



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

*Immediately Following Scrutiny Committee on
THURSDAY, 7 SEPTEMBER 2017*

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

1. To agree the Chairperson for this Meeting
2. To receive any declarations of interest from Members
3. To receive the Minutes of the previous Social Care, Health and Wellbeing Cabinet Boards held on the 3 July and the 13 July 2017.
(Pages 5 - 14)
4. To receive the Forward Work Programme 17/18 (Pages 15 - 18)

To receive the reports of the Director of Social Services, Health and Housing

5. Residential and Non-Residential Care Charging Policy
(Pages 19 - 36)
6. Western Bay Youth Justice and Early Intervention Annual Plan 2017 - 2018 (Pages 37 - 76)
7. Western Bay Safeguarding Children Board Annual Report and Business Plan (Pages 77 - 134)

To receive the report of the Head of Commissioning & Support Services

8. Western Bay Commissioning Strategy For Care Homes for Older People 2016 - 2025 (*Pages 135 - 242*)
9. Quarterly Performance Management Data 2017/18 - Quarter 1 Performance - 1 April 2017 - 30 June 2017) - Children's Services (*Pages 243 - 270*)
10. Quarterly Performance Management Data 2017/18 - Quarter 1 (1 April 2017 - 30 June 2017) - Adult Services (*Pages 271 - 284*)
11. Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended)
12. Access to Meetings - to resolve to exclude the public for the following items pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001 No.2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

PART 2

To receive the Private Report of the Head of Children and Young People Services

13. Supported Lodgings Service and Crisis Beds - Contract Arrangements (Exempt Under Paragraph 14) (*Pages 285 - 300*)

S.Phillips
Chief Executive

Civic Centre
Port Talbot

31 August 2017

Cabinet Board Members:

Councillors: A.R.Lockyer and P.D.Richards

Notes:

- (1) *If any Cabinet Board Member is unable to attend, any other Cabinet Member may substitute as a voting Member on the Committee. Members are asked to make these arrangements direct and then to advise the committee Section.*
- (2) *The views of the earlier Scrutiny Committee are to be taken into account in arriving at decisions (pre decision scrutiny process).*

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EXECUTIVE DECISION RECORD

3 JULY 2017

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

Cabinet Board Members:

Councillors: A.R.Lockyer (Chairperson) and P.D.Richards

Officers in Attendance:

N. Jarman, A.Jarrett, Mrs.A.Thomas, J.Hodges and Mrs.J.Woodman-Ralph

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor A.R.Lockyer be appointed Chairperson for the meeting.

2. **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD HELD ON THE 16 MARCH 2017 AND CHILDREN, YOUNG PEOPLE AND EDUCATION CABINET BOARD HELD ON THE 2 MARCH 2017**

Noted by Committee

3. **FORWARD WORK PROGRAMME 17/18**

Noted by Committee.

4. **FUTURE DIRECTIONS OPTIONS FOR PERSONAL SOCIAL SERVICES**

Decision:

That having given due regard to the Equality Impact Assessment the Director of Social Services, Health and Housing be given delegated

authority in consultation with the Leader, Deputy Leader and Chief Executive to make any further changes in the direction of travel for Neath Port Talbot Social Services, incorporating the following:

- (a) Maintains the gains in management and financial discipline over the past four years;
- (b) Continues to develop innovative, active Early Intervention and Prevention in order to divert, reduce and minimise demand for more expensive intensive services as contained in Option A of the circulated report;
- (c) Continues actively to develop personalisation of social care, so that service users have much greater control and choice over how, by whom and when they receive services to meet their needs and chosen outcomes;
- (d) Fulfills the Council's legal duty to offer all service users at the outset a Direct Payment to meet their assessed need for care and support where satisfied that it is an appropriate way of meeting those needs as contained in Option A of the circulated report.

Reason for Decision:

In order to meet the significant delivery and financial challenges which lie ahead for social care, it is essential that there is a clear direction of travel, which is clearly understood by all social care stakeholders.

This will enable officers to plan in a gradual, organic strategy for achieving the required savings, as opposed to precipitate approaches which have undesirable consequences for volumes of service and jobs.

Implementation of Decision:

The decision will be implemented after the three day call in period.

5. **WESTERN BAY COMMISSIONING STRATEGY FOR CARE HOMES FOR OLDER PEOPLE 2016 -2025**

Members were supportive of the request made by the previous scrutiny committee that the report be withdrawn from consideration at today's meeting due to the number of concerns expressed by the Committee in respect of the contents of the report and the Western Bay Governance arrangements.

Decision:

That the report be withdrawn from consideration at today's meeting.

6. **YOUNG CARERS STRATEGY (OUTCOMES OF CONSULTATION)**

Members were supportive of the request made by the Scrutiny Committee held prior to this meeting to amend the wording contained within the circulated report under the Definition of a Carer as detailed below.

Decision:

That having given due regard to the Equalities Impact Assessment, Members approve the Neath Port Talbot Young Carers Strategy 2017-2020 as detailed in the circulated report subject to the amendment to the Definition of a Young Carer Paragraph 4, Page 153 to clarify the wording around requesting a Carers Assessment.

Reason for Decision:

The strategy builds on the achievements of previous Neath Port Talbot Carers Strategy documents. The document aims to continue to provide strategic Direction for services for Young Carers and Young Adult Carers from 2017 – 2020. Endorsement of the Neath Port Talbot Young Carers Strategy 2017 – 2020 will provide strategic direction for services for Young Carers and Young Adult Carers over the next 3 years.

Implementation of Decision:

That the decision be implemented after the three day call in period.

Consultation:

The Young Carers Strategy 2017 – 2020 has been included in the Forward Work Programme and consultation as taken place with relevant stakeholders.

7. **DELEGATION OF SUPERVISORY BODY ROLE**

Decision:

That approval be granted for the functions of the Supervisory Body for the purposes of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards to Andrew Jarrett, Head of Children & Young People Services.

Reason for Decision:

To enable Andrew Jarrett, Head of Children & Young People Services able to delegate the power of Supervisory Body signatory to named officers for the purpose of fulfilling the local authority duties under the Mental Capacity Act 2005 in relation to Deprivation of Liberty Safeguards authorisations.

Implementation of Decision:

The decision be implemented after the three day call in period.

8. **TO ENTER INTO AN INTER AUTHORITY AGREEMENT WITHIN THE WESTERN BAY REGION FOR THE COLLABORATIVE PROCUREMENT OF REGIONAL ADVOCACY SERVICES**

Decision:

1. That approval be granted for the Council (subject to all the City and County of Swansea Council and Bridgend County Borough Council agreeing to execute the Inter Authority Agreement) enters into the Inter Authority Agreement upon the terms set out in the circulated report;
2. That the Head of Children & Young People Services be designated to be the Representative of this Council for the purposes of the Inter Authority Agreement and to carry out on behalf of the Council all the delegated powers of such a Representative, and further delegates to the Head of Children & Young People Services the power to appoint an alternate or deputy for the purposes of the Agreement;

3. The Head of Children and Young People Services be delegated authority in consultation with the Head of Legal Services to negotiate and settle the final terms of the Inter Authority Agreement (taking into account any guidance and instructions issued by the Welsh Government) and thereafter authorise the Head of Legal Services to enter into the said Agreement and any associated documentation.
4. The City and County of Swansea Council be authorised on behalf of this Council (subject to it obtaining its own internal approvals) to enter into and agree to comply with the obligations set out in the long term contract for the National Approach for Advocacy Services having due regard for the implications set out in the report and subject to all participating authorities having entered into the Inter Authority Agreement.

Reason for Decisions:

The National Approach for Advocacy Services is an expected regional implementation exercise which has oversight by WLGA, this being the case, The Social Services and Wellbeing (Wales) Act 2014 – Part 10 code of Practise (Advocacy) sets the requirement for Local Authorities to:-

- (a) Ensure that access to advocacy services and support is available to enable individuals to engage and participate when local authorities are exercising statutory duties to them and
- (b) To arrange an independent professional advocate to facilitate the involvement of individuals in certain circumstances.

In addition, The Wellbeing of Future Generations (Wales) Act 2015 brings strategic relevance to how Local Authorities and public bodies make decisions. It places an emphasis on Local Authorities and other public bodies to work together in a more sustainable and cohesive approach. The 2015 Act means that public bodies need to look at preventative solutions when making decisions for people and communities and that it needs to involve the people living in local communities when planning for the future.

Implementation of Decision:

That the decisions be implemented after the three day call in period.

9. **LEASE AGREEMENT WITH NEATH PORT TALBOT CVS FROM 1 APRIL 2017 - 31 MARCH 2020**

Decision:

That approval be granted to extend the lease agreement between Neath Port Talbot County Borough Council and Neath Port Talbot Council for Voluntary Service, for a period of thirty-six calendar months from 1st April 2017 to 31 March 2020 on terms and conditions to be agreed by the Head of Children & Young People Services in consultation with the Head of Property and Regeneration.

Reason for Decision:

To enable Children and Young People Services to enter into a lease agreement with Neath Port Talbot Council for Voluntary Services for 36 Orchard Street, Neath. SA11 1HA so that the building can continue to be used to provide an informal and accessible space to enable direct working with children, young people and their families.

Implementation of Decision:

That the decision be implemented after the three day call in period.

10. **URGENCY ACTION – APPLICATION TO THE COURT OF PROTECTION**

Decision:

That the report be noted.

CHAIRPERSON

EXECUTIVE DECISION RECORD
SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

13 JULY 2017

Cabinet Members:

Councillors: A.R.Lockyer and P.D.Richards

Officers in Attendance:

N. Jarman, D.Berni, J.Hodges and J.Woodman-Ralph

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor A.R.Lockyer be appointed Chairperson for the meeting.

2. **FORWARD WORK PROGRAMME 17/18**

Noted by Committee

3. **REDESIGN OF MANAGEMENT ARRANGEMENTS**

After consideration Members were supportive of the request to delete the Head of Adult Services post from the structure as detailed in the circulated report proposed by the Social Care, Health and Wellbeing Scrutiny Committee held prior to this meeting.

Decision:

That the changes to the Social Services, Health and Housing Directorate Senior Management Team as contained within the circulated report be approve, in principle subject to the deletion of the Head of Adult Services post from the structure and that the proposals be considered by Personnel Committee on the 24 July 2017.

Reason for Decision:

1. To raise the quality of all Social Services by better spreading of best practice across the Social Services and Housing Directorate;
2. To amalgamate common functions within the Directorate (eg. Safeguarding transition) both economies of scale are achievable as well as improvements in efficiency and responsiveness;
3. To enable the Directorate to meet the financial challenges facing the Council 2018/19 onwards.

Implementation of Decision:

The decision be implemented after the three day call in period.

4. **CSSIW PERFORMANCE REVIEW OF NEATH PORT TALBOT COUNTY BOROUGH COUNCIL SOCIAL SERVICES**

Decision:

That the report be noted.

5. **DEVELOPMENT OF A TRANSITION TEAM ACROSS CHILDREN AND ADULT SERVICES**

Decisions:

1. That approval be granted for the implementation of a pilot transition team for the period of 5 months commencing September 2017;
2. A review of the pilot transition team to be undertaken and the outcomes reported back to Social Care, Health and Wellbeing Cabinet Board.

Reason for Decisions:

To enable a new way of working to be considered which spans both children and adult services to ensure that those young people who required ongoing support into their early adulthood receive well planned and well managed support. The objective is to better commission resources and better manage outcomes to ensure that whatever possible

we are working towards young people living independently and where they do require ongoing support that it is proportionate to their needs.

Implementation of Decisions:

The decision will be implemented after the three day call in period.

6. **MONITORING THE PERFORMANCE AND PROGRESS OF THE WESTERN BAY REGIONAL ADOPTION SERVICE**

Decision:

That the report be noted.

7. **ADULT SERVICES QUARTERLY PERFORMANCE MANAGEMENT DATA 2016/17 - QUARTER 4 PERFORMANCE (1 APRIL 2016 - 31 MARCH 2017)**

Decision:

That the report be noted.

8. **CHILDREN AND YOUNG PEOPLE SERVICES - 4 QUARTER (2016-17) PERFORMANCE REPORT**

Decision:

That the report be noted.

CHAIRPERSON

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Social Care, Health and Wellbeing Cabinet Committee

2017/2018 FORWARD WORK PLAN (DRAFT)

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
5th Oct	Hillside Inspection Report – Hillside Secure Children’s Home	Monitoring	Annual	Nick Jarman
	Hillside Managers Report	Monitoring	6 Monthly	Nick Jarman
	Hillside (The Children Home Wales)	Monitoring	6 Monthly	Nick Jarman
	Hillside Placement Fees 17/18	Decision	Annually	Nick Jarman
	Community Resource Team 16/17 Annual Report	Monitoring	Topical	A.Jarrett

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
2nd NOV	Business Plan (Directorate)	Decision	Annual	N.Jarman
	Complaints & Representations Annual Report 2016 -17	Monitoring	Annual	Angela Thomas/ Leighton Jones
	Improving Outcomes/ Improving Lives Annual Report 2017	Monitoring	Annual	Nick Jarman
	Participation and Engagement Report	Information	Topical	Andrew Jarrett

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
30 NOV	Western Bay Youth Offending Board Quarter1 Data Report	Monitoring	Quarterly	Caroline Dyer/Nick Jarman
	Quarter 2 Performance Report (17/18) (Adult and Children's)	Monitoring	Quarterly	David Harding/ Shaun Davies

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health and Wellbeing Cabinet Board

7 September 2017

Report of the Director of Social Services, Health and Housing – Nick Jarman

Matter for Decision

Wards Affected: ALL

Residential and Non-Residential Care Charging Policy

Purpose of the Report

1. To update the Residential and Non Residential Care Charging Policy in accordance with the Social Services and Wellbeing (Wales) Act 2014 i.e. SSWB Act 2014.

Executive Summary

2. The current charging policy for 2017/18 was approved by members on 16th March 2017. This report is to request that the charging policy is updated to amend an inconsistency between the policy and the schedule of rates. A change is necessary to the schedule of rates to show that charges for lifelink and lifelink plus are a flat rate fee and charged in addition to the £70 maximum for non-residential charges.

Financial Impact

3. None

Legal Impact

4. The charging policy is in line with the SSWB Act 2014 and associated regulations. New arrangements and legal documentation will need to be put in place in relation to Deferred Payment Agreements.

Equality impact assessment

8. This function does not require an Equality Impact Assessment. The charges proposed by the Council are in line with the legislation.

Workforce impacts

9. None

Risk management

10. None

Consultation

11. There is no requirement under the Constitution for external consultation on this item.

Recommendation

12. It is recommended that Members approve the updated Residential and Non-Residential Care Charging Policy as set out in Appendix A.

Reason for Proposed Decision

13. To update the charging policy to ensure the policy and schedule of rates are consistent.

Implementation of Decision

14. The decision is proposed for implementation after the three day call in period.

List of Background Papers

15. Social Services and Wellbeing (Wales) Act 2014 and associated Regulations.
16. Residential and non-residential charging policy – Social Care, Health and Housing Cabinet 16 March 2017.

Officer Contact

17. Nick Jarman - Director of Social Services Health and Housing
Tel 01639 763279 email: n.jarman@npt.gov.uk
18. Stuart Mason, Assessments Manager
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19. Geoff Powell, Group Accountant Social Services
Tel: 01639 686602 email: g.powell1@npt.gov.uk

Appendix A

NEATH PORT TALBOT COUNTY BOROUGH
COUNCIL

RESIDENTIAL AND NON-RESIDENTIAL CARE
CHARGING POLICY

IN ACCORDANCE WITH THE LEGAL
REQUIREMENTS OF THE SOCIAL SERVICES AND
WELL-BEING (WALES) ACT 2014 – PART 5
(CHARGING AND FINANCIAL ASSESSMENTS)

APRIL 2017

AMENDMENT AUGUST 2017

1. Introduction

From 6th April 2016 the Social Services and Well-being (Wales) Act 2014 (referred to in this document as “The Act”) introduced one unified charging framework, which replaced all previous Acts and Regulations, relating to charging for Residential and Non-Residential Care.

Under The Act (which also incorporates Charging Regulations, and a Code of Practice), the Welsh Assembly Government gives discretion to local authorities to raise income from charging – this income will continue to be essential, in enabling this authority to manage resources effectively, sustainably, and to strive for continuous improvement in the future.

This Charging Policy should be used in accordance with the guidance provided in The Act, Charging Regulations and Code of Practice (all of which can be found on the Care Council for Wales’ Care Information and Learning Hub, and also on the Welsh Assembly Government’s website) – the relevant links can be found below:-

Social Services and Well-being (Wales) Act 2014 – referred to as “The Act”

<http://www.legislation.gov.uk/anaw/2014/4/contents/enacted>

Charging Regulations

<http://www.ccwales.org.uk/regulations-and-codes/>

Code of Practice (Parts 4 and 5)

<http://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en>

Statements referring to any relevant fees, charges, hourly rates etc will be produced/updated annually (or when required), to reflect any changes to this policy, changes to The Act, or to meet any Welsh Assembly requirements (or changes in other legislation) - a copy of the latest figures can be found in Appendix A (at the rear of this document).

2. Charging and Financial Assessments

The authority will use its discretion (under The Act) to impose a charge, or set a contribution, towards the costs of social care/services, and will do so, in line with the requirements of The Act.

The overarching principle is that people who are asked to pay a charge, must only be requested to pay what they can afford, and they must not be charged more than the cost incurred in providing/arranging their care and support.

A financial assessment will therefore calculate how much, if anything, a person can afford to pay, towards the cost of their care, on a weekly basis. This authority will therefore use its discretion to assess clients, on both their income and capital assets (but disregarding any earnings) – please note that a full list of the income and capital assets to be included/disregarded, in the financial assessment, can be found in the Code of Practice (Annex A and Annex B).

Any assessed client contribution will be subject to a protected “Minimum Income Amount” (Community Care) or “Personal Expenses Allowance” (Residential Care), which is set at a level intended to safeguard service users’ independence and social inclusion - the calculation of the protected minimum income amounts, are set out in the Code of Practice (Sections 9.4 and 11.3).

3. Residential and Non-Residential Charging

Although The Act provides for one unified financial framework, there are a few subtle differences to the financial assessments carried out for Residential Care, and Non-Residential Care – these are explained below:-

3.1. Residential Care

If a client is assessed (by Care Management) as possessing a Residential/Nursing need, then a care home placement would be the most suitable way of meeting these needs. Such clients may qualify for local authority financial assistance, if they have capital below the relevant capital limit.

With regards to Residential Care, a client who qualifies for financial assistance will be required to pay an assessed client contribution, direct to the care

provider, with the authority also making a financial contribution (up to the agreed contracted rate), directly to the care home – the payment made by the authority will be net of any assessed client contribution.

Should a client choose not to declare their financial circumstances (or confirm that they possess capital in excess of the capital threshold), then they will be asked to make their own arrangements to privately fund their placement.

If a client is admitted to a care home for a short stay (previously referred to as Respite), and this stay is to be no longer than 8 weeks, then the client will be financially assessed under Non-Residential Charging (please see below).

However, if a client enters a care home on a Long Term basis, or a planned stay in excess of eight weeks, then the client will need to be financially assessed, under Residential Charging.

In addition, for cases where the stay exceeds 8 weeks, but is less than 52 weeks, the authority can make allowance for certain household expenses (that a client may still be required to meet), on a property that they wish to return to (providing that they list these outgoings on the Declaration of Financial Services form).

Therefore, although The Act has attempted to combine Residential and Non-Residential Charging (as much as is possible), there are certain areas where Residential Charging must be different - i.e. as with regards to ownership of property, the value of the client's main residence will not be taken into account, when calculating a charge for Non-Residential care/services.

However, where a client enters Long Term Residential/Nursing Care, and is a Home Owner (and the property will be left empty, where the client is admitted to a care home), the authority will include the value of the property, in any financial assessment (subject to a twelve week disregard) – in these cases, the authority would arrange to provide financial assistance, but would eventually recover all costs (from the date that the property is being included, in the financial assessment) following the eventual sale of the property.

NB It should be noted that property can be disregarded, in certain circumstances (i.e. where a family member is still residing at the address), and the authority also has certain discretion to provide property disregards –

however, due to the unique individual nature of property ownership, the Code of Practice (Annex A) should firstly be referred to, for specific guidance.

3.1.1. Deferred Payments

A Deferred Payment Agreement enables a local authority to meet a proportion (or all) of the cost of a client's Residential/Nursing Care, whilst placing a charge on the client's property, as security against the deferment. Agreements (which are described in Annex D of the Code of Practice) will be for the duration of a client's stay in a care home, such shorter period (as the client so wishes), until the equity in the property falls to the relevant capital limit, or until the client decides to sell their property, in order to pay for their Residential/Nursing Care.

In order to qualify for a Deferred Payment, the authority must firstly be satisfied that the client has an interest in the relevant property, the client's weekly income is insufficient to meet the full cost of their care fees, the client's capital is not in excess of the capital limit (which would allow the client to fund their own placement), and the value of the equity (in the property) does exceed the capital limit - additional requirements can also be found in Annex D, in the Code of Practice.

Where this authority enters into Deferred Payment Agreements, interest can be charged (the amount of which to be confirmed in the Deferred Payment Agreement), in addition to any associated administrative (including valuation) costs.

3.2. Non-Residential Care

Non-Residential Care services would consist of Domiciliary/Home Care, Domiciliary Respite Services, Residential Care based Respite Care (of up to 8 weeks), Lifelink Extra Assistive Technology package (previously referred to as Telecare/Category 3), Day Care Services, and Direct Payments.

Clients who are in receipt of more than one of the above services will be provided with a single financial assessment, based on the total cost of all of the services provided.

Clients who are in receipt of a Lifelink, or Lifelink Plus Assistive Technology packages (previously referred to as Lifeline/Category 1 and Home Safety/Category 2), will pay a **Flat Rate Charge** for the service they receive – these Flat Rate Charges would therefore be in addition to any assessed charge, and would not fall within the “single financial assessment” referred to in the above paragraph.

3.2.1. Non-Residential Financial Assessment Options

Where a client does not have a partner and is the only person in a household in receipt of a service, the financial means of other adults in the household do not need to be taken into account in undertaking a financial assessment.

Where appropriate, the relevant income and costs of the household will be divided evenly between all the adult members of the household to arrive at the allowable income and expenses for the individual.

However, situations may arise where it would be more beneficial to a client, if their contribution were to be calculated on the basis of the household. Clients will therefore be encouraged to have a financial assessment carried out on both an individual and a household basis, to determine the most financially advantageous arrangement. If the resultant financial assessment is based on the household’s income, the service user would remain responsible for paying for the care provided.

Where a client has a partner, the financial assessment will be based on the combined income & expenditure of both partners, but the client will be the partner responsible for paying for the care provided.

In these circumstances, a client may specifically request an independent financial assessment based on their individual means, in which case 50% of relevant joint costs will be taken into account to calculate the allowable expenses.

Alternatively, where there are joint or multiple clients in a household, the combined income of all clients, and the total relevant household expenditure, will be taken into account in calculating a single financial assessment for the household. A household assessment will be based on the total cost of the combined services received by the household. In such circumstances, one

member of the household will responsible for ensuring payment is made for the care provided to the whole of the household.

If all clients specifically request independent financial assessments based on their individual means, the cost of each service and the entitlement to financial assistance will be calculated separately for each service user within the household.

The disclosure of personal financial information will enable the authority to calculate to what extent, the client is entitled to financial assistance, towards the full cost of the service. The financial assessment will also therefore calculate, the amount that the client will be required to pay (if anything) towards the above services – this Charging Policy therefore reflects both the level of service provided, and also the client’s financial means.

The amount that a client may be expected to pay will be based on the weekly cost of the service, less the amount that the client can afford to pay (i.e. based on their income and capital, and less any relevant outgoings/minimum guaranteed income) – each client will then be provided with a “Maximum Charge” that they could be required to pay, towards the care/services they receive (even if their available income is higher than the cost of the service, they will pay no more than the “Maximum Charge”).

Expenses are allowable for Housing Costs (Mortgage Payments and Rent, or equivalent) net of Housing Benefit, Contributions towards Supported Living costs, and Council Tax payments (net of Council Tax Benefit) – this information must be provided (on the Declaration of Financial Circumstances form, and documentary evidence provided), in order to be considered in the financial assessment.

The client’s charge would be based on the contact/assessed hours of care (or number of Day Service attendances/sessions), by the rate charged - the rate charged will be no more than the cost of the services, it may not necessarily reflect the actual cost to the authority of providing/commissioning the service, but in any instance, the client would not be required to pay in excess of the weekly “Maximum Charge” for the service (or combination of services).

Refunds will only be issued for notified cancelled calls (with regards to Domiciliary/Home Care services).

Clients who do not wish to take part in a financial assessment will be required to pay the full cost of the service provided, subject to a weekly “Maximum Charge”.

4. Circumstances where a Charge cannot be applied

The authority cannot charge for certain types of care and support, and these must therefore be offered free of charge. Although a full list of examples can be found in Section 5.12 (of the Code of Practice), the most relevant exemptions are:-

- Where the client is a Child, or is a Child Carer (under 18 years of age).
- Where a client receives after-care services/support under Section 117 of the Mental Health Act 1983.
- Where re-ablement has been arranged, to enable a client to maintain or regain their ability to live independently at home. In this case, the client would therefore be entitled to up to 6 weeks “free care”.

5. Statement (and Effective Date) of Residential and Non-Residential Charges

Assessed charges will become due from the date that the care/service is provided, but clients must firstly have been notified of the maximum that they “may” be expected to pay – this notification must have been provided, prior to the service commencing. This information will be communicated to clients, by means of an “Invitation to Request a Means Assessment” document.

Clients who require a financial assessment will be required to complete a “Declaration of Financial Circumstances” form, and provide evidence of their income and capital assets – this information should be provided within 15 working days of the date the “Invitation” was issued, and where client’s fail to respond, the authority may impose the standard charge, up to the level of the Maximum Charge.

Once a financial assessment has been carried out, a confirmation letter (and an attached statement providing a breakdown of the assessed charge) will be sent to the client (or financial representative).

If a client's financial circumstances/care plan subsequently changes, then this may have an impact on the assessed charge, and any such changes may therefore require for the client to be financially re-assessed – in any instance where a client's financial circumstances change, then the relevant changes should be communicated to the authority (in order for a determination to be made whether a re-assessment is required, and whether the changes will affect the client's assessed charge). Any changes in the client's charge will be back-dated to the date that the change in circumstances occurred.

Clients will be financially re-assessed in each financial year, with the re-assessed annual charge, being sent to the client (or financial representative).

6. Deprivation of Assets (Income and Capital)

If a client deliberately deprives themselves of income/assets (in order to reduce/avoid charges or qualify for financial assistance), then the authority will treat the client as still possessing these, and will include the value of the income/asset in any financial assessment (Notional Income/Capital). Such a determination would result in a client being requested to meet the full cost of their care (Residential Care), or the Maximum Charge (Non-Residential Care). The timing of any deprivation would impact on whether the authority would pursue the client, or the person who received the benefit of the deprivation - further guidance regarding this should be sought from Annex F, in the Code of Practice.

7. Payment of Charges

The majority of Non-Residential Charges (i.e. Domiciliary/Home Care, Day Care) will be collected by Direct Debit (calendar monthly), as this is the preferred method of payment. Any shorts stay (previously Respite) charges may be payable to the Care Provider (unless the client already receives an alternative service, and these charges are already collected by Direct Debit).

Where a client is in receipt of Direct Payments, the client's assessed charge (if applicable) will normally be paid directly into the Direct Payments Account (by

the client), and the authority will also make payment (i.e. a net amount, following the deduction of any assessed client contribution) directly into the client's Direct Payments account – the combination these contributions will thus ensure that the client has sufficient funds, in order to meet the cost of the care/services set out in their care plan.

Should the client wish to purchase additional care/services, outside of their care plan, then they would be expected to use their own funds to purchase this additional care.

With regards to Residential Care (as mentioned above), the client will be required to pay the assessed client contribution direct to the care provider, with the authority also making any relevant financial contribution, direct to the care home.

Should the client choose a Residential/Nursing home, whose charges are in excess of the authority's contracted rate (for the Local Authority area where the care home is located), then the family/representative will be required to enter into/negotiate a separate arrangement (referred to as a Top Up, 3rd Party, or Additional Payment), to pay these fees directly to the relevant care provider.

8. Review Process

Following a client receiving formal notification of their assessed charge, for Residential and Non-Residential Care, they may seek a review of the assessment (the request may be made orally, or in writing), where they feel the decision has been undertaken inappropriately, or where they feel that meeting the charge would cause financial hardship (this is dealt with in Annex E of the Code of Practice).

The authority must send the client (within 5 working days of receiving the request) a statement of acknowledgement, and request any documentary evidence, which may be required to carry out a review/re-assessment - NB the client may decide that they do not wish to pay their assessed charge whilst the review is ongoing (but must advise the authority of this, within 5 days of receiving the statement of acknowledgement).

The client has an obligation to return any requested financial documentation within 15 days of the authority's request (or ask for additional time if the client is currently unable to present the required confirmation – NB if this is the case, the authority must offer a Home Visit to the client). If the client does not present the required information (or ask for an extension) within 15 days, the authority can reasonably assume that the client's request has been withdrawn.

Where sufficient information has been provided, the authority must carry out the review within 10 working days (by an officer other than the person who made the original decision), and communicate the decision to the client – if the review leads to an amendment in the charge, the authority must send an amended statement of charge to the client.

(NB Where the authority is unable to carry out the review, within 10 days, it must advise the client that (the client) may elect not to pay the assessed charge, whilst the review is being completed (the authority cannot later recover any accrued arrears during a period that it was at fault in failing to carry out a timely review, regardless of the eventual determination).

Where the review leads to a lesser client contribution, any overpayments should be credited to the client. Where the review leads to no change (or a higher assessed client contribution), the client will be asked to repay any arrears that may have accrued (i.e. if they decided to suspend their payment, pending the outcome of the review), and also any additional costs (if the client contribution has increased). Before requesting any accrued/additional costs be paid, the authority should decide whether repayment would cause the client any financial hardship (offering to agree a suitable repayment plan, if applicable).

Where a client still remains unsatisfied with the authority's determination, they will be entitled to make a formal complaint (which will be considered through the formal Social Services, Health and Housing Complaints Procedure).

9. Formal Recovery of Charges

Where an invoice has been raised and/or a debt is/remains outstanding, the authority must take all reasonable steps to collect the debt – this would include speaking to/visiting the client, offering a suitable repayment plan,

and ascertaining the reason that the debt has not been paid (i.e. not merely assuming that the client has made a decision not to pay).

Should the above steps prove unsuccessful, the authority has recourse (dealt with under Annex F in the Code of Practice) to place a Land Charge on a client's property (if applicable), or to undertake Court Action, i.e. in order to collect any outstanding debt.

Charges for Services – April 2017 (Schedule 1)

Long Term Residential Care

<u>Charges – Service Users Per Week (Max Charge)</u>	<u>To 31st Mar 17</u>	<u>1 April 2017</u>
Gwalia Homes – Existing Residents (admitted prior 01/04/12)	£536.90	£547
Gwalia Homes – New Residents (admitted 01/04/12 onwards)	£723.87	£675.63
Residential Care – All Other Providers	£519.00	£538

Charges – Other Local Authorities (Per Week)

Learning Disabilities Accommodation (Trem y Mor)	£1,701.40	£1,732 week
Additional Hours RCO	£15.06	£15.37 hour
Additional Hours NCO	£21.87	£22.32 hour

Fees Paid to Providers of Residential Care (Per Week)

Basic Fee	£506.94	£522.15
Quality Premium	£12.06	£15.85
EMI Nursing Care Supplement (added to above figure)	£27.52	£28.34
Residential Care for Under 65's (Basic Fee)	£506.94	£522.15
Adult Family Placement	£432.52	£436.85
Gwalia Homes (Basic Fee)	£723.87	£675.63
Gwalia Homes (Spot Purchase)	£754.36	£701.38

Non-Residential Care Charges

* Highlighted charges below are subject to £70 maximum per week (following approval of WG Regulations)

Respite (per night)

*Short Term Residential Care (less than 8 weeks)	£60.00	£70.00 night
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<u>Non-Residential Services</u>	<u>To 31st Mar 17</u>	<u>1 April 2017</u>
*Domiciliary Care	£13.80	£14 per hour
*Domiciliary Respite Services	£13.80	£14 per hour
*Direct Payments		value of direct payment

Community Alarm/Telecare – Per Week

Lifelink (previously Lifeline/Category 1) – Flat Rate	£2.50	£2.50
Lifelink Plus (previously Home Safety/Category 2) – Flat Rate	£3.75	£3.75
*Lifelink Extra (previously Telecare/Category 3)	£5.50	£5.50

Day Care Services – Per Attendance

*Day Care (Per Attendance)	£27.50	£28
*Community Connecting Team (per session)	£13.75	£14

Other Local Authorities Only – Per Day

Day Care for the Elderly	£50.00	£51
Day Care for the Elderly (Excluding Transport)	£38.00	£39
Day Care for Learning Disability clients (Excluding Transport)	£70.00	£72

Other Charges

<u>Meals</u>	£4.50	£4.50
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Rent Cluster Houses (per week)

Sycamore Crescent		£84.94
Southville Road		£75.22
Gnoll Avenue		£129.56
Southdown View		£129.56

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SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD

7 September 2017

REPORT OF THE DIRECTOR OF SOCIAL SERVICES, HEALTH AND HOUSING – NICK JARMAN

SECTION A - FOR DECISION

WARD(S) AFFECTED: ALL

Western Bay Youth Justice and Early Intervention Annual Plan 2017-2018

1. Purpose of the Report

- 1.1 The report presents the background and summary of the content of the Western Bay Youth Justice and Early Intervention Service (WBYJEIS) draft Annual Youth Justice Plan 2017-2018 (Appendix 1).
- 1.2 The report is seeking Member approval for the Western Bay Youth Justice and Early Intervention draft annual Youth Justice Plan 2017-2018 to be commended to Council. After approval the Western Bay Youth Justice & Early Intervention Service Management Board will submit to the Youth Justice Board.

2. Executive Summary

Background

- 2.1 Youth offending services/teams (YOS/Ts) are statutory multi-agency partnerships that have a legal duty to co-operate in order to secure youth justice services appropriate to their area funded from a variety of sources including UK Government, Welsh Government (WG) and the statutory partners. (ie the local authority, police, the national probation service and health).

2.2 The production of a Youth Justice Plan is a statutory duty of the Local Authority under Part 3, Section 40 of the Crime and Disorder Act 1998.

The plan sets out:

- a) how youth justice services are to be provided and funded, and
- b) how the youth offending service established by the local authority is to be composed and funded, how it will operate and what function it is to carry out.

2.3 The Crime and Disorder Act 1998, Section 39(1) placed a duty on each local authority, acting with its statutory partners (police, probation and health) to establish youth offending teams in their local area to deliver youth justice services. Section 38(3) of the Act placed a duty on the local authority and its statutory partners to make payment towards the expenditure incurred in providing youth justice services. The purpose of the WBYJEIS is to ensure that youth justice services are available across the Western Bay area (Bridgend, Swansea and Neath Port Talbot).

2.4 Bridgend, Neath Port Talbot and Swansea youth offending teams have been merged service since 29 May 2014 when the first WBYJEIS Management Board was held and all local management boards ceased to exist. The Management Board is chaired by Neath Port Talbot County Borough Council's Director of Social Services, Health and Housing and has a membership in line with the requirements of the Crime and Disorder Act including cabinet members from all three local authorities.

2.5 The Youth Justice Plan contains information relating to: a summary of achievements; structure and governance; resources and value for money; partnership arrangements and; risks to future delivery against the youth justice outcome measures.

3. Summary of the content of the plan

The summary of achievements includes:

3.1 Efforts have been concentrated on bringing consistent good practice across the region from early intervention and prevention work through to resettlement and reintegration. This has not been

without difficulty; it has taken staff time to move from one established way of working to another especially during a time of local and national uncertainty. However, youth justice board (YJB) key performance indicators continue to show a reduction in first time entrants and a reduction in the use of custody. Re-offending rates remain high but the actual number of young people re-offending continues to fall.

- 3.2 During 2015/16 the service saw 108 children and young people enter the youth justice system for the first time (recorded as First Time Entrants by the YJB). In the Western Bay region there are 46,307 children aged 10-17 of those only 68 children and young people entered the youth justice system during 2016-2017 (this number does not include those already within system from previous years). In addition to this over 400 children and young people were diverted away from having any criminal record through early intervention by the service and diversion through the bureau.
- 3.3 The use of custody has reduced from 15 young people receiving custodial sentences in 2014-2015 to 13 custodial sentences in 2015-2016 and 12 custodial sentences being given in 2016-2017.
- 3.4 The re-offending cohort being reported for 2016-2017 is taken from 2014-2015 to allow the potential offending behavior to be tracked. Western Bay has 217 children and young people in the cohort compared to 269 the year before. 99 children and young people (45.6%) re-offended during the tracked period compared to 110 the year before.
- 3.5 If the bureau (pre-court diversion scheme) young people are included in the calculation of reoffending the figure is reduced to a rate of approximately 26%.
- 3.6 There have been a variety of developments over the past year which evidences the benefits of regional working such as an increasing number of staff work across the region. This is allowing effective vacancy management as well as the sharing of skills. There has been no 'big bang' effect of the regional working; progress continues to be a pragmatic approach to adapting to change.

Structure and governance

- 3.7 The primary purpose of the Western Bay Youth Justice and Early Intervention Service is to ensure that youth justice services are available across the Western Bay area. A YOS is the main vehicle through which youth justice services are coordinated and delivered working to reduce anti-social behavior, offending and reoffending amongst children and young people.
- 3.8 The activity of the YOS across the Western Bay region is overseen and monitored by a management board. As indicated this is chaired by the Director from Neath and Port Talbot and is made up of senior representatives from each of the statutory partners who closely monitor and challenge the operation of the service including the functions it undertakes and the funding arrangements. There is a cabinet member from each local authority on this governance board.

Resources and value for money

- 3.9 The development of the regional working came at a time of significant financial challenge for all partners. The service has managed to continue to deliver services and sustain performance whilst making savings (circa £1million when comparing the budget for all 3 services at the start of the regional working with that of the budget now). The service has been flexible and able to work differently with less staff to achieve these savings. No compulsory redundancies have been made to date.

Risks to future delivery against the youth justice outcome measures

- 3.10 The desired outcomes contained in the plan contribute directly to meeting local authority priorities held within corporate plans across the three local authorities. The priorities and outcomes mirror those of the YJB and WG joint strategy “Children and Young People First” July 2014. These are:
- Reduction in first time entrants through early intervention, prevention and diversion;
 - Reduction in youth reoffending through appropriate interventions of the right level at the right time;

- Reduction in the use of youth custody confident that custody is a last resort and for crimes so serious no community sentence is an appropriate response;
- Access to devolved services for children and young people at risk of entering or having entered the youth justice system;
- Effective safeguarding through recognising vulnerability and improving the safety and wellbeing needs of children and young people;
- Effective public protection through risk recognition, assessment and management;
- Ensuring The voice of the victim is heard;
- Successful reintegration and resettlement at the end of an intervention;
- A well supported professional workforce;
- True participation by all involved.

3.11 Access to education, training and employment continues to be a challenged as does reducing reoffending rates however the plan contains actions to improve performance. An example of how the service aims to improve performance is the detailed examination of re-offending completed in partnership with the YJB using the most recent re-offending data which is providing the service with a comprehensive understanding of those children who re-offend and allowing us to plan appropriate steps to address this more effectively. In partnership with YJB and the police and crime commissioner the service is piloting adverse childhood experience informed practice through trauma recovery based interventions including using an “enhanced case management” approach which involves child psychologist oversight.

3.12 The management board is currently focused on outcomes for children and young people subject to reduced educational timetables to help address the problems being experienced by them. Research informs us that accessing education and having the opportunity to reach their potential have a direct impact on addressing re-offending.

3.13 Whilst the plan contains realistic and achievable actions and targets for service delivery over the next twelve month the risks that come with grant funded posts are always present. The pre-court work relies heavily on WG grant funding. The impact of

Bridgend moving out of the Abertawe Bro Morgannwg University Health Board (ABMU) are unknown

4. Financial Impact

- 4.1 The regional service has realised financial savings across the region. There are no financial implications associated with the 2017-2018 plan. The service has managed to adjust practice and work creatively to meet reductions in resources. Possible grant reductions also remain a risk to the service.

5. Equality Impact Assessment

- 5.1 The youth justice plan should have a positive impact on wider services provided by the Council by bringing down the number of children and young people in trouble with the police. This will in turn reduce the need for other services involvement as a result of their behaviors escalating. Whilst the plan contains areas of service development it can be viewed as business as usual. The Equality Impact Screening has been completed with the conclusion that a full EIA assessment is not required.
- 5.2 Acknowledging children and young people as a priority group in their own right, the service focuses on diverting children and young people away from the youth justice system as much as possible. In line with the YJB and WG youth offending strategy the children and young people we engage with are seen as children and young people first and offenders second. Service delivery prioritises helping children and young people avoid criminal records that can hinder them reaching their potential in future years and repairing the harm to victims.

6. Workforce Impacts

- 6.1 There are no workforce impacts associated with this report.

7. Legal Impacts

- 7.1 There are no legal impacts associated with this report.
- 7.2 The production of a Youth Justice Plan is a statutory duty of the Local Authority under Part 3, Section 40 of the Crime and Disorder Act 1998.

8. Risk Management

- 8.1 There are no risk management issues associated with this report.
- 8.2 The risk to delivery repeatedly referenced through the plan is that of the uncertainty regarding Bridgend leaving ABMU Health Board and reducing resources.
- 8.3 The Council has a legal duty under Section 17 of the Crime and Disorder Act 1998 to carry out all its various functions with “due regard to the need to prevent Crime and Disorder in its area”. The planned actions contained in the Youth Justice Plan aim to have a positive impact on preventing and reducing crime.
- 8.4 Section 26 of the Counter Terrorism and Security Act 2015 places a duty on specified authorities in the exercise of their functions to have “due regard to the need to prevent people from being drawn into terrorism”. The multi-agency youth justice team through the intensive work undertaken with highly vulnerable young people within the youth justice system and at risk of offending aims to have a positive impact to prevent them being drawn into terrorism.

9. Consultation

- 9.1 There has been consultation on the plan within each of the three locality offices (Bridgend, Neath Port Talbot and Swansