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# **Cwm Taf Partnership**

Population Needs Assessment Stakeholder Workshops Summary and Analysis

Report

December 2016



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# Report

# 1 Background

To support Cwm Taf Partnership in carrying out its Population Needs Assessment (PNA), the Institute of Public Care (IPC) was commissioned to facilitate a series of engagement workshops. The overall purpose of these workshops was to ensure the continued involvement of stakeholders in the population assessment process.

Specifically, the aim of the workshops was to bring stakeholders together to consider the emerging priorities/challenges of the PNA briefing documents, to inform thinking about options to address them. Stakeholders were to include staff, service users, residents, community groups, Elected Members, and anyone who had already engaged in the process and expressed a wish to stay involved and others.

The intention was that the products from the workshops would inform the 'response analysis' of the assessments, which will detail how partners will address the priority needs identified.

This report is one of those products, and forms a high level summary and analysis of key themes and ideas that emerged from the workshops. It is intended to inform discussion and consideration of further action by Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council, Cwm Taf University LHB, and in the first instance by Cwm Taf Partnership's Transformational Leadership Group.

For the report, IPC has been asked to offer a summary of the workshops, common themes, good practice examples and ideas generated. We have been asked to include a commentary including our own observations, and suggestions about issues for future consideration. In offering our view, we have taken note of the legislative requirements for local authorities and LHBs in relation to the PNA, as summarised below.

The PNA stakeholder workshops have been organised as part of Cwm Taf Partnership's response to its requirements under the Social Services and Well-being (Wales) Act 2014. There is a strong emphasis in the Code of Practice on co-production, and working with people to find appropriate solutions. In relation to assessing the needs of populations, there is:

- A requirement on local authorities and LHBs to undertake an assessment of the extent to which there are people who need care and support and carers who need support.
- A requirement that the local authorities within a LHB area form a single partnership arrangement with that LHB for the purposes of undertaking this assessment.

Section 14 of the Act requires that the assessment must identify:

- The extent to which those needs are not being met
- The range and level of services required to meet those needs
- The range and level of services required to deliver the preventative services required in section 15 of the Act
- How these services will be delivered through the medium of Welsh

An assessment report must be published by 1 April 2017, and section 1 **must** include specific core themes dealing with:

- children and young people
- older people
- health/physical disabilities
- learning disability/autism
- mental health
- sensory impairment
- carers who need support; and
- violence against women, domestic abuse and sexual violence

A series of PNA chapters were prepared by different authors from the Partnership, reflecting the core themes above. The workshops that IPC was asked to facilitate were then orientated around the chapter themes. In the next section, we outline the process and methodology of the workshops, and summarise the priority issues that stakeholders were asked to address at each session.

### 2 Workshops – process and methodology

Six half-day workshops were arranged, as follows:

Theme	Date
Carers	20 October
Mental Health	31 October
Older People, Physical Disability, Sensory Impairment	8 November
Violence against Women, Domestic abuse and Sexual Violence	15 November
Learning Disability	17 November
Children and Young People	23 November

The IPC work was managed by Graeme McLaren, Principal Consultant, who also facilitated four of the workshops. The remaining two – Older People and Learning Disability, were respectively facilitated by Juliet Bligh and Sarah Broadhurst, Principal Consultants.

Around 140 people attended the workshops, with numbers ranging from 17 (Learning Disability) to 34 people (Mental Health). Representation was from the two local authorities, Cwm Taf UHB, South Wales Police, South Wales Fire and Rescue, Public Health Wales, 38 third sector organisations, Welsh Government/SSIA, and around 5 self-declared service users/carers. It is worth noting that:

- There was significant representation from the two local authorities, predominantly from adults' and children's services.
- There was significant under-representation from health.
- The proportion of third sector participants was highest at the older people/physical disability/sensory impairment workshop.

