strategy sets out Adult Social Care's (ASC) vision for care and support services. We recognise the important role that the people who use our services play in their communities and we acknowledge the support they give to others through their caring role; their engagement, employment and volunteering; their families, friends and neighbours. We also acknowledge that the level of support required varies from individual to individual. Our key aims will be to provide integrated and person-directed services, and to promote health, well-being and independence across the whole population. In order to do this in the face of increasing levels of demand on our services, and during a time of acute financial pressures, our commissioning approach will need to:



Improve demand management through the provision of a new and sustainable model of care and support, focusing on the delivery of Information, Advice and Assistance (IAA); early intervention and prevention; and enablement/ reablement



Improve well-being outcomes for citizens



Ensure integrated working across health and social care, the independent and third sectors and local communities; working co-productively with the people we support and their carers



Support the development of alternative delivery models, including social enterprises, community interest companies (CICs), co-operatives; and enhance the role of peer and community support

This Strategy sets out how we intend to work with our partners to deliver services that will meet the needs of our citizens over the next 5 years. It is a statement of strategic intention about supporting people in Wrexham. It will guide commissioning and business planning activity across the Department; deliver citizens-focused outcomes and achieve the efficiency and financial savings required from the Department.

Our Strategy is guided by two key pieces of legislation:

- The **Social Services and Wellbeing (Wales) Act (2014)** which focuses in improving the well-being of people who need care and support. The Act changes the way people's needs are assessed and the way services are delivered, so that people have more say in the care and support they receive. The Act also promotes a more preventative and community-focused approach to providing low-level support to reduce the need for formal, planned support. We will meet our duty under the Act to adopt a collaborative approach to developing the market and to encourage social enterprises and co-operatives that will support greater choice.
- The **Well-being of Future Generations (Wales) Act (2015)** seeks to improve the social, economic, environmental and cultural well-being of people living in Wales, by requiring public bodies to work together to achieve greater sustainability in services to meet the needs of future generations.

Our Commissioning Strategy details how the Adult Social Care Department will deliver on these new legislative duties; it provides an evidence-based strategic vision and an over-arching approach to improving quality of life for the citizens of Wrexham who have care and support needs, as well as those those who may require statutory services in the future. Innovative and creative commissioning activity will support improved outcomes for individuals, maintaining connections with the work of other departments within the Council, the Council Plan, corporate priorities and operational plans.

2. THE FINACIAL CONTEXT FOR CHANGE

Local Councils have less money to spend on services because Government (UK and Wales) are giving us less money in our budget every year. Wrexham Council has already saved around £18 million in the last three years, and we think we're going to have to find another £13 million over the next two years. Overall, we have had to make savings of £52 million since 2008.

We want to be able to deliver good services to you, and we’re always looking for ways to get better at what we’re doing. We are working hard to become a more modern organisation and to make sure that we have the right staff and services in place to meet the needs of local people.

Departments like social services, who have a duty of care, are protected as much as possible, however, we are not immune to these cuts, and over the last four years Adult Social Care have delivered nearly £8 million worth of savings. We expect to need to make a further £2million over the next two years.

Delivering these savings is a challenge, especially when we consider the increasing costs and pressures experienced not only by ourselves, but by our partners in the Health Board, in terms of the increased demands placed on services as a result of the ageing population.

We are trying to make savings in ways which don’t affect the public in a bad way, but as we have less and less money to spend every year, it’s getting harder. We are also given new responsibilities by Welsh Government every year, which will cost us money and time (e.g. the introduction of the new Social Services and Well-being (Wales) Act).

The changes and service developments outlined in this Commissioning Strategy are some of the things that will help us to deliver these savings.

3. COMMISSIONING FOR A NEW AGE

The complexity of people’s lived experiences requires the development of innovative commissioning and procurement activities to create co-ordinated resources that will meet people’s needs.

Our commissioning approach is underpinned by the following key principles:

- In the future, people who use services and their carers will co-design everything we do
- Every person will experience a person-directed/ needs-led approach
- Carers will be supported in their caring role, and have a life outside of caring
- Collaborative working will achieve real outcomes for people
- Care and support services will be safe, achieve value for money, sustainable, and based on sound evidence of what works
- We will be creative, adapt to change and manage uncertainty

We will develop a new approach to strategic commissioning through the development of new relationships between Departments, organisations and citizens, to provide an environment for transformative activities that will ensure the promotion of positive health and well-being. Whilst we have some way to go to achieve a fully co-produced Commissioning Framework, the diagram below usefully summarises how this new approach will work:

Conventional Approach	The New Approach
Tightly defined services	Focus on broad outcomes
Focus on unit costs and short-term efficiencies	Long-term value and prevention
Poor level of insight	Involves people in exploring needs and assets
Hierarchical and paternalistic	People are part of the solution
Closes down innovation	Promotes innovation
Rigid and inflexible contracts, targets	Interactive and adaptive

and Pls	
Competitive and in silos	Collaborative

4. POPULATION, SERVICE TRENDS, SUPPLY & DEMAND

Wrexham population at a glance



Across services there are differences in how people access support, the types of support being commissioned, how people experience those services and how people are supported within their communities. This needs to change

- 61,603 people
- Nearly 1/3 are aged over 65 years of age.
- 1,823 people living with dementia; projected to increase to 1,991 by 2020
- 21.5% of adults have a disability
- 13,034 people aged over 55 living with a limiting long-term illness
- 15,150 (11.2% of the population) provide unpaid care
- Fourth largest urban area in Wales, with a mix of sparsely populated rural area, small villages, and busy urban communities
- Average life expectancy for men is 78 years and women is 82 years

