

Summary of Outcome - Deep Dive Reviews by Local Authorities in Connection with the Welsh Independent Living Grant (WILG) – October/November 2018

Introduction

All local authorities were instructed to undertake at the end of 2018 a deep dive review of all cases where a care review of a person's future needs resulted in the proposed reduction in what was previously the WILG element of their overall support. These care reviews are being undertaken as part of the transfer of people's future support to local authorities' social care provision. The purpose of these deep dive reviews was to ensure these reductions were appropriate and did not impact on that person's ability to live independently in the community.

Below is the outcome of the deep dive reviews in terms of the numbers identified, the range of reductions proposed and a sample of the reasons for those reductions.

Numbers

The number of people where a reduction of this nature was proposed in each local authority is listed below. This is shown in relation to the total number of WILG recipients who had a care review in each authority at that time. Overall just over 150 were in this position out of a total number who have had their care review at that time of just over 1,100 (13% of the total):

Local Authority	No. of people who have had their future care review	No. of people where previous WILG support is to reduce in new care package
Blaenau Gwent	26	6
Bridgend	55	2
Caerphilly	53	6
Cardiff	57	11
Carmarthenshire	175	8
Ceredigion	16	7
Conwy	72	3
Denbighshire	7	2
Flintshire	82	2
Gwynedd	80	18
Isle of Anglesey	33	0
Merthyr Tydfil	33	2
Monmouthshire	20	0
Neath Port Talbot	30	11
Newport	19	10
Pembrokeshire	30	11
Powys	62	1
Rhondda Cynon Taf	129	12
Swansea	66	3
Torfaen	43	14
Vale of Glamorgan	28	4
Wrexham	58	24
Total	1,174	157

Level of and Reason for Reductions

There was a wide range in the level of support which it was proposed to reduce. This varied between people due to their particular circumstances and the reason for the reduction. An indication of the range of, and reasons for, reductions is below:

No. of hours reduced	Examples of reasons for reduction
<ul style="list-style-type: none"> • 30 mins a week (1 person) • 1-5 hrs a week (49 cases) 	<ul style="list-style-type: none"> • increase in community support led to reduction in night respite over a month • provision of one to one support removed requirement for undertaking particular activities • change in arrangements for visiting family reduced need for formal support • in a number of cases changes were made to the commissioning arrangements, or the level of support, at family's request as full funding previously provided was not being utilised • a number of individuals received one to one support, or a high level of support at home, neither of which supported their independent living. After discussion with those concerned it was agreed to provide support in alternative ways, such as support from a care provider who facilitates activities to promote independence • change in personal circumstances in a number of cases reduced requirement for formal support, often at families request • reduction in need for attendance at day care • switch of care provision to Direct Payments with corresponding better meeting of care needs • improvement in independence since last review reduced need for formal support • in some cases the person had developed a need for continuing healthcare so as to no longer require social care. In such cases people affected referred to relevant health board • reduced requirement for care at night • duplication of funding for support from both local authority and via WILG which family had not identified • no requirement for social care

<ul style="list-style-type: none"> • 6-14 hrs a week (43 cases) 	<ul style="list-style-type: none"> • change in personal circumstances in a number of cases reduced requirement for formal support, often at families' request • in a number of cases changes were made to the commissioning arrangements, or the level of support, at family's request as full funding previously provided was not being utilised • overnight support no longer required • WILG funding used to pay "friend" to home visit • Over provision of funding to pay for the level of personal care required • shared care services identified for other recipients in same supported living accommodation reduced need for individual support • in some cases the person had developed a need for continuing healthcare so as to no longer require social care. In such cases people affected referred to relevant health board
<ul style="list-style-type: none"> • 15-25 hrs a week (36 cases) 	<ul style="list-style-type: none"> • person supported by adult placement scheme offering opportunities to live in the community with 'enablers'. The 'enabler' in this instance was receipt of the highest band payment under WILG. While the support provided has not changed, the person is now receiving a more appropriate payment as the enabler to achieve the same outcome • change in personal circumstances in a number of cases reduced requirement for formal support, often at families request • in some cases night care no longer required • in a number of cases changes were made to the commissioning arrangements, or the level of support, at family's request as full funding previously provided was not being utilised • changes to home and life circumstances reduced requirement for formal care • remodelled support using assistive technology reduced care need
<ul style="list-style-type: none"> • 26-48 hrs a week (10 cases) 	<ul style="list-style-type: none"> • enrolled into community living project so no longer attends day services • reduction in day time support has build person's confidence so as to reduce their need for support at night. Telecare being

	<p>utilised to support this change</p> <ul style="list-style-type: none">• individual did not need care on a 1:1 basis all of the time and so encouraged to live safely at home more independently with telecare support• in some cases person had developed a need for continuing healthcare so as to no longer require social care. In such cases people affected referred to relevant health board• use of assistive technology at night, increased independence by day• use of third sector community support and carers reducing need for formal support• move to direct provision of respite care from local authority
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NB In one instance the local authority could not separately identify the level of the previous WILG support which is to reduce in the new overall care package. As a result only 139 of the total 157 cases identified are included above.