The aims for each workshop were to:

- Ensure continued involvement of all stakeholders in the population needs assessment process by:
  - Reminding ourselves why we're doing this, and what's been done so far
  - Reviewing what the data says about priority needs
  - Drawing on our own experience to identify any gaps, and add to the data
  - Considering how to address the priority needs
  - Confirming next steps

It was agreed that a consistent approach was important, and accordingly, each workshop plan adopted the same format, with introductions, a summary presentation of the data from the respective chapter authors, with priority themes identified, and a series of issues for participants to consider. Participants had the opportunity to work in discussion groups, each led by a table facilitator. The discussion groups were also given the task of building a picture of existing good practice, and ideas about effective ways of addressing needs – reinforcing the notion that the workshops were concerned with building on current strengths.

Our remit here is not to reprise the data presented by the chapter authors. However, we should note the priority needs issues, identified by the author for each chapter, as each workshop was asked to consider these priorities, as part of the process of identifying any gaps. There is considerable overlap between these priority issues – indeed, a number of workshops considered the same ones, but there were some differences. The priorities presented to each workshop are summarised in the table below:

Workshop	Priority issue
Carers	<ul> <li>Identification and recognition of Carers</li> <li>Information and advice</li> <li>Support and training</li> <li>Voice, choice and control</li> <li>Communication and coordination</li> </ul>
Mental Health	<ul> <li>Gaps in preventative services.</li> <li>Lack of integration between health, social services and third sector</li> <li>Delayed transfers of care</li> <li>Data collection</li> <li>A common language</li> </ul>
Older People, Physical Disability, Sensory Impairment	<ul> <li>Gaps in preventative services.</li> <li>Lack of integration between health, social services and third sector</li> <li>Delayed transfers of care</li> <li>Data collection</li> <li>A common language</li> </ul>
Violence against Women, Domestic abuse and Sexual Violence	<ul> <li>Numerous gaps in service provision.</li> <li>Lack of integration across the boundaries of service provision</li> <li>Geographic inconsistencies in provision</li> <li>Lack of service user engagement</li> <li>Challenge of moving resources from high risk support services to preventative services.</li> </ul>
Learning Disability	<ul> <li>Gaps in preventative services.</li> <li>Lack of integration between health, social services and third sector</li> <li>Delayed transfers of care</li> <li>Data collection</li> <li>A common language??</li> </ul>
Children and Young People	<ul> <li>Need for a common language – e.g., what do we mean by preventative?</li> <li>Need for use of broader data sets and improved sharing of data</li> <li>Universal v targeted</li> <li>Preventative services need to be more universal</li> </ul>

The raw qualitative data from each workshop has been collated by IPC, and made available to the respective chapter authors to help inform further drafts. For this report, IPC was asked to offer a high level summary of the key themes and issues that emerged from the group discussions, and in the overall plenary session at each event. These are set out below, taken from basic headlines captured on flipcharts at tables, and arranged thematically. IPC has included some interpretive commentary against the themed issues, and we also add some general observations from the workshop facilitators.

## 3 Workshops - Common themes

#### 3.1 Data

- Two questions featured repeatedly at the workshops, which were expressed broadly as "What's the story behind the data?", and "What is it actually telling us?".
- Data is not presented consistently across the different chapters. While this is inevitable to an extent, given the wide range of data sources, reporting mechanisms, and differing capacity to gather the data, there is the opportunity to consider future presentation in a clear and consistent way.
- There is the opportunity for further subsequent analysis of the data, to enable an understanding of what it is suggesting. An example picked up was in relation to Mental Health: the GP prescribing rate is used as an indicator. But in reality this might only illustrate the appetite for prescribing, and not whether there is higher prevalence of depression.
- There is an ongoing need for better data, and more meaningful performance indicators. So, for instance, domestic violence data tends to be focussed on crisis, and it would be good to also have a broader set of indicators of early risk (bullying in schools, youth offending, Team around the Family), which would play into the prevention agenda more effectively; or by including data on food bank take-up, another dimension could be added to help understand children at risk. The Children and Young People's workshop suggested a vulnerability indicator framework ought to be developed this might enable a better understanding of needs of 14-25 yrs. old group, known to be most at risk (also where there is a sharp decline in support services)
- The feedback from the workshops needs to be complemented by the work undertaken previously on the views of service users, and this will need to inform ongoing future analysis - there is often good qualitative material that could be used, and this is fundamental to informing a better understanding of need. This may also enhance the understanding of needs in different places, where the existing data sets cannot be disaggregated to local level.

