Social Services (Wales) Bill – Consultation Response Form

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Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here:

If you are responding on behalf of your organisation, please tick here:

This consultation runs from 12 March until 1 June 2012. Please send your responses to us by the deadline of the 1 June 2012.

You can send your completed response forms to us by e-mail, to socialservicesbill@wales.gsi.gov.uk, or by post, to Social Services Bill Team, Social Services Directorate, 4 Floor, Cathays Park, Cardiff, CF10 3NQ.

Responses can come from individuals or groups. The form is set out in the order of the consultation document and the questions are grouped into sections. You do not have to answer all of the questions if you do not wish to; you are welcome to only answer the questions that are relevant to you, and to continue your answers on additional sheets if required. There is however, a final question, (number 98), where you can feed back any other views you have on the Social Services (Wales) Bill, that are not covered by the other questions asked in the consultation document.
1. **Maintaining and enhancing the wellbeing of people in need**

1.1 **Wellbeing of people in need**

**Question 1** – Do you agree with our proposals to base this legislation on the concept of maintaining and enhancing the wellbeing of people in need?

**Question 2** – Do you agree with our working definitions of “wellbeing” and “people in need”? Do you wish to suggest alternatives?

**Question 3** – What are your views on the proposed general duty on local authorities and their partners to maintain and enhance the wellbeing of people in need in their local areas?

**Question 4** – What are your views on the proposals to provide guidance on this area through the Code of Practice?
Response:

Question 1: Yes, particularly the focus on early intervention and prevention by developing ‘services that will prevent people’s existing needs from becoming far worse’. We believe that there needs to be a greater focus on sustainability and delivering high quality social services care for people that will enable seamless transition across and between whichever sectors deliver the care and for whatever age the are. In this way, good quality seamless communication between providers is essential and enables more effective delivery of care packages to service users.

Question 2: Yes, however both need further definition. i.e. Wellbeing (b) what definition of neglect is being using here, and (f) what constitutes “social and economic well-being” – and under People in Need (i) what is meant by a “reasonable standard of health or wellbeing.”

On some specific points - under Well-being e) consideration might want to be given to including ‘and protecting’; and under People in Need should it be “achieve and maintain” rather than “achieve or maintain”; for (iv) it would be useful to better define what forms harm can take.

Question 3: This is critical and if appropriately implemented will enable the local co-ordination of all services – from whatever sector – to better meet the needs of individuals. The co-ordination of services in this way would improve communication across services and reduce the possibility of service duplication thereby enabling the more effective use of resources.

We would welcome more detail on the local ‘prevention and integration strategies’.

Overarching national standards will enable consistent provision of levels and quality of services across Wales, and no doubt will improve monitoring capacity. However the ‘local’ emphasis will ensure that the services are actually driven by local need and local factors and are therefore relevant to local need.

Question 4: We support this, it is essential in order to avoid divergent interpretations between Local Authorities which may mean that Individuals are once again subject to a postcode lottery.

1.2 Defining social care services
Question 5 – What are your views on the proposed broad power for local authorities in Wales to provide or make arrangements for the provision of social care services?

Question 6 – What are your views on our proposed definition of “social care services”?

Response:

Question 5: We support this, and would welcome further detail on what it will encompass. It is useful to have all duties in one place to ensure clarity in the services available and how individuals can access them irrespective of age – having these coordinated in one central ‘power’ will be immensely helpful to those in need.

Question 6: We also support this definition and believe if all terms are clearly defined it should improve services to patients

2. A stronger voice and real control

2.1 Information, advice and assistance

Question 7 – Do you agree that we need to make a significant step forward in making information, advice and assistance accessible?

Question 8 – Do you think that the legislation should specify any particular organisational form for this, such as an information hub?

Question 9 – Do you think that the legislation should specify more clearly how local government and the NHS should work more closely together in the provision of information, advice and assistance?

Response:

Question 7: Yes, we strongly agree. Particularly given the huge numbers of providers and services which have differing eligibility criteria. Having this information published and centrally available will enable individuals to be more aware of what is available as all too often people only become aware of services available through word of mouth. Also, where somebody may not be eligible for the Local Authority provision, being able to signpost individuals to alternative service providers that can meet their needs will improve care to these individuals.

The central co-ordination of this will also be of assistance to carers and will
support them in their roles.

Consideration needs to be given to utilising the variety of methods for making this information and advice accessible i.e. traditional methods of communication as well as more modern methods such as social media networks.

