

National Assembly for Wales / Cynulliad Cenedlaethol Cymru  
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[The Care and Support \(Eligibility\) \(Wales\) Regulations 2015 / Rheoliadau Gofal a Chymorth \(Cymhwysra\) \(Cymru\) 2015](#)

Evidence from Association of Directors for Social Services Cymru – CSR AI 02 /  
Tystiolaeth gan Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru –  
CSR AI 02

## **Additional Evidence to Health Committee - Care and Support (Eligibility) (Wales) Regulations 2015**

### **1. Introduction**

At the meeting of the committee on 12th June 2015, members asked for additional evidence about the impact on Information, Advice and Assistance (IAA) services, if it is the case that the first point of contact requires highly skilled people to carry out assessments.

We will set out some work that took place during 2013/14 by Social Services Improvement Agency (SSIA) on understanding the position in each local authority, of the current and developing state of IAA services. This will include the challenges set out by SSIA, with which we concur, and we will offer some views about the specific issue of the skills required at the first point of contact.

### **2. Background**

SSIA carried out this work to develop an understanding of the 'state of play' for IAA services, in view of their critical role in meeting the ambitions of the Social Services and Well-Being (Wales) Act 2014. In particular the Act has an ambition for people to increasingly take responsibility for understanding and responding to their need for support, whilst having identified the outcomes that they want to achieve, i.e. how do they want their lives to be different and better. Having access to high quality information and advice, and some assistance to know how to act on what they read, hear or are told, becomes critical if people are going to make wise and well-informed decisions about their future.

SSIA found that the development of single points of access was a common feature of current provision or a critical part of planning future provision in almost every local authority area. This is normally being developed as a whole-authority approach for all of the council's services, rather than specifically for social services. This has the advantage of bringing in other services that have the potential to make a huge contribution to promoting people's well-being, e.g. leisure and culture, education and 'street scene' services, but has the disadvantage of bringing services together that may have no history of collaboration and hence, for that collaboration to work in the best interests of the public, it requires more time and effort for mutual understanding between services to be a common feature in all councils. The challenge is greater, and further referred to below, when bringing in the services of other agencies, outside of the council, into the provision of a single point of access.

In addition SSIA highlighted the importance of services developed through specific grants, e.g. Communities First, Supporting People and Flying Start, and the role that they play in widening access and engaging with people who are often excluded from mainstream services, often described as 'hard-to-reach' communities and people, but more often, they are people who have been too easily marginalised by mainstream services. These services will be an essential part of the range of community and neighbourhood facilities that contribute to increasing the social capital of a community.

### **3. The characteristics of IAA services 2013/14 (SSIA)**

- a) Information and advice is generally available in both Welsh and English, with Language Line often commissioned to enable access for people with other first languages and interpreter services usually available via an appointment.
- b) Eligibility criteria are normally not applied at the first point of contact, thereby encouraging a conversation that is determined by the enquirer. This is in line with the expectations of the Act for IAA.
- c) In most councils, initial contacts, whether through an established generic single point of access, or a service-specific point of contact, distinguish between a request of information and a referral for a service.
- d) The sign-posting of people to other services/agencies is rarely recorded.
- e) There is a developing, increasingly common principle towards more targeted earlier intervention to shift away from thinking of people's long-term engagement with public sector agencies as a default position.
- f) There is an increasing recognition that staff involved in the first point of contact need a strong 'customer focus' underpinning their whole approach, whatever their professional background, with access to specific professional expertise beyond that point.