- 1,624 people were provided with an assessment, of which 1,624 had a specialist assessment, and 944 went on to have a care & support plan
- Between April – December 2017, 302 carers had an assessment, of which 50 had a specialist assessment; 160 had carers assessment, and 18 went on to have a support plan
- There has been a reduction in the numbers of people across all client groups, supported within long-term residential care, although the numbers of people with EMI and/ nursing needs has risen over time
- The number of people with a disability in Supported Living accommodation has risen from 120 in 2013/14 to 131 in 2016/17
- 256 people commission their own care and support using a direct payment

Demand for social care services is rising at a time when budgets are reducing. To continue to develop high quality services that strive to deliver what matters to Wrexham citizens, in the face of such pressures, then we need to think creatively and develop innovative approaches

5. WE'RE LISTENING: WHAT PEOPLE IN WREXHAM SAY ABOUT ADULT SOCIAL CARE & THE SERVICES WE PROVIDE

This Strategy has been informed by a wide range of consultation and engagement activities. For people who use our services and their carers, health and well-being questionnaires were placed on 'Your Voice' as well as posted out to people. Questionnaires were also used to capture the views and aspirations of people who have yet to access social care services. We went out in to the community to speak with people, and ask them about their health and well-being priorities. We also held engagement sessions with our own staff and independent and third sector providers to understand their views on what we do.

We acknowledge that this Strategy has not been co-produced with key stakeholders and members of the public, but this is where we aspire to be, and as a Department we have committed to ensuring that work is undertaken over the course of the next 5 years to develop our approach, and ensure all our commissioning activity and vision for services moving forward is developed through true collaboration.

What people who use our services told us.

Staff providing information and advice need to be more knowledgeable

- 95% of people felt the services they received from us helped them to re
- 95% felt the services they received helped them feel more secure and safer at home
- Whilst only 56% of people rated their quality of life as good, 94% of people questioned felt the services they received improved the quality of their life
- 58% felt they had as much choice and control in their daily life as they wanted
- Only 48% of people felt they had as much contact as they wanted with the people they like

What informal carers told us about our services.

I want to participate in society and feel valued for the contribution I make

- 58% of carers said the department helped to improve the quality of their life
- 56% of carers felt the help they received from the department met some or all of t
- Only 47% of carers questioned were offered a Carers Needs Assessment, and only 3 accepted the offer
- Only 53% of carers felt they had their own life outside of their caring role

"I do my best for my wife the best way I can and I don't have any time to myself, we are always" together"

Key themes emerging from our public consultation



Greater availability of community resources: we need to reduce social isolation by making communities more resilient and resources available within communities more accessible



Opportunities to achieve positive health and well-being: we need to provide citizens with equality of opportunity to achieve health and well-being through exercise, education and skills development, and through a wider range of meaningful and affordable activities. We need to provide carers with greater opportunities to 'take a break'



Enhanced support within the community: we need a stronger focus on community-based support, e.g., district nursing, follow-up from Social Services, appropriate accommodation, more Community Agents, and support with daily living tasks



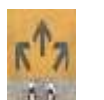
The importance of safety: people want to feel safe in their community; community facilities need to be well-maintained and people need to access reliable and safe public transport



Improved engagement: the people who use our services describe most of their engagement with us as 'good', however, communication between different service providers could be better; waiting times could be shorter and Social Services could provide more follow-up contact



Better communication: we support people with a variety of communication needs, which means we need to ensure our information is readily available in accessible formats. Moreover, when a person is navigating a complex system whilst under pressure or during a crisis, reassurance is needed that they can access high quality information and advice that is appropriate



Choice and control: people spoke about the importance of having choice and the ability to exercise control over their daily lives. Through the implementation of the new integrated assessment, as social care professionals we must not lose sight of what matters to people

What our staff & providers told us about the services we provide



Community Agents: Community Agents are a vital resource to reach people across the community and we need to raise more awareness of their role



Community engagement: to be effective, community engagement depends on community awareness, sharing information and signposting, reliable public transport and access to support transport for people with more complex needs



Community Assets: we need to support communities to help themselves through enabling individuals to develop their skills through focusing on inter-generational projects



Better joint working: there needs to be better joint working between partners and more information-sharing; more pooling of resources to avoid duplication; early intervention; more use of Direct Payments; more core funding to achieve sustainability and continuity of support and regular events to share information about services



Digital inclusion: digital inclusion is important but training sessions are often over-subscribed



Improved engagement: we need to continue to support communication and engagement with the people who use our services and their carers. A regular professional presence in the community is important for people who need information but cannot embrace technology



A focus on outcomes: support needs to focus on people's own desired outcomes rather than on age or condition

6. WHAT WE WANT TO ACHIEVE: OUR VISION

Over the next 5 years, working in partnership with health and the third and independent sectors, our commissioning activity will focus on developing strong and resilient communities, improving independence, reducing isolation and involving people in the co-production of care and support; ensuring Wrexham citizens are supported to achieve what matters to them, with information, advice and assistance, and care and support delivered by the right people, at the right time and in the right place.

In essence, we will aim to ensure:



That Wrexham citizens are re-directed and signposted to the service(s) that can best meet their needs. This will mean that people will only come into Adult Social Care at the point they really need to, and that people are not overly supported, to the detriment of their independence, choice and control



That wherever appropriate we look to integrate more fully, not only in terms of our own teams, but also with primary and secondary care. This will reduce duplication and ensure a more seamless journey for people when they come into contact with statutory services



That citizens are provided with the tools to enable them to find information to help meet their health and well-being needs themselves.

We will focus on supporting 4 key outcomes for people, which reflect the district stages of people's journey through Adult Social Care:



7. HOW WE ARE GOING TO GET THERE: OUR COMMISSIONING INTENTIONS FOR THE NEXT 5 YEARS

Outcome 1: Self-help is promoted through a range of community supports (Prevention)

We know that the people who use our services, carers and members of the public value their independence and the ability to remain at home within a supportive and familiar environment. We are also aware that some people prefer to be on their own, but for many, being socially isolated can lead to deterioration in their health and wellbeing. Even so, they might not necessarily need formal support from social care. Sometimes being engaged with their communities is all that is required.