**Question 8 -** Many Local Authorities are already working on providing directories of services. We would not be against a single new organisational form but worry that it may prove costly, and may be difficult for individual Local Authorities to deliver / contribute to. The issue of ‘ownership’ of any such information hub is important – there is the potential that this may be unclear and ‘distant’ from the variety of service providers out there.

Having said that, a one-stop location for users / carers to access information about what is available, what services actually do and if they are broadly eligible would be welcome – if coordinated and managed properly.

The legislation outlines the areas to be included. One suggestion would be for the duties to include direction to Local Authorities on the key stakeholders to include in developing their mechanism for making information, advice and assistance accessible and this should include service representatives to discuss how they would like this information presented.

Legislation / guidance should also include a duty on local Authorities to keep this information under regular review and as up to date as possible.

**Question 9 -** Yes – health and social care integration has been top of the political agenda for a number of years yet little has changed. We welcome this proposal which would help to break down boundaries and professional silo working. Very often an individual’s requirements cross both health and social services sectors and co-ordination between the two will enable effective use of resources, avoid duplication of assessments and, input/sharing of information (where appropriate with service users consent and taking account of Information Governance restraints ) not to mention the improved service to individuals. It would be useful if the legislation included specifics around timeliness of assessments i.e. an urgent response of 2 weeks is unacceptable.

### 2.2 Assessment of need
**Question 10** – Do you agree there should be a single right of assessment?

**Question 11** – Do you agree the new system will benefit service users and their carers, as well as professionals in understanding their duties of assessment? If not, why?

**Question 12** – Do you agree that law and policy should provide for proportionate assessments i.e. a formal prescribed assessment for people who have social care needs?

**Question 13** – Is it helpful to prescribe the assessment process and who should be involved?

**Question 14** – What information do you think should be included within the “common core” of a new integrated assessment?

**Question 15** – Will the new system be more efficient and provide local authorities with greater flexibility?

**Question 16** – Do you see a role for self assessment and if so, how would this work?

**Response:**

**Question 10** – Generally yes. Irrespective of age, there should be the same right to an assessment based on need. On page 6 / 7 the document states “our proposals give individuals a right of access to an assessment of their needs and will require those assessments to be carried out in a way that focuses on the outcomes that people themselves are seeking”. What happens when there is discrepancy in views of need from professional to the individual person – or between assessors - how will this be resolved?

We would welcome detail on who will do assessments and how they will work with the various agencies and professionals involved in delivering all aspects of care / services and assurance that this will be adequately resourced.

**Question 11** – It has the potential to do so if it is fully resourced and properly / clearly implemented. Enabling carers to easily access an assessment at any point in time is very important to maintain health and wellbeing of both carers and service users. Also clarity around assessments and outcomes and coordination of information suggests that the pathway for the individual will be better than the current position and service users and carers won’t be vulnerable in terms of being ‘bounced around’ from one service to another or potentially not understanding the system and missing out on services to which they are entitled.

**Question 12** – Yes as long as it is clear how and why they fall into the categories of those assessments – what happens when cases are unclear, are challenged or where an individuals needs change? There may be a
requirement to ensure a mechanism to allow reassessment.

**Question 13** – Yes to ensure parity. However, this needs the involvement and sign up of key stakeholders and must be deliverable. Consideration must also be given to the impact of this on the workloads of existing staff – resources should be made available to support this.

**Question 14** - The proposals state that it will include documentation of an individual’s needs as well as specialist areas of mental health, substance misuse and learning needs. It needs to specifically include dementia under mental health and also include the needs of carers. Possibly useful to expand more on the areas that would be considered an individual’s needs across health and social care.

The proposal to use unified assessment process needs to be discussed with professionals across health and social care in regard to the impact on workloads and the use of resources, undoubtedly this will require extra resource as completing such large forms takes professionals away from providing hands on care/assessments and will likely need to be streamlined with joined up IT systems that can efficiently collect and process information.

**Question 15** – We are not best placed to answer this.

**Question 16** - With easy to use questionnaires / assessment tools which are available in multiple formats to enable those with difficulties in reading/writing to complete with assistance and also accounting for different languages and those with disabilities then there may be some place for these as part of a formal assessment, but again would need greater clarity on areas these are proposed for. It would work for simple input/referral to for example - housing, disabled badges/concessionary rates, lifeline, equipment for use at home, grants for stair lifts etc. It would be useful to know if there are any examples of this elsewhere (internationally, or in other sectors).

### 2.3 Portability of assessments
**Question 17** – Should the Bill impose a general duty on local authorities and their partners to provide social care services to a person in need who resides in their area?

**Question 18** – Do you agree that portability of assessment will bring greater consistency of care for services users? Do you agree that it will lead to savings?