#### 3.2 Information

 There was a widely shared view that information about services and support could be further improved to be accessible and up to date for citizens. The workshops provided a useful opportunity for people to pool knowledge, and this served to underline the need for further improvement in the co-ordination of information for both service users and professionals in the future.

#### 3.3 Citizen voice

- There was a view expressed in all the workshops that further emphasis on the voice of the citizen, and their role in helping to shape services would be important. Across the workshops, there were repeat calls for citizens to be engaged and involved as equal partners in service design and development.
- There was widespread recognition of the extent to which carers' needs cross refer to every chapter of the PNA, and agreement on the need for the voice of carers being reflected. Addressing issues for any client group must include a focus on carers: for instance, learning disability day services must be planned in conjunction with respite services.
- At the same time, there was recognition that there must be a "reality check" in place, so that a citizen-focussed, person-centred approach results in a needs based understanding, and not a "free-for-all".

#### 3.4 Collaboration

- While it was recognised that the PNA briefing documents were orientated around the Social Services and Well-being Act client groups, it was clear from each workshop that is a significant overlap between the chapter themes - the relationship between Mental Health, Domestic Violence, Substance Misuse and the risk factors for children, for instance. There was a very strong sense that the PNA chapters need to be brought together with a "golden thread", and that this is critical for service planning, for instance around support for children in households' where there is domestic abuse.
- There was feedback that the PNA remains a little too heavily focussed on health and social care – perhaps inevitable as the requirement comes from the Social Services and Well-being Act. However, it was observed that the assessment of population needs is about "much more than social services". There is a need to broaden the focus to include housing, leisure, transport, and planning, as the process develops in the future.
- Related to this was a widely expressed view that an approach which focuses priorities on a set of shared outcomes for the population would be valuable. This was raised both as a way of focussing organisational minds on the citizen, but also as a mechanism for using performance indicators more purposefully.

#### 3.5 Sustainability

- There was recognition that, especially given restraint on public finances and the need to adopt preventative approaches to help meet demand, there must be an emphasis in the analysis on developing sustainable responses to needs of the population.
- The expectations of local populations are changing, which brings a risk of an inability to meet demand. Community resilience is vital to managing this, and a

PNA must therefore factor in a detailed understanding of what makes communities resilient. This relates to the points raised about citizen voice.

- Community resilience is vital to sustaining services, and there is a need for support for people to build community networks.
- There was a clear view at the workshops that in order to build community resilience, and to be responsive to the citizen voice, there is an imperative to reframe the focus to "fit provision around what's already there in communities, rather than fitting people into services".

These points underline the need for culture change and also the guiding principle of focussing on assets, rather than deficits. The workshops adopted this principle, and it was readily acknowledged by participants.

### 4 Workshops – Shared Ideas

The workshops offered an opportunity for participants to pool knowledge and ideas and so build a picture of current good practice examples, and possible ways to meet identified need. The chapter authors have access to the full lists generated at each workshop. The table below sets out a selection of ideas generated – some are ideas that might be developed further, but with no examples in operation in the Partnership area; others are concrete examples from the Partnership area and beyond.

Workshop	Example
MH	Keep Safe Cwmru - Card Scheme LD Service, South Wales Police, Mencap Cwmru
	Valley Steps - One stop shop offering signposting and information for emotional wellbeing
Carers	Team around the Family (TAF) model – should be replicated for adults
	Bridgend Carers Centre - Training, support and activities
	Cwm Taf Carers' Information and Consultation Strategy
OP/PD/SI	Merthyr Tydfil digital inclusion classes within sheltered housing schemes
	Rhondda Cynon Taf: Dementia friendly towns/communities: Pontypridd, Maerdy, Mountain Ash
VAWDASV	Identification and Referral to Increase Safety (IRIS) – DVA training, support and referral programme based in GPs and funded by South Wales PCC and Cwm Taf UHB.
	Multi Agency Safeguarding Hub (MASH) – single point of contact for professionals
LD	RCT Carers Support Service for Children
	Flying Start - health visitors have smaller caseloads/early intervention, behaviour support, support with speech & language