Considerable work has already been undertaken to support the development of strong and resilient communities in Wrexham. By using community-based facilities we have successfully developed a range of preventative services to support self-managed care and to reduce or delay the need for formal care services. However, we know that we need to do more to ensure that our communities are places that can be used by everyone. Having a disability or being old should not be a barrier to living a full and active community life.



What we have now

Our Own Website: Wrexham Council's website provides basic information regarding the range of services delivered by or on behalf of the Local Authority.

DEWIS Cymru: This website aims to help people and professionals access quality information from a network of social care, health and third sector organisations across Wales.

North Wales Information Network: NWIN is a network of Local Authority, Health and Third Sector colleagues who bring together and share well-being information, advice and assistance.

Community Agents: Working with people over 50, Community Agents provide easy access to a wide range of information that enables people to make informed decisions about their present and future needs. They also offer help to enable people to access local services and they work to develop local support in response to identified need. Working with Primary Care, Community Agents enable GPs to prescribe 'social activities' to patients to improve their health and well-being.

Small Grant Schemes: The Department offers a range of one-off small grants to both individuals and community groups: the *Community Inclusion Grant* supports the development of community-based activities and lunch clubs where older people can come together on a regular basis; whilst the *Carers Small Grant Scheme* provides carers in need with a one-off payment towards the cost of a break, or for home repairs, appliances, etc., that support people in their caring role.

Age & Dementia-Friendly Communities: Age-friendly communities are one of the 5 priorities of the *Ageing Well in Wales* programme, and calls for the development of communities which meet the needs of older people. The department is working in partnership with the Alzheimer's Society and with other organisations and individuals in the community to lay the foundations for a dementia friendly Wrexham. The Council also support the Alzheimer's Society 'Dementia Champions' who can cascade dementia

awareness information to other staff within the Local Authority.



What are the issues with current provision?

Community engagement can be difficult. Findings from our consultation indicate that many people do not feel well connected to their community. Barriers to community engagement include not knowing what activities are available, a lack of activities that are of interest, and not having the confidence to meet new people in new social settings. Health and mobility problems, caring responsibilities and lack of transport are all reported as barriers to community engagement, as is a general lack of awareness of what it is like to live with a disability, for example. We also know that people will not engage with their communities if they do not feel safe and secure. Whilst work is being done to develop age and dementia-friendly communities, and communities that are aware of issues such as Autistic Spectrum Disorder (ASD), further work needs to be done to make our communities truly inclusive and accessible to all.

The implementation of DEWIS Cymru across Wrexham has not progressed at the speed that was initially hoped, and there have been difficulties in encouraging local groups and services to be involved. We must continue to develop DEWIS Cymru to provide information about how people can maintain or improve their health and well-being, and whilst we recognise there is still some way to go, we remain committed to supporting this valuable initiative as a key mechanism for supporting the promotion of information, advice and assistance.



What changes need to be made?

By the end of this 5 year commissioning strategy, we will aim to ensure that self-help is promoted through a range of community supports. We will do this by:

We will improve access to information and advice through DEWIS Cymru

We will continue to work with our partners across North Wales to develop public information and resources on DEWIS Cymru ready for its national launch in summer 2019. We will promote digital inclusion to ensure equity of access to this important information resource; this will include raising awareness of DEWIS Cymru amongst our seldom heard communities.

We will develop the provision of digital information, advice and assistance

We will further develop the range of methods used to provide information and advice to members of the public and people who use our services; making greater use of our own webpages and social media. We will ensure a wide range of information is readily available to enable people to resolve their enquiry themselves.

We will seek opportunities to promote digital inclusion

ICF funding was made available to promote digital inclusion within our Sheltered Housing schemes. Moving forward, we will work with our corporate procurement team to seek opportunities to roll this work out into our communities, utilising the 'community benefits' clause within our Provider contracts.

We will improve the ways we provide information and advice within communities

We need to work towards a more consistent and effective way of sharing information with individuals and communities so that people can access the support they need to achieve health and well-being. We will work with colleagues in local libraries to develop their role in the giving of information and advice on health and well-being issues. We will refresh our approach to 'carers' corners' within libraries.

We will achieve co-production and citizen

We will work with our partners to build co-production into every aspect of our commissioning activity. We will work with people who use our services and their carers to improve our understanding of need, and to co-produce an appropriate

***engagement within
all our
commissioning
activities***

range of services. Work will be done to improve the way we communicate with seldom heard communities. We will involve people who use services and their carers in the development, design, procurement and evaluation of all commissioned services. We will continue to ensure contracts are monitored according to the outcomes they achieve.

***We will increase
the scope of
Community Agents***

The Community Agent initiative needs to be made more available across the County Borough, and to a wider group of people. We will expand our work with Primary Care to enable GPs to refer patients for community-based activities. We will improve carer awareness and support for carers amongst our Community Agents.

***We will continue to
support the
development of
community-based
resources and
strengthen
community
engagement***

Stronger connections need to be in place between the work of Community Agents, the Community and Well-being Officer and access to the Community Inclusion Grant and other funding opportunities, to address unmet need and to stimulate activities and volunteering opportunities for the people we support. We will work with our community partners to achieve community resilience, to raise awareness of the barriers to community engagement e.g., transport issues, and to achieve community spaces that are welcoming, safe and accessible to everyone. We will extend the remit of the Community Inclusion Grant to include people with a disability and carers. We will improve the resilience of our communities and strengthen community engagement through the further development of community resources and third sector partnerships and support the development of alternative delivery models such as social enterprises and community interest companies. Work will be undertaken to scope and identify innovative solutions to improving social interaction and community connectedness amongst older people that require a multi-agency response. We will seek to build community assets and explore the role of greater community commissioning in order to address local need.