**Question 19** – When someone moves into a new local authority area, what do you think is an acceptable period for which to require that the new authority must maintain the assessment of a service user before it reviews the case?

**Question 20** – Do you agree with our proposals for notification and transfer of information?

### Response:

**Question 17** - Yes – they should be directed to appropriately meet the needs of the individual and their carer(s). The term “reasonable” is used in various parts of document and this needs clarity.

**Question 18** - Yes – this will improve continuity of care. And by sharing information should streamline the process of moving care between LAs and reduce the duplication in numbers and costs of assessments both between providers of services and across Local Authority boundaries. However this needs to be implemented sensibly and there is a need to balance it with the need to address new or changing needs. Also better understanding and agreement across Wales on service eligibility criteria, services available and co-ordination of these would help. This may require some training and review of assessment tools/forms being used currently and agreeing on what is / is not acceptable.

There is a need to ensure that bureaucracy is reduced where possible and that eligibility criteria are fair. Clarity of key worker name needs to be made available to all relevant professionals involved in the care of the individual. When issues arise for adults or looked after children placed outside of the area of the paying/responsible Local Authority then there needs to be an agreed rapid response to address these issues e.g. agreement with the Local Authority where the individual is living to assess within few hours of request when emergency problem arises.

**Question 19** - We would not support this time period being overtly long – ass need may have changed. Perhaps, the Local Authority which the service user is coming from should have a duty to hand over information in a timely fashion and a duty on the new Local Authority where client now resides should have to review this documentation within a set timescale and then inform the individual if in their opinion of when a new review is needed and agree the timescales of that review.
### Question 20 - As above

#### 2.4 Management and review of care plans

**Question 21** – Do you agree that the statutory duty changes we have outlined above are the right ones to improve care and support plan and review systems?

**Question 22** – Do you agree that it will be important to prescribe, in the regulations and guidance, the different arrangements for the different needs?

**Response:**

**Question 21** - Yes – the duties will remove boundaries between children and adults and should ensure seamless transition through life. The regular reviews are important although this should not be overly prescriptive and should be at least undertaken annually in order to ensure that people don’t get lost ‘to the system.’ We await further details on this specific proposal.

**Question 22** - To an extent – it needs to retain the flexibility to enable those with complex, multiple or unique needs are able to be accommodated and not rejected because they don’t fall neatly into a category – the document is slightly contradictory and unclear in this section as talks about prescribing arrangements then talks about flexibility and individualising the care plans.

2.4.10 talks about legislation making it clear what is expected of all involved in plan including professionals – this needs to be agreed with all key stakeholders/professionals to ensure it is deliverable.

#### 2.5 National eligibility framework
Question 23 – Do you think that a new national eligibility framework will be beneficial?

Question 24 – What do you see as the local authority’s role in setting criteria for eligibility and what do you see as the Welsh Government’s responsibilities?

Question 25 – Do you believe that the current four-level definition of eligibility: “critical, substantial, moderate and low” is a helpful way of categorising eligible needs?

Question 26 – Do you agree the new framework should extend to all categories of people in need – both children and adults?

Question 27 – Do you envisage any particular barriers in operating a single eligibility threshold? How would you overcome these barriers?

Question 28 – Should people be able to self assess for access to services? If so, how would you see this working?

Response:

23) Yes. Although consideration should be given to where individuals can be signposted if their needs do not fall squarely into the eligible categories.

We would welcome assurance that the categories are appropriate and that levels of access are consistent across Wales i.e. not one LA providing for those in moderate need and above and another only providing for those in critical/high need groups. They should be regularly reviewed.

24) Welsh Government needs to set the criteria guidance nationally at a high level and Local Authorities should agree on how those will be best met / interpreted in their areas.

Welsh Government should benchmark and monitor the quality and equity of service provision / eligibility annually across key areas of the framework as agreed with key stakeholders in particular service user and carer representatives. Local Authorities must be directed to give due consideration in how they will receive information from patients / carers requesting support and assessment. Sharing of information is vitally important where appropriate and where patient consent is given, however the process overall must not be overly burdensome or bureaucratic and must be easy for the individual to navigate through.

25) We are not best placed to answer this question, without more detail or clarification of what these terms mean.

26) Yes. We are pleased to see some of the barriers being removed from the
transitions from child – adult – elderly services.

