

2. Are there any problems or barriers?

Communication between providers and relatives is not always good. If a relative makes a complaint to the provider they often don't receive feedback or are not informed of the outcome.

This has been an issue raised by families and on the whole this is good. We have added to the KPI's of the new contracts once the re-tender process is completed, the providers will have to evidence how families are involved in the QA of services and the design of future plans for services. This will be monitored as part of our quarterly monitoring meetings with providers.

When an individual goes into supported living, relatives have to sign over choice and control to the provider. There are insufficient and unclear processes by which relatives can influence the care of SAs. Relatives and providers should be working together.

This does not have to be the case. Relatives can retain control but most choose to hand it over. This has been raised by one of the new providers and it will be discussed with them in a couple of weeks. It may have been custom and practice with the previous limited amount of providers but it will not be with the framework providers.

The powers and responsibilities of the Authority as the commissioner of services seem a little unclear and little understood in terms of specifying the services needed, and then, monitoring that those requirements are delivered. (This may be something the Panel wish to see by way of a sample "contract" for services in this field.)

Attached is the framework agreement to show what is expected and what we monitor by announced and unannounced visits and quarterly liaison meetings.

Lack of legal clarity about the powers that those charged with the care of adults with mental disabilities have to oversee the lives of those adults.

I am also unclear about what this means. What I can say is that the care providers are governed by the CIW regulations as care providers. Regarding those that are under the CoP regulations the conditions should be set out in the care plan and schedule of care so that providers are clear regarding their responsibilities.

Lack of clarity about formal and legal arrangements that apply when adults go into supported living. It is unclear if the SAs are tenants; what rights they have to control activity in the house or visitors to the house; who oversees the delivery of the supported living arrangements or who, and under what circumstances is empowered to impede the wishes or actions of users of the service.

Each person living in supported living has a tenancy and therefore has the legal rights of a tenant. The services are designed to meet their needs and if the individual has capacity then they need to design their services with their care manager. If they do not have capacity, this needs recording and Best Interests Assessments will need to be completed and outcomes recorded.

Providers are not really able to impede the rights of visitor or family unless their behaviour is a risk or problematic in some way. If the behaviour of family or visitors is a concern they are at liberty to speak to them about this and engage with care managers to rectify the issue.

Many SAs will need independent advocacy in order to have a voice. Your Voice no longer has the contract in Swansea. Mental Health Wales now has the contract but only deals with mental health.

Mental Health Wales has been commissioned to provide general advocacy services to meet duties under the SSWB and not advocacy services specifically or purely for people with mental health needs.

Deprivation of Liberty Safeguards (DOLS) assessments have been carried out for some SAs but not all. It is inconsistent.

This is a statement and I'm not sure it needs a response.

I would suggest we take this as a question "Is it inconsistent?"

Relatives are worried about what will happen following the re-tendering of the service and the possibility of a change of provider. It could cause massive disruption and they are concerned about the continuity of care and stability for SAs who do not cope well with change.

Thus far the changeovers have caused little disruption. To date over 80% of staff have TUPE'd over to the new contracts. We expect this to continue and increase as time goes on.

Relatives understand that direct payments are an option in order to keep their current provider but do not want to take on the running of the SAs financial affairs, and there would be no one to organise it after their time, so it would go back to the current system anyway.

Direct payments do involve a level of administrative burden. We are supporting SUs and families to explore shared arrangements which can help reduce individual responsibilities through development of Co-operatives but some degree of burden is a feature of these arrangements since they exist to empower people to exercise more control.

SAs living together are entitled to different amounts of support but because there are not enough staff an SA with 1:1 support may not be able to go out

when they want, as the support is being shared with other SAs in the same accommodation, even though they may only be entitled to 2:1 support.

This should not occur and by sharing more specific information of non-delivery of service with the commissioning section (Paul Bee, contract s Officer), this can be challenged.

Many SAs are supported by staff of the opposite sex, particularly male SAs who live with female SAs.

Recruitment to care posts can be difficult and maintaining suitable gender mixes is a challenge for all care providers. Care Providers should of course have regard to the wishes of service users, and where appropriate their families, and deliver care in ways which are respectful, promote dignity, and are sensitive to the needs of individuals. Families or carers who are concerned that services are not being provided in this way can contact the commissioning team to share their concerns so that we can discuss further.