***We will develop
good business
relationships and
explore barriers to
employment***

Despite being time and skills rich, disabled people are often excluded from employment and volunteering opportunities. We will work with other Council departments and local businesses/ employment forums to identify the barriers to employing people with a disability. We will develop training that aims to break down these barriers and develop effective pathways to greater employment and volunteering opportunities.

***We will develop
community-based
support for people
living with
dementia,
including people
with young onset
dementia and their
carers***

We will work in partnership with BCUHB, the Alzheimer's Society and community groups to create age-appropriate community-based support for people living with young onset dementia and their families. People with young onset dementia and their carers will receive peer support and access to information and advice. With the creation of the Dementia Friendly Wrexham Steering Group in 2017, a great deal of progress has been made in establishing Wrexham as a 'Dementia Friendly' town. ASC will continue to represent and influence this work programme. In line with the Welsh Government Dementia Action Plan, we will explore the merits approaches such as the 'team around the person' and key workers for people living with dementia, as well as the greater development of dementia support workers.

***We will actively
identify and
promote carer
networks***

We will identify and promote carer networks amongst carers, especially those who are new to caring.

Outcome 2: Improved access to services which support prevention and early intervention (Intake & Assessment)

We believe that prevention and early intervention have a vital role to play in remedying, reducing or delaying the escalation of relatively minor problems, by helping a person develop or regain skills and abilities they may have lost. We are therefore directing resources at 'preventative' activities and/ or early intervention so that individuals and their families are supported early on, and in a way that is right for them. We believe that this is better for the people who use our services, as it maintains their independence for longer, and reduces demand on our services. We acknowledge the role played by the third sector and social enterprises and co-operatives, particularly their contribution to and delivery of preventative approaches in local communities. The inclusion of the third sector forms part of our key strategic intention to shape a mixed economy social care delivered locally, and to establish tailored solutions within a collaborative commissioning framework.



What we have now

The Initial Response Team (IRT): IRT is the first point of contact for people wishing to access the Department's services. After an initial assessment, they will offer information, advice or assistance which might include assistive technology, equipment or adaptations in the home, support for carers or a period of Reablement or enablement. Links with a number of third sector organisations have been facilitated, with the Alzheimer's Society and Care & Repair North East Wales hot-desking within the team.

Community Well-being Officer: A Community Well-being Officer has been appointed using funding from the Integrated Care Fund (ICF) to provide information, advice and assistance, and support greater signposting to the third sector by our social work teams. They also lead on the administration of the DEWIS Cymru website. Employed by the British Red Cross, the Officer sits within IRT.

Assistive Technology/ Telecare: Telecare enables people to maximise their independence and gives reassurance to carers, enabling them to maintain their caring role, reduce reliance on domiciliary care, and avoid or delay the need for residential care. It can also reduce hospital admissions and facilitate safe and timely hospital discharge.

Third Sector Contracts: We acknowledge the important role played by the third sector in supporting the health and well-being of people across the County Borough. We currently have a number of contracts in place with third sector organisations to provide home-based short breaks, counselling services, support for people with visual impairment, and support for people who access direct payments.

Community Resource Team (CRT): The CRT is an integrated, multi-disciplinary health and social care service which provides short-term intensive, rehabilitative care and support to enable the person to overcome the need for a hospital admission, or admission to long-term care. The team also supports people to return home sooner following an acute hospital stay. Care and support is provided within an individual's own home, or within a short-stay step up : down bed in a residential care home.

Step Up : Down Beds: We commission 12 short- stay beds within residential care homes. These beds are used to support the avoidance of acute hospital admissions and to expedite hospital discharges for people who are no longer acutely unwell, but who are, for some reason unable to immediately return home.

Locality working within older people's teams: Locality working has been successfully piloted within older people's services, with a number of Social Workers now co-located within the Maelor, Chirk Community Hospital, and Pen-y-Maes, Plas Madoc and Caia Park District Nursing Hubs. Positive feedback has been received from all partners involved with the pilot. It is hoped that this work can be extended to Overton-on-Dee, Grove Road, Gresford and possibly Llay.

Advocacy: Independent Professional Advocacy Services for people with a disability and for older people are currently commissioned from Dewis Centre for Independent Living. Funding is also provided via BCUHB to provide advocacy support for people in hospital and the community to make decisions about their care and treatment. In addition specialist mental health advocacy provision is commissioned for people to support them through the Deprivation of Liberty Safeguarding process (DOLS). Informally, advocacy is also provided by a range of third sector organisation, to informally support people in times of need.

Carers Information and Advice Services: The department commission carers information and advice from two providers, AVOW and HAFAL (for carers of people with mental health needs). Both services provide information, advice and practical well-being support to adult carers. In addition, AVOW provide a GP/ Hospital facilitator role, which ensures that carers across Wrexham have access to up-to-date information at their local surgery, and hold information stands to provide patients with information regarding support available. The facilitator also provides staff within surgeries with carers' awareness sessions. Information, advice and support for young carers across Wrexham, Conwy and Denbighshire are provided by the WCD Young Carers Group; the group also organise social outings and activities as well as peer support. NEWCIS' services include breaks for carers, well-being support, including counselling, and specialist carer advocates, dedicated carers' benefit advisors, and activities, events and training. Finally, Carers Needs Assessments provide an opportunity for the carers to discuss their caring role with Social Services, and support carers to identify and access those things which may help them to continue in their caring role.



What are the issues with current provision?