27) Ensuring adequate workforce and capacity to carry out assessments and ensuring training/understanding of various thresholds and what to do if individuals do not quite meet them or move between them as a result of their needs changing. There needs to be flexibility within the system for those who are in “grey” areas i.e. above threshold in some areas and under in others or who have multiple complex needs. There also needs to be some mechanism built in to provide a responsive appeals process. The single thresholds should not discriminate against people in different areas of Wales – i.e. needs to create level playing field across Wales. Education materials for carers and individuals are important in order to promote greater understanding of eligibility, access and the services available. Education / awareness also needed for all staff (employed and third sector). Ensuring that adequate resources are available to deliver this.

28) see answer to question 16 above

2.6 Rights of carers

**Question 29** – Do you agree that the proposed definition of a carer should be based on the one referred to in paragraph 2.6.8?

**Question 30** – Should we allow local authorities to include some carers who receive payments or have a contract for the care they provide within the definition of a carer, where the relationship is not a commercial or ordinary volunteering one? (In order that carers can receive an assessment and benefit from other support provided to unpaid carers.)

**Question 31** – Are there other groups of carers that are not covered but should be included?

**Question 32** – Should local authorities be allowed discretion to consider requests from Foster Carers or Adult Placement / Shared Lives Carers to be classified as a ‘carer’ and be entitled to request a carers’ needs assessment?

**Question 33** – Do you agree that there should be a duty placed on local authorities to publish information on carers’ rights and the services offered to carers in their local areas?

**Question 34** – Do you agree that local authorities should be required to offer a carer’s assessment to anyone who appears to the authority to be a carer with substantial caring responsibilities?
Response:

**Question 29** - Yes. However there is the potential for uncertainty around the phrase “substantial” and there needs to be an agreed understanding of what this means in service terms consistently across all Local Authority assessors. Regarding including those who may receive some payment for services, we feel that including these in the definition is fine as outlined in the proposals. There is also a need to ensure that any potential conflicts of interest are identified and acknowledged / addressed when determining or awarding support.

**Question 30** - Yes with above provisos. We need to ensure that the needs of carers are identified and that they are fully and appropriately supported in the role they undertake.

**Question 31** - Not that we are aware of.

**Question 32** - Yes where the individual being cared for is on a long term placement (which would need to be defined) with the foster carer or adult placement / shared lives carer providing that they fulfil the criteria as outlined in the proposed amended definition. However, this should be carefully monitored and reviewed by the respective Local Authority to ensure that it remains appropriate and in the best interests of person being cared for.

**Question 33** – Yes, and in a variety of formats to make it accessible to all.

**Question 34** - Yes and as above it would help to have some clarity around what is meant by substantial caring responsibilities – as this is not clear in the document and could be subject to local interpretation.

### 2.7 Direct Payments

**Question 35** – Do you agree with the proposal to use this Bill to bring together legislation regarding the provision of Direct Payments in Wales?

**Question 36** – Do you agree with the proposals to allow Welsh Ministers broad powers to extend the existing Direct Payments arrangements so that they can introduce an effective model of self-directed support and control that also encourages a greater uptake of Direct Payments arrangements in Wales?

**Question 37** – Do you have views on other ways in which Direct Payments could be extended beyond the current scheme? For example, should they be extended to allow the purchase of residential accommodation or to allow a local authority or independent organisation to be an agent or a broker for services and hold a budget on the service user’s behalf?
**Response:**

**Question 35** – Yes. Although we appreciate that direct payments do work to promote independence for the service user, we do have some concerns as to the financial sustainability of this if the resources runs out and are not funded to meet demand, and also the potential for abuse if pressure is brought to bear by unscrupulous people on these service users who are often vulnerable. There needs to be some clear oversight to ensure they are used effectively. Reliable and robust evidence / review of the effectiveness of direct payments – in Wales and elsewhere would be welcomed.

**Question 36** - Yes with above caveats.

**Question 37** – There is a need to ensure that this is appropriate for the individual concerned and that anyone who holds a budget on someone elses behalf is subject to scrutiny / audits / checks. We do have some concerns regarding the potential vulnerabilities within the system for abuse/misuse of (scarce) public funds.

Regarding the purchase of residential accommodation we would welcome further detail in order to comment fully. For example, what happens if that person moves? who holds title deeds on the property? etc

2.8 Complaints and the Public Services Ombudsman
Question 38 – Do you agree with the proposal that people funding their own social care should have their complaints considered by the Public Services Ombudsman for Wales (PSOW)?

Question 39 – Do you agree that the PSOW’s remit should be extended to care homes and domiciliary care agencies only, or that a wider extension to his remit should be considered?

Question 40 – Do you agree that the PSOW’s remit should be extended to independent palliative care services?

Question 41 – Do you agree with the proposal to allow the PSOW to consider complaints about matters arising, prior to the PSOW’s powers being extended?