Workshop	Example
	ABMU HASC teams co-located
СҮР	Emotional Literacy Support Assistant (ELSA) training in schools
	RCT Vulnerability Profiling – pilot in Rhondda

### 5 Workshops - Facilitators' general observations

In a debrief session with members of the PNA Core Group, following the final workshop, IPC was asked to include our own observations as part of this report. The three IPC facilitators have planned and debriefed together, and we have therefore had an opportunity to reflect on the workshops as a whole. We offer observations from a facilitators' perspective, without having been party to the pre-workshop planning and organisational arrangements.

We recognise the achievement the Cwm Taf Partnership in making an early start with this process, and in seeking to engage with as wide a group of stakeholders as possible, in the context of a demanding timeframe. The following observations are intended to inform the ongoing process of the PNA and its part in informing strategic thinking.

- Attendance at workshops varied depending on the particular population group concerned. Overall, representation from universal services, apart from perhaps housing, was light - a concern given the strong focus on preventative services – and this may be an area to explore and address in future exercises. It is always difficult to get an exact balance between attendees in workshops like this – some had heavy third sector representation, while others had heavy local authority representation for example – but as the PNA process develops it may be worth being very explicit about the balance of representation required from different organisations and sectors in the community.
- Citizen participation in the workshops was not very strong, although we understand that the engagement with citizen's groups in other activities prior to the workshops had been extensive. There is a value in citizens and professionals sharing perspectives in sessions like these, and we would encourage this approach to be explored further in future.
- Each workshop was informed by a briefing paper relating to a PNA chapter. The depth of the analysis did vary somewhat, and some workshops appeared therefore to be more about filling a knowledge gap, with less space to focus forward to the intended aim of generating ideas about how to address the needs. We recognise that there may have been good reasons for this, as some chapters had the advantage of building on stronger and more readily available baseline information from the outset, but there is the opportunity to develop more consistent analyses across the population groups in the future.

### 6 Areas for consideration

The issues and outputs from the workshops are intended to inform future strategic planning. Drawing on our experience of facilitating the stakeholder engagement workshops, and the themes identified, we suggest, in summary, a number of areas for further consideration by the TLG, and the respective Boards within the Cwm Taf Partnership. There are some key areas where participants are keen to see further developments in strategic planning between partners in the future:

- There are opportunities for further developments in data quality, analysis, and sharing of information in the future between partners, as well as further opportunities for engagement in securing the citizen voice to inform strategic plans.
- Collaboration between partners on the strategic development agenda is required by the SSWB Act, and could build on the good progress to date and be further extended, going beyond health and social care, and with a stronger outcome focus. There is widespread recognition that the needs identified cannot be addressed in siloes, and will require full engagement from the range of stakeholders.
- By definition, the PNA starts from the perspective of need. However, the picture of the supply side is of equal importance. This will need to be addressed as part of the forthcoming requirement for local authorities to produce market stability reports.
- Population groups are, of course, not entirely mutually exclusive and so in taking forward plans to meet specific needs it will be important to ensure effective integrated agendas across the board. For example:
  - The Statement of Strategic Intent for Learning Disabilities, and the Children's Strategy will need to link closely.
  - Engagement with and support for carers will need to be considered for all populations groups.
  - Partners may need to assure themselves that strategic plans to support for people with dementia are held effectively between mental health and older people's plans.
  - Prevention, community resilience and early intervention are wide-ranging agendas facing all population groups which need a co-ordinated approach.

Overall, within the context of a challenging timetable and wide range of engagement mechanisms, Cwm Taf has clearly made a good start in establishing the population needs analysis as a key strategic process to help partners together to understand future needs and demand, engage with stakeholders and begin to plan for the future. We hope that these suggestions will complement the other information sources and inform the ongoing development of this process.

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