The Social Services and Well-being (Wales) Act (2014) places duties on Local Authorities and Health Boards to provide information, advice and assistance in a consistent way to enable individuals to plan for meeting their own well-being outcomes and care and support needs. However, people do not always receive the information they need to self-manage their support at the right time. This can lead to deterioration in their health and wellbeing, and a reliance on statutory services which could have been prevented.

The Council deals with around 13,000 requests for help from Adult Social Care each year. Of these, around 11,000 (85%) are already in receipt of services and/ or are known to the department, and around 3,000 are referred for further involvement from the social work teams. This suggests that we must do more to enable people use who our services to manage their care, or make small adjustments without coming back to us. Around 1,867 (75%) of our referrals are received from professionals in the Health Board, housing organisations and persons known to the service user. We believe that a significant number of these contacts could be diverted to early intervention and prevention services within the community, and this could reduce demand and meet needs at lower costs. Around 598 (25%) referrals come directly from potential service users who may not have had information about alternative services available to them.

The Department will not be able to respond to increasing need without a significant shift in the way services are delivered. To meet these challenges we will need to commission different kinds of preventative services that promote and maintain independence and well-being. By 2023 we aim to have a marketplace that offers a range of high quality services, designed with communities and partners.

Work has commenced to develop the Initial Response Team (IRT); however, the development of a single integrated Single Point of Access (SPoA) for health and social care services remains a challenge. In order to truly realise our ambitions, work is needed to develop a multi-disciplinary service that brings community health services, Occupational Therapy, assistive technology, and Reablement closer to the 'front door'. This will maximise people's independence whilst ensuring the most effective use of resources.

Work needs to be undertaken in order to bring our approach to Carers' Assessments in line with the requirements set out within the Act, by ensuring the use of 'What Matters' conversations as opposed to Carers Needs Assessments.

Stakeholder engagement has revealed that small community groups can experience problems with volunteer retention and recruitment and in providing a service at an affordable cost. This impacts on our ability to deliver on the preventative agenda, and must therefore be worked through and resolved.



What changes need to be made?

By the end of this 5 year commissioning strategy, we will aim to improve access to services which support prevention and early intervention. We will do this by:

We will continue to work with the Health Board to provide care closer to home

We will work with the Health Board to develop a model for Discharge 2 Assess, which will aim to increase the number of assessments that happen outside of an acute hospital environment. It is our aspiration that no new permanent placements are made to a long term care setting straight from an acute hospital bed. We will work with the Health Board, third and independent sector organisations to facilitate an integrated response to supporting people within the own homes, so that people only stay in hospital for as long as they need to, clinically, or overcome the need for a hospital admission in the first place. This will include working in partnership with the independent sector to commission a bespoke Discharge 2 Assess facility to enable older people, including those with low-level nursing needs.

We will improve support within the home through the use of assistive technology

We want people to be supported by telecare/ telehealth to maintain both their independence and health in a setting of their choice. As a department we will embrace and utilise new advancements in assistive technology to enable people to improve their own well-being and to self-manage their condition. We will improve the accessibility of assistive technology within the home and explore new advancements in technology to achieve safe and sustainable solutions to providing care at home. We will make telecare assessments more accessible through our SPoA, and enable all teams to assess for low-level equipment.

We will develop a Single Point of Access (SPoA)

We will continue to develop our IRT team into a multi-disciplinary Single Point of Access (SPoA) that will be better equipped to provide information advice and assistance to people in order to help them manage their own care; and signpost people to low-level early intervention and prevention services within local communities and provide face-to-face and telephone support for those who need it. We will roll-in other community health and social care services such as Occupational Therapy, Assistive Technology and Reablement. We will also explore the merits of sitting specialist support for people with a sensory impairment at the front door. Through the implementation of the First Contact Advisor role we will operate a 'no wrong door' approach to ensure that however, and wherever someone comes into contact with the department, they are provided with appropriate information and advice to meet their needs. This will help us to get advice to people faster and will also help us to reduce costs by reducing unnecessary assessments and visits.

We will commission an Advocacy service to support people in their social care journey

Work will be undertaken to purchase an advocacy service for people with a disability and older people (including those living in residential care) that includes the development of peer, citizen and community advocacy as well as more formal Independent Professional Advocacy. This will ensure that where appropriate, people are provided with the skills to self-advocate, whilst ensuring that formal independent advocacy is also available.

We will commission a single Carers Information, Advice and Respite service

Work will continue to amalgamate our commissioned Carers Services and bring them into specification; this will enable us to reduce duplication and ensure a seamless approach to service provision is achieved. We will continue to encourage referrals to carers support as soon as a carer is identified. The provider will have the ability to facilitate referrals to and from Adult Social Care and other providers who may have access in the future.

We will review carers' needs assessments

We will ensure that Carers Needs Assessments are reviewed and amended where necessary in order to reflect our duties under the Act. What Matters conversations will take place, as they do for persons cared for, and will form the basis of any care and support plan for carers.

Outcome 3: People are protected, and their independence promoted through the development of an outcomes-focused approach (enablement & Reablement)

As part of the wider commissioning process, professional relationships and frontline practice have evolved into a more 'enabling' model of support. Assessments begin by building on the strengths that someone already possesses and adding to this with support from families, communities and services. We recognise that on the whole, people want to continue to live in their own homes and remain independent for as long as possible, with the least possible intervention from formal services.



What we have now

Short Term Assessment & Reablement Service (STARS): STARS is a 6-week intervention which aims to work with people to rebuild their confidence and skills or regain skills that have been lost due to illness or frailty. The service is targeted at people over the age of 18, older people with mental health illnesses, frail elderly people and adults with sensory impairment or loss, and currently provides a total of 300-400 hours of support each week. The service improves people's ability to choose where and how they live and supports people to remain living in their own homes and to avoid or delay the need for residential care. Interventions are provided by Occupational Therapist, physiotherapists and/ or Reablement support workers.