Question 42 – We are not proposing that “information sharing powers” between CSSIW and the PSOW be included in the proposal, and expect that a protocol between the two bodies will be established. Do you agree that this is sufficient, or should information sharing powers be considered?

Question 43 – Do you agree that individuals who have complaints about independent palliative care services should also be able to access advocacy services?

Response:

Question 38 - Yes - it is unfair that they are currently treated differently and have no real avenue for redress when problems / concerns arise. The ‘significant and increasing’ numbers of people in Wales required to fund their own care indicates that more and more need is not being met by local authority / publically funding provision.

Question 39 - Ideally this should cover all service providers.

Question 40 - Yes – service users and carers and other professionals need to have confidence that their provider is of high quality and where problems are identified that there is an avenue to progress these rather than only through provider which seems iniquitous.

Question 41 - Yes but this raises issues of capacity within PSOW. Also consideration needs to be given to how people will access the complaints system – information will need to disseminated to services users and advertised widely.

More detail is generally needed in this section – i.e. will there be a code of practice ? What and how binding are / will the rulings of the PSOW be? how does the PSOW carry out its investigations?.

<table>
<thead>
<tr>
<th>Question 42</th>
<th>Would want to see the protocol before commenting further. Any sharing of information needs to be put in place safely, needs to be appropriate and taking account of legislation including data protection act, right to confidentiality etc.</th>
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<tr>
<td>Question 43</td>
<td>Yes all service users and carers should have access to this.</td>
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3. **Strong national direction and local accountability for delivery**

3.1 **National Outcomes Framework and Standards for Social Services**

<table>
<thead>
<tr>
<th>Question 44</th>
<th>Do you agree that there should be a duty on Welsh Ministers to encourage improvement in social services and social care services (as defined in this Bill) in Wales?</th>
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<tr>
<td>Question 45</td>
<td>Do you agree that Welsh Ministers should have a duty to publish (from time to time) and review (periodically) a statement of national outcomes for social services and social care services?</td>
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<tr>
<td>Question 46</td>
<td>Should there be a power to specify performance standards to be met by local authorities and social care service providers to sit beneath the national outcomes framework?</td>
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<tr>
<td>Question 47</td>
<td>Should the standards be measured through performance indicators?</td>
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**Response:**

**Question 44** - Yes

**Question 45** – Yes. This should include benchmarking against best standards and against other parts of UK (if applicable). There should be specific time scales for publishing and reporting this data rather than ‘from time to time.’ Should include areas of improvement as well as areas for improvement.

**Question 46** - Yes – this will enable more clear comparison across authorities and providers

**Question 47** - Yes – this would bring social care in line with health care

3.2 **Code of Practice**
Question 48 – Should there be a duty on Welsh Ministers to prepare a Code of Practice to bring together statutory guidance on social services matters?

Question 49 – Should Welsh Ministers be required to consult on the contents of the Code of Practice before it is introduced?

Question 50 – Should Welsh Minister be required to consult in advance on any substantial amendments that they propose to make to the Code of Practice?

Question 51 – Should the Bill specify that the Code of Practice must be followed by authorities acting under the legislation and can only be deviated from where there are good reasons to do so (although this proviso would not give the freedom to take a substantially different course)?

Question 52 – In addition to the Code of Practice, should Welsh Ministers retain their existing power to issue directions on certain matters, such as policy or practice guidance?

Response:

Question 48 - Yes

Question 49 - Yes – even if for a short period.

Question 50 – As above

Question 51 - Yes – to enable consistency in assessment and delivery of social services which is the main aim of this Bill. It will also reduce confusion given the myriad of documents/guidance and guidelines in use across Wales. The ability to deviate ‘where there is good reason’ is an important caveat to ensure it is relevant across Wales and in all scenarios but should not be open to abuse.

Question 52 - Yes

3.3 Directors of Social Services

Question 53 – Do you agree that we should place the requirement to appoint a Director of Social Services on the face of the Bill and have powers to specify the competencies that a Director of Social Services should have?

Question 54 – Do you agree that the local authorities should be able to share a Director of Social Services?
Response:

**Question 53** - Yes in order to ensure that there is co-ordination between the various facets of social services and care provision - the role will provide oversight of all functions of social services and ensure effective use of resources and potential to reduce bureaucracy and share resources effectively if fulfilled properly. The legislation talks about providing enough staff to support the Director – this is critical. He / she should also have access to quality expert and impartial advise from all sectors / partners.