### **4. Challenges identified by SSIA**

- a) The shift to a single point of access is, or has been, a significant change for all councils, with a phased approach in moving towards a single point for all services. In social services in particular, there has often been the initial development of arrangements for adult services, followed by children's services and subsequently followed by bringing in health services. This challenge is about recognising the significance of the change in approach and hence allowing time for it to become embedded.
- b) Ensuring the right skill-mix is available amongst the staff operating at the first point of contact remains critical.
- c) Engagement between local government and NHS requires a mutual understanding of the benefits of an integrated approach at this early stage of contact with the public and a willingness to 'let go' of practices that have emphasised their separateness.
- d) ICT systems still do not easily enable the integration and sharing of information. This could change with the development of a single social care and health system, recently commissioned, and being overseen by NWIS, but this is a similarly significant change that will take time to embed both technologically and culturally.
- e) The need to ensure that on-line information is easy to find, to use and to keep up-to-date. Work that SSIA have led on developing a national portal for good local, regional and national information will be a helpful contribution to dealing with this challenge.
- f) The variability of broadband coverage, particularly in rural areas, will continue to contribute to the above challenge.

- g) There is at present no consistency in the quality assurance of IAA services and this will be essential if consistency in the services offered is to be guaranteed.
- h) The final challenge, but certainly not the least important, is the need for up-to-date knowledge to be available and to be developed about local community- and neighbourhood-based support, with its active maintenance.

## **5. The impact on IAA services of the right skill-mix being available at first point of contact**

The specific question raised by the committee highlights a number of issues, some of which are referred to above, see 3 c), e) and f) and 4 b) and c).

The most important factor in developing high quality IAA services is for the services and staff to be customer-focused. The work that is about to take place through Care Council for Wales, on helping staff to recognise the need for different conversations to take place with people, does not necessarily require only professionally qualified staff to be carrying out that first point of contact. What is essential is for specific professional expertise to be easily accessible beyond that first point, including social workers, nurses, occupational therapists, housing officers, as well as psychiatrists and physicians for older people where necessary and appropriate.

This does require what is referred to in 4 c) above as 'mutual understanding of the benefits of an integrated approach', but also a mutual understanding of each other's business and beyond social care and health, to include housing and education in the public sector, along with third and private sector agencies.

It is probably less important that the person at the first point of contact can undertake a complex assessment, than that the person is able to provide the enquirer with an opportunity to express what outcome they are hoping for, as a result of making contact. However it is nevertheless essential that the 'first point of contact' person has the confidence and competence to be able to identify when to ask for professional expertise associated with carrying out an assessment.

Some of the work that has taken place in 2014/15 through the Intermediate Care Fund has developed the use of 'community coordinators', helping to identify and develop a range of community/neighbourhood facilities. These are contributing to people being able to access relatively low-level, but nonetheless critical support to feel part of and supported by their communities. Having knowledge about these kinds of facilities will be essential for all IAA services, creating opportunities for people to be 'introduced' to facilities rather than 'referred' to services. It has been interesting and significant that community coordinators are often people recruited with direct experience of being a recipient of services, a carer and/or living in less advantaged neighbourhoods.

Using facilities 'close to home' will be an important element in people retaining control over their lives, which is another crucial ambition of the Act, and these facilities will have to be continually developed, as we learn more about what makes a positive difference to people's lives.

## **6. Conclusion**

The original response to this consultation by ADSS Cymru and WLGA emphasised the extent of the cultural change necessary for the successful implementation of the Act. The changes required around a new approach to eligibility are a fundamental part of that cultural change and success will be experienced by the public at the first point of contact as they are treated respectfully and courteously, by members of staff with the confidence to bring in other professional disciplines to contribute to an holistic assessment of what can make a positive difference to a person's life.

We again emphasise the need to focus on 'doing the right thing' rather than 'doing things right'. This will endorse the ambitions of the Act to avoid an overly bureaucratic response to people,

where process is given priority, to move to a position whereby people have the chance to fully explain their hopes and aspirations for leading a fulfilling life.

The development of IAA services will need continual evaluation in order that we can identify what works well, so that it more frequently represents people's common experience and in particular it should be success that tells us what is the right skill-mix for the 'first point of contact'. SSIA's work was undertaken in 2013/14 and published in April 2014 and whilst it suggests that some of the foundations are in place, the challenges are considerable with no room for complacency.

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