Disability Service: The Adult Social Care Department has developed a single Disability Service across adults and children's services to ensure a seamless service provision, including Rehabilitation Officers for Vision Support, and specialist support workers for the Deaf. Referrals are received via a range of sources including the Initial response Team and secondary referrals from the Community Mental Health Team (CMHT) and the Team for Older People (TOP).

Progression Service: Funded using ICF monies, the Progression Service aims to provide multi-agency support to people in Supported Living accommodation, to achieve better outcomes through person-centred planning. Training is delivered to providers and support workers on how to enable people to progress towards greater independence. Improvements in an individual's functional ability are supported by an Occupational Therapist.



What are the issues with current provision?

Work to embed an outcomes-focused approach needs to continue if we are to fulfil our Under the Act. It is recognised that past service responses may have led to a degree of over-provision for some people, which has often resulted in increasing dependency on statutory services, rather than promoting independence. To rectify this we will continue to review people care and support to ensure that outcomes are met in a cost-effective way, without compromising on quality.

We recognise that there will always be people with high or complex needs whose ability to be enabled will be limited, with some people requiring a significant amount of support throughout their lives. Our focus will be on making sure that the support we deliver is person-centred, outcomes-focused and enabling, so that individuals can maintain their independence for as long as possible. The provision of multi-disciplinary support to stay at home wherever this is safe and feasible requires a focus on integrated working, partnership and collaboration, and this is especially important following a health crisis.

Work is required to ensure that information and advice, and opportunities to be signposted to community

or preventative services is easily accessible to people at each stage in their social care journey; not just at the outset. This will help to promote positive well-being and independence, as people step down from services and enable people to continue living independently in their own homes and communities for longer.



What changes need to be made?

Work will be undertaken throughout the life of this strategy to promote independence through the development of an outcomes-focused approach. We will do this by:

We will refine our Reablement offer to ensure maximum benefit and achieve greater flow

We will work closely with Occupational Therapy to develop a new model for Reablement that creates a dedicated Reablement workforce skilled to deliver Reablement-focused care and support only. We will move away from an intake model; ensuring that resources are targeted at those who have the potential to benefit from such an approach. This will improve flow through the service and the wider domiciliary care sector. We will bring the service closer to the 'front door' and better integrate Reablement within SPoA.

We will embed Progression within social care practice

We will continue to develop the Progression Service with Supported Living providers to ensure that person-centred plans are developed and used to enable people to achieve greater independence. We will explore options for the roll-out of this initiative across all residential and nursing homes.

We will support skills development for children and young people with ASD

We will continue to contribute to the multi-agency approach and review protocols in-line with national developments and best-practice, e.g., The Autistic Spectrum Disorder Strategic Action Plan for Wales and Refreshed Delivery Plan (2016-2020) and the North Wales Integrated Autism Service (NIAS). We will take a whole life approach and strengthen relationships with Health and Education through the development of an integrated pathway. Service delivery will be underpinned by a positive risk-taking approach, and we will focus on forward planning and identifying numbers of children and young people likely to require support from adult services in the future.

We will provide information and advice during Reablement for service users, families and carers

We will improve the information and advice that is currently provided during the six week Reablement period in order to signpost individuals to community and preventive services as early as possible to prevent people from bouncing back into statutory services earlier than is required. This will include the development of an information leaflet to be made available to service users, families and carers once Reablement commences with information on low-level community services that they may wish to consider.

Outcome 4: Commissioned services are predicated on a clear vision for Reablement (Brokerage, Care & Review)

We can only achieve high quality services where there is a vibrant and responsive market. Our role will be to work with citizens and our partners to co-produce services that continuously improve quality and choice and deliver better, more innovative and cost-effective outcomes that promote personal well-being and support independence.



What we have now

The market currently offers a range of services delivered by the independent, private and third sectors, along with our own in-house provision. Commissioning takes place at both an operational level with individual placements as well as at a strategic level where services are commissioned on a

contractual basis.

Domiciliary Care: The bulk of all long-term domiciliary care is commissioned from independent providers on a patch-basis, maximising efficiency by minimising the cost of travel time and mileage payments. This also supports community resilience by encouraging local recruitment of workers to support local people. Whilst work to develop an outcomes-focused approach through the development of 'what matters' conversations is beginning, care is currently commissioned according to time and task. Short-term Reablement is provided via our in-house STARS service, who also deliver more specialist long-term support and provide emergency cover for commissioned domiciliary care providers.

Residential Care: There are currently 36 residential care homes providing 1,283 beds across all categories of care in Wrexham. Through the implementation of the Regulation and Inspection of Social Care Act (RISCA) (2016) categories of care will be removed, with providers working instead to clear statements of purpose; which will enable people to remain in place. The department has worked with care homes for a number of years to promote best practice with regards to activities and to ensure that residents are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. In addition, our Workforce Development Team facilitate access for care home managers to participate in the Sterling University training course on 'Best Practice in Dementia Care', in order that this training can be cascaded to all care home staff. Six Steps palliative care training is also being rolled out across all nursing and residential care homes in Wrexham and will aim to ensure that individuals are supported to die in place and overcome the need for an acute hospital admission.

Day Care, Respite and Short Breaks: Day services offer one means for people to have social interaction in a supportive environment relative to their needs and can also provide essential respite for carers. With the modernisation of day services and investment in community-based preventative services we have sought to ensure the effective and efficient use of the Council's resources. The majority of day care placements for older people are commissioned from residential care homes, although day-time support is also commissioned via community facilities such as Penley Rainbow Centre and Deva House, Project Work Support and our in-house Shared Lives Service. The Shared Lives service provides 1-1 and 1-2 day time support to older people, to enable them to access the community and form meaningful relationships and social connections.