**Question 54** - Yes where appropriate.

### 3.4 Collaboration in integrated Social Services

**Question 55** – Do you agree with the proposal to introduce a single consistent set of powers relating to the creation of formal partnerships in Wales, for the purpose of delivering integrated services?

**Question 56** – Do you agree with our proposal to introduce powers to define in Regulations and guidance the parameters for developing formal partnerships and pooled budgets and to set out how and when these will be used?

Response:

**Question 55** - We would welcome more detail / clarity on this section – particularly what activities will be reduced or cease and what will be prioritised. A single set of powers would in our view need to be developed with key stakeholders.

**Question 56** - Yes as this should integrate services such as health and social care, reduce silo working, improve partnership and multi-disciplinary working, reduce bureaucracy, reduce duplication and allow effective use of resources which overall should improve the current situation for both professionals and service users particularly as many have complex needs cutting across many sectors / providers. It will also reduce the chance of service users being lost or ‘bounced around’ the system which we often hear about. This will require clear governance arrangements.

### 4. Safeguarding and protection

#### 4.1 A National Independent Safeguarding Board
Question 57 – Do you agree with the view of the Welsh Safeguarding Children Forum on the role and function of the National Independent Safeguarding Board?

Question 58 – What type of organisation do you think the Board should be? How would the relationship and accountabilities with Welsh Ministers and Safeguarding and Protection Boards be constructed (see section 4.2 – Safeguarding and Protection Boards)?

Question 59 – How should the Welsh Government achieve service user representation on the Board?

Response:

Question 57 – Yes, this will need to have “expert” membership and any guidance produced needs to be mindful of current best practice guidance.

Question 58 – We are not best placed to answer this question. It needs to act as a professional advisory committee with experts from health (both clinicians and Health Board representatives), social care, royal colleges (as appropriate), police, organisations such as NSPCC and lay/service user representatives. Although Welsh Ministers should set the overall strategic agenda for the board, its ability to act and behave independently is paramount.

Question 59 – Through an open and transparent appointment process and with voluntary / third sector organisations.

4.2 – Safeguarding and Protection Boards

Question 60 – What do you think the functions of the Adult Protection Boards and Safeguarding Children Boards should be?

Question 61 – Do you agree that a funding formula is needed? What approach should be taken to devising this formula?

Question 62 – Do you think that the existing statutory membership of LSCBs is sufficient for Safeguarding Children Boards? What additional members should be included within the membership of Adult Protection Boards?

Question 63 – Should there be a requirement that all Safeguarding and Protection Boards have independent Chairs? Please explain your rationale.
Response:

**Question 60** - To ensure resources provided within each Local Authority to provide effective identification and management of any issues relating to safeguarding of children or vulnerable adults. We agree with the functions as outlined in document.

**Question 61** – These need ring fenced resources to deliver effectively. Pooling of budgets and the ability to develop partnership should enable free flow of funds and generate - over time – improved efficiencies.

A review of the various functions of this work needs to be undertaken with clear costings of each element and then apportioned out between the various stakeholders involved in this work as ultimately with effective partnership working this should enable smarter working, identify problems earlier all and enable more effective intervention etc

**Question 62** – we are not best placed to answer this.

**Question 63** – Yes. To enable them to carry out duties without potential conflict of responsibilities to their host organisation. Independent chairs can take decisions that may be uncomfortable if constrained by being an employee of an organisation. Should also remove any barriers between organisations represented on Boards and enable more partnership working. An independent chair would also give membership of Board and those involved in cases coming to the Board confidence in decisions made or actions undertaken.

4.3  Adult Protection – a new legal framework
<table>
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<tr>
<th>Question 64 –</th>
<th>Is the scope of what would constitute an ‘adult at risk’ reasonable?</th>
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<tr>
<td>Question 65 –</td>
<td>Should the duties on agencies to protect adults at risk be based on someone being the victim, or potentially the victim of ‘harm’?</td>
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<td>Question 66 –</td>
<td>Should the definition of an ‘adult at risk’ also take account of where, or in what circumstances, the abuse has taken place and whether someone is unable to safeguard themselves as a result of their health and social care needs (paragraph 4.3.9)?</td>
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<td>Question 67 –</td>
<td>Is the range of agencies that the Bill will places duties on appropriate? Are there any other agencies that should be considered for inclusion in this framework, and if so why?</td>
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<tr>
<td>Question 68 –</td>
<td>Should a duty to report apply to all the agencies encompassed by other duties? If not, why not? Who should the duty apply to?</td>
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<td>Question 69 –</td>
<td>Should the legislation include powers of intervention? If so, what should be the nature of these powers?</td>
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**Response:**

**Question 64 -** Yes

**Question 65 -** Potentially the victim of harm, as this will enable action before an adverse event occurs and covers the five types of abuse as described in ‘In Safe Hands’.