The carrying out of carers assessments is very inconsistent. This is a huge barrier to things working well. Relatives are often not involved in the assessments and often find it extremely difficult to obtain copies of carers assessments and information about care packages and care decisions.

CLDT Capacity is an issue. However when in supported living the care provider is predominantly the care agency and a carers assessment for the family or friends is not usually necessary.

There does not appear to be a process in place for relatives to contact the Authority to raise any issues. Also many SAs do not have a social worker anymore, only a duty one when an issue arises.

The process for obtaining social work support is to go via the duty desk if a named social worker has not been allocated. Details of who to contact in relation to each stage of the supported housing re-tender are shared with service users and families in writing at the start of the process. This include information about social work support and who in the commissioning team to contact for more general advice about the process. For all other general day to day concerns our common access point can be contacted. They will contact the relevant commissioning officer who will deal with the concern as appropriate.

There is a waiting list for access to supported housing but the process is not transparent. Relatives are not given information on the procedure, or how long they will be on the list. Some have been on the list for 7 to 10 years. (Information on this does not appear in the performance data supplied to the Panel. There also appears to be an absence of 'forecasting tools' that predict the likely future load on such specialist services and hence aid the creation of more.)

The demand for accommodation and support always outstrips the supply of accommodation and resources. Capital funding for new build/conversion is limited by Welsh Government so we have to prioritise. We are developing a statement whereby our prioritisation of placements is clear for all. There is a monthly accommodation meeting whereby practitioners consider and present the needs of the whole population and the list is amended according to the defined needs of service users as presented by professionals in the group and based on the priority criteria. Consequently priority and timing of placements change and it's not always possible to be accurate about when someone is to be accommodated.

SAs and relatives are unhappy about the time some SAs have to go to bed and the time they have to get up in the morning, as it is down to support staff's availability. (Advised to go through Authority's complaints department to raise complaint about the provider.)

Promoting service user voice, choice and control are important requirements that Providers must demonstrate. This is an issue that has been raised before and the re-tender sets out to change and improve underperformance in this area. Use of "Just Checking" assistive technology has also been introduced to monitor activity in homes to help and reduce this type of problem from occurring.

Support staff are often inexperienced and untrained and therefore do not know how to handle SAs in certain situations and this has a big impact on the SAs.

All Providers should provide staff with the knowledge and skill needed to meet the needs of people who use services. This should be achieved through a comprehensive induction, training, supervision and appraisal process. Social Services will also support the sector through access to its social care workforce development programme. Ensuring that staff are equipped to provide effective services is both a contractual requirement and a regulatory requirement. If relatives or carers have concerns that should contact us directly.

3. What needs to be improved?

Consistency between providers – the level and type of service they get, types of activities, holidays, structures etc. An SA should not be better off with one provider than another.

We strongly believe an updated contract and improved monitoring will deliver this.

Rotas need to be improved so SAs can go to bed and get up at a reasonable time.

This is the aim of the re-tender to meet needs and requests and will be monitored.

Communication between relatives and care providers. It needs to be transparent and honest and relatives need to be valued as having an important

input in SAs lives. The picture is mixed, some relatives go to meetings etc but others get no information.

The new contract is designed to deliver this and monitoring against the contract can be more focussed.

Independent advocacy is vital.

There is a contract to deliver this.

Support staff need to be appropriately trained and there need to be proper staff to SA ratios.

These are contractual and regulatory requirements and will be monitored to ensure ongoing arrangements are satisfactory.

Agency workers are used on a regular basis which as well as being costly provides inconsistency for SAs.

Solutions are being explored. This includes Providers working together to develop a relief staff plan to reduce agency costs. The training and registration will apply to these staff also.

The Data Protection Act 2018 states that everyone is entitled to a subject access report on themselves. Not sure what applies if someone does not have capacity.

This question has been referred to our Legal Department for a response.

SAs should be receiving a DOLS assessment from the Authority which can be challenged in court.

I concur that all those in supported accommodation assessed as lacking capacity should have a Dols.

Relatives need to be given the opportunity to be involved in feedback about the new care provider contracts when they are reviewed in 6 months or so.

The commissioning section is organising an event to do this for each of the 4 tranches that are being re-commissioned. In addition, Providers are developing QA process that will involve individuals and families. Ongoing contribution from family member will continue to play a key part in understanding quality of services provided by our contracted Providers.