Day and work opportunities are a key part of the Disability Service and provide support to approximately 114 individuals. Work is underway to modernise the way day and work opportunities are provided in order to shift towards greater community-based provision.

Respite for older people is commissioned from residential homes using a mixture of block and spot-purchase agreements. For people with physical, learning or sensory difficulties, respite is largely provided at Park View, an in-house facility in Gwersyllt, with specialist respite care for people with complex/ nursing needs being commissioned from the independent sector on an individual basis. Carers respite is currently commissioned from domiciliary care providers or from Crossroads and is provided to all adult carers of persons cared for residing within Wrexham. This includes carers of adults with learning, physical or mental health problems, parent carers of offspring with disabilities, long-term illness or a mental health condition.

Direct Payments: A direct payment is a payment made by Adult Social Care to a person who is eligible for social care support, enabling them to make their own arrangements to meet their needs rather than asking for the department to do this on their behalf; as such they enable individuals to have greater choice and control over how they are supported. Support in managing a direct payment is provided via a third party support service, and includes information and advice as well as support to recruit and employ personal assistants and to manage payrolls and accounts. Under the Social Services and Well-being (Wales) Act (2014) direct payments can also be provided to carers in order to commission support to meet their own needs.

Carers Small Grant Scheme: This scheme was developed under the Carers and Disabled Children's Act (2000) to award carers with one-off payments towards the cost of a break for the carer with/ without the person cared for, home repairs and appliances etc.

Specialist Housing: Specialist housing plays a crucial role in enhancing the health and well-being of the population. As people age, being in a supportive environment and in the right house can play a part in

combating loneliness and isolation and supporting them to live well at home. There are 22 Wrexham Council Sheltered Schemes, although work is currently underway to review existing stock and assess the future strategic direction of travel for sheltered housing. In the meantime, work has been undertaken to fit specialist door entry systems and telecare solutions as well as ensure they are wi-fi enabled. In addition to the 22 Council Scheme, 4 schemes are also provided by a number of Registered Social Landlords.

Plas Telford in Acrefair and Maes y Dderwen Extra Care Housing Scheme in Wrexham town centre are aimed at improving the health and well-being of tenants and can provide an alternative to residential care. 112 apartments will be provided across the two sites, offering a mixture of 1 and 2 bedroom apartments to people with varying levels of need.

Supported Living provides specialist housing for people with a disability, either as an alternative to residential care, or as a step towards independent living away from the family home. People within supported living accommodation usually have their own tenancies and receive care and/ or support enabling them to achieve greater independence. Adult Social Care has 162 supported tenancies across 64 properties in Wrexham, with support currently being provided by a mix of in-house, independent and third sector social care and housing providers.



What are the issues with current provision?

There are shortfalls in supply relating to domiciliary care provision due to difficulties in recruiting workers into the social care sector. This is impacting on flow through STARS, hospital discharges and the provision of long-term community care. Currently, domiciliary care services are commissioned by allocating units of time to a task rather than according to outcomes. Work is required in order to support the independent sector to work in a more co-productive way and in a way which supports greater demand management, and promotes greater independence for the people who use their services. Currently Reablement services are time limited and provided our in-house team, only, when ideally the ethos of a Reablement-focused approach needs to be adopted by providers who deliver long-term/ ongoing domiciliary care. This is necessary to enable each person to achieve the maximum level of independence on a person-centred basis. Reablement support is not currently available for people who live in supported accommodation; and extension of the service into these settings could potentially benefit more people, and will enable us to deliver upon the requirements of the Older People's Commissioner for Wales' report, *'A Place to Call Home?'*

We need to provide greater choice and a more tailored respite and short breaks provision, which focuses on the achievement of positive well-being outcomes, with respite provision adopting the short-terms breaks model. Our consultation findings confirmed that families want better access to localised respite support that can be used flexibly.

Work is required in order, not only to increase uptake of direct payments, but also to develop the direct payments marketplace to ensure that there are a range of attractive, flexible and responsive services that can be purchased by individuals or groups of individuals that enable greater choice and control. Support services will need to be commissioned in order to overcome barriers to direct payments uptake and support people and their carers through the direct payments landscape.

As a Department, we must continue to drive up quality standards within residential care and ensure services are commissioned in line with a series of agreed standards and principles. Activities in care homes need to continue to be a focus moving forward, and care homes need to find innovative ways of reaching out to the local community, as well as enabling the local community to reach into the home itself. Crucially, work is needed in order to help shape the provider market in order to redress the current oversupply of basic residential care and the under provision of EMH and nursing care. Finally, work needs to continue in order to increase supply with regards to Extra Care provision in Wrexham.



What changes need to be made?

By the end of this 5 year commissioning strategy, we will aim to ensure commissioned services are predicated on a clear vision for Reablement. We will do this by:

We will train staff working in residential and domiciliary care to deliver Reablement

Working with residential and domiciliary care services we will seek to maintain Reablement practice within long-term care delivery in order to more effectively manage and reduce demand on commissioned services. For people in receipt of long-term domiciliary care, this will ensure the positive outcomes achieved through STARS are maintained. For those individuals living in residential care, this will help promote independence, and for some may mean they are provided with the skills and opportunities to return back to community living.

We will develop an outcomes focused approach to domiciliary care

We will develop an approach to support the movement away from commissioning according to time for tasks towards commissioning for outcomes. This approach will open up a co-productive dialogue between providers, individuals, carers/ family members and social workers around the development of care and support plans, and will ensure that more flexible and responsive solutions to meet need are developed

We will expand Shared Lives to include day time support, adult placement and short breaks

We will expand our in-house Shared Lives service in order to increase capacity and provide an alternative to more traditional buildings-based day care provision. The service will be expanded to meet the needs of all client groups. Working with colleagues across North Wales we will seek to develop our Shared Lives offer to include short-term breaks as an alternative to respite within residential or building-based facilities. Finally, and again working regionally, we will seek to jointly commission longer-term Shared Lives support (adult placement) as an alternative to residential care, or as a stepping stone towards independent living for all client groups. Moreover, and consistent with the 'Care Closer to Home' agenda, commissioning respite/ short-term breaks in this way will seek to enable people with a learning or physical disability, who are otherwise medically fit, to be discharged from hospital to a safe environment, sooner.

We will modernise and increase capacity within respite/ short breaks services

We will utilise our in-house respite service, Park View to provide respite to people with challenging behaviours/ complex needs, including young onset dementia. Individuals with lower-level needs will increasingly have their respite needs met through community-based solutions such as Shared Lives (above). We will modernise respite provision and ensure the development of an outcomes-focused approach. We will work in partnership to improve access to short-term breaks for carers so that they can have a life outside of their caring role. We will recommission our carers respite service. In doing so we aim to be able to provide greater choice and a more tailored provision to enable carers to have a better quality of life. This will include planned and emergency respite. Support will be provided to carers when they are ill, both in an emergency, and when undergoing planned treatment.

We will encourage the uptake of direct payments and develop the marketplace

We will continue to promote direct payments as a means of delivering person-centred care and support, enabling people who use services and their carers to achieve their individual health and well-being outcomes. We will revise our operational policies and procedures making it easier for people to access a direct payment, as well as review our contract monitoring processes, so as to ensure a proportionate approach is applied. We will ensure the availability of a marketplace which is flexible and responsive and designed to enable people to achieve what matters to them in a needs-led rather than service-led way. We will work with care to co-operate to explore the role of social enterprises and/ or user-led co-operatives as a way of supporting people to effectively manage their direct payment.

We will continue to drive up quality standards in residential care

We will work with other North Wales Local Authorities and the Health Board in order to develop clear service specifications for residential care in an effort to improve quality standards; outlining what we expect from providers. We will explore the development of an intergenerational approach within residential care homes in

order to improve social engagement. Working collaboratively with CIW and providers, we will work to understand the impact of the new Regulation and Inspection of Social Care Act (2016). We will continue our programme of work with BCU and partners to help shape future and ensure the sustainability of the long-term care market. We will work with BCUHB, Primary Care and Workforce Development to continue to support the roll-out of the six-steps palliative care training programme across all residential and nursing homes; ensuring end of life care planning is embedded within core practice and that residents are supported to die in place and with dignity.

We will work with Housing to review housing needs for people who use our services

We will review the need for additional Extra Care facilities in Wrexham and continue to engage with a range of providers to identify future opportunities. Building on the care and support model being developed within Maes y Dderwen, we will seek opportunities to develop initiatives that meet the needs of all eligible Wrexham citizens, not just older people. We will work with colleagues in Housing to review older people's housing needs.

We will provide support to carers and families to prevent carer breakdown

Carers of adult children with a disability have told us they worry about what will happen to their sons and daughters when they are no longer able to provide care. We will work with families to support them to plan in advance for future living arrangements for their children. We will continue to offer support to families and offer information, advice and assistance to help them plan in advance.

8. SUMMARY OF COMMISSIONING INTENTIONS

Outcome 1: Self-help is promoted through a range of community supports (prevention)		
Improvement Action		Timescales
1.	We will improve access to information and advice through DEWIS Cymru	Short-term
2.	We will develop the provision of digital information, advice and assistance	Short-term
3.	We will seek opportunities to promote digital inclusion	Medium-term
4.	We will improve the ways we provide information and advice within communities	Medium-term
5.	We will achieve co-production and citizen engagement within all our commissioning activities	Medium-term
6.	We will increase the number and scope of Community Agents	Short-term
7.	We will continue to support the development of community-based resources and strengthen community engagement	Short-term
8.	We will develop good business relationships and explore barriers to employment	Long-term
9.	We will develop community-based support for people living with dementia, including people with young onset dementia and their carers	Medium-long-term
10.	We will actively identify and promote carer networks	Long-term
Outcome 2: Improved access to services which support prevention and early intervention (intake and		

assessment – SPoA)		
Improvement Action		Timescales
11.	We will continue to work with the Health Board to provide care closer to home	Medium-term
12.	We will improve support within the home through the use of assistive technology	Medium-term
13.	We will develop a Single Point of Access (SPoA)	Medium-term
14.	We will commission an Advocacy service to support people in their social care journey	Short-term
15.	We will commission a single Carers Information, Advice and Respite service	Short-term
16.	We will review carers' needs assessments	Short-term
Outcome 3: People are protected and their independence promoted through the development of an outcome-focused approach (enablement and reablement)		
Improvement Action		Timescales
17.	We will refine our Reablement offer to ensure maximum benefit and achieve greater flow	Short-term
18.	We will embed Progression within social care practice	Short-term
19.	We will support skills development for children and young people with ASD	Long-term
20.	We will provide information and advice during Reablement for service users, families and carers	Medium-term
Outcome 4: Commissioned services are predicated on a clear vision for Reablement (Brokerage, Care and Review)		
Improvement Action		Timescales
21.	We will train staff working in residential and domiciliary care to and deliver Reablement	Medium-term
22.	We will develop an outcomes focused approach to domiciliary care	Medium-term
23.	We will expand Shared Lives to include day time support, adult placement and short-term breaks	Short-term
24.	We will modernise and increase capacity within respite/ short-term breaks services	Medium-term
25.	We will encourage the uptake of direct payments and develop the market place	Medium-term
26.	We will continue to drive up quality standards in residential care	Medium-term
27.	We will work with Housing to review housing needs for people who use our services	Medium-term
28.	We will provide support to carers and families to prevent carer breakdown	Medium-term