**Question 66 -** Yes as this adds additional information to the risk / vulnerability of that individual.

**Question 67 -** Yes this seems appropriate. As an aside, co-operation is welcome but needs to take account of working practices of other agencies e.g. healthcare who are often informed late of need to attend conferences / provide reports, often don’t get minutes and to consider effective mechanisms for all agencies to contribute even if not in person.

**Question 68 -** Yes when relating to safeguarding issue, this is for the good of the individual - but also note comments above. We do appreciate the concerns about providing advice in confidence, yet safety of the individual should be paramount and support given to the individual. However, due attention needs to be paid to cross communication after provision of information, timeliness of reports back etc MDT meetings can be useful in discussing those in need etc

**Question 69 –** Yes. The Scottish model appears reasonable but requires further investigation if considered for implementation in Wales.
5. Regulation and Inspection

5.1 Workforce registration

| Question 70 | Do you believe that the current definitions of social care workers in the Care Standards Act 2000 are broad enough to capture workers in new models of service delivery? |
| Question 71 | Do you agree that the Care Council should have powers to regulate the training of all social care workers, not only social workers? |
| Question 72 | Do you agree that Welsh Ministers should have powers to make regulations that reserve certain activities to staff with certain specified qualifications? |
| Question 73 | Do you have views about what activities should be reserved to staff with certain specified qualifications? |

Response:

Question 70 - Yes

Question 71 - Yes as this will drive up standards and protect individuals from poor care provision from untrained staff. It needs to be appropriately implemented.

Question 72 - Yes but this should be overseen and advice given from a professional forum to ensure Welsh Ministers make decisions based on best practice guidance

Question 73 – Safeguarding is the main activity, although there may well be others.

5.2 Service Regulation

5.2a Extending regulation to new service categories

| Question 74 | Do you agree that Welsh Ministers should be able to bring appropriate new service delivery models into the scope of the regulator? |
| Question 75 | Do you agree that social work services should become a regulated service? |
| Question 76 | Do you agree that the registered manager of the service must be registered in the social work register of the Care Council for Wales? |
Response:

Question 74 – Generally yes, although this section is not particularly clear.

Question 75 – Yes – confidence is needed in provision of all care, this needs open transparency in all services provided.

Question 76 – Absolutely as they will then be bound by best practice guidance which can only drive up standards and confidence for people needing social care/services.

5.2b Revising the registration model for social care services

Question 77 – Do you agree that there should be powers to make registration time limited? If so, should this be introduced in a staged way?

Question 78 – Should certain services, as a matter of principle, be exempt from this provision? If so, why?

Question 79 – What sectors/services do you believe would be particularly suited to this model?

Question 80 – What issues do you think this model would raise?

Response:

Question 77 – Yes. Registration should be regularly reviewed and not be life-long once awarded. Doctors will shortly be undergoing regular revalidation, this could translate to social services. Earlier review of registration should be enabled in event of concerns in performance or individual / organisation. The organisation should have an annual review or be subject to regular reviews in line with health care organisations.

There needs to be sufficient time for the introduction of change to registration procedures and guidance issued to all to explain what will be required for initial accreditation and ongoing reaccreditation.

Question 78 - Not that are immediately apparent, but possibly.

Question 79 – Most, in particular Care Homes (residential and nursing), private care provider organisations etc.

Question 80 - This is likely to cause some concern and anxiety amongst service providers. Will require clear guidance on requirements and possibility of losing some individuals / organisations. There is a need to balance these requirements against the safety of individuals and to ensure that Local...
Authorities and Welsh Government can have confidence that those providing care are of sufficient high standard to do so and are trained to provide the service they are offering and following best practice guidance. A long lead in time is important here.

### 5.2c The Register

<table>
<thead>
<tr>
<th>Question 81</th>
<th>Do you agree that the register should contain specified information?</th>
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<tbody>
<tr>
<td>Question 82</td>
<td>Do you think that this approach will enable service users and their carers to make decisions about services they use or may wish to use?</td>
</tr>
<tr>
<td>Question 83</td>
<td>Do you agree that there should be information sharing powers afforded to the regulator?</td>
</tr>
<tr>
<td>Question 84</td>
<td>Do you agree that this approach will drive up improvement?</td>
</tr>
</tbody>
</table>

**Response:**

Question 81 - Yes this will promote confidence of service users when accessing services.

Question 82 – Yes. Members of the public should be able to access all the relevant information they require in order to understand exactly what type of service is on offer by whom.

Question 83 - If this refers solely to sharing the information within the register to the regulator we would support it – we could not support further sharing of information without clarity around what information is to be shared. It does mention mechanisms to prevent inappropriate information from being sent – we would welcome detail on how this will be achieved.

Question 84 – potentially, in terms of clarity and the public availability of information on service provision and other issues that would be of value to the service user and carers.

### 5.2d Organisational governance and quality assurance mechanisms

<table>
<thead>
<tr>
<th>Question 85</th>
<th>Do you agree that these reports should be publically available?</th>
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</thead>
<tbody>
<tr>
<td>Question 86</td>
<td>Do you agree that we should specify matters for public reporting?</td>
</tr>
</tbody>
</table>
**Response:**

**Question 85** - Yes

**Question 86** - Yes to enable consistency across organisations / providers when comparing information and to provide a national approach. In addition, they should allow organisations / providers to add contextual information and other relevant information to clarify areas of the report they wish to highlight.

<table>
<thead>
<tr>
<th>5.2e National Minimum Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 87</strong> – Do you agree that we should remove the word ‘minimum’ from sections 23 and 49 of the Care Standards Act 2000</td>
</tr>
</tbody>
</table>

**Response:**

**Question 87** - Although reporting against national standards is to be welcomed, having minimum standards allows those reading reports to understand what is the minimal or base level of service that should be provided but the reporting and monitoring mechanisms should make this clear and encourage organisations/providers to state how they exceed minimum requirements. If minimum removed it may give difficulty to service users / carers / other professionals in comparing services. Perhaps indicators of those that are above minimum could be incorporated into the reporting process.

<table>
<thead>
<tr>
<th>6. Services</th>
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<tbody>
<tr>
<td>6.1 Adoption</td>
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</tbody>
</table>

**Question 88** – Do you agree the functions that a National Adoption Service will be responsible for, as set out in paragraph bb?  

**Question 89** – Do you suggest any additional functions that should be included?  

**Question 90** – Are there any other barriers to the current arrangements that should be considered in the development of the Social Services (Wales) Bill?  

**Question 91** – Do you have any other comments that you wish to make about our proposals for a National Adoption Service?
### 6.2 Transitions for disabled children and young people

**Question 92** – Are there any key, identifiable entitlements that disabled children receive that would be of continued benefit beyond age 18 for those with the most complex needs? Please provide details and rationale.

**Question 93** – Do you have any suggestions for how we might define “complex needs”?

**Response:**

**Question 92** – We are not best placed to answer this question fully, however where a child is receiving care/services/benefits/support then the transition to adulthood should be streamlined and seamless and not withdrawn without a clear review and ensuring the individual's level of independence and needs are met.

**Question 93** – one or more ‘needs' that are interconnected, cannot be easily separated and need to be addressed as a holistic picture and not individually

### 7. Implementation of proposed legislation
<table>
<thead>
<tr>
<th>Question 94 –</th>
<th>Throughout this document we have identified the impacts of the proposals we would like to include in the Bill. Do you have any comments on the impacts that we have identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 95 –</td>
<td>Do you agree with our analysis of the impacts? If not, why?</td>
</tr>
<tr>
<td>Question 96 –</td>
<td>What do you think the potential cost implications are for the new proposals? Could the new duties be met through minor changes to current arrangements etc?</td>
</tr>
<tr>
<td>Question 97 –</td>
<td>Are there other areas of impacts we should be considering?</td>
</tr>
</tbody>
</table>

**Response:**

**Question 94 -** None other than those already identified.

**Question 95 –** See answers to previous questions above.

**Question 96 –** Undoubtedly new resources and investment (e.g in the workforce) will be needed. Some of the duties will be cost neutral – others will incur significant costs – setting up safeguarding boards, director of social service and support staff to enable them to meet their needs, registration of all providers, additional assessments of carers and individuals (some of this to be offset by being proactive in identifying issues rather than reacting when reach crisis and also through enabling self-assessments), education of service users, carers, professionals and ensuring understanding of all roles / changes will be expensive

**Question 97 –** Nothing that in immediately apparent.

**Final Consultation Question**

**Question 98 –** We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please let us know.
Response:

**Question 98** – These are significant proposals – we would welcome further details, for example at 3.4.1 the document talks about reducing / stopping some activities and prioritising others but there is no clarity on this so this so – it needs to be worked through with key stakeholders and open transparency in proposals given.

Also links / coordination with the criminal justice system have the potential to make a large contribution to identifying and addressing peoples needs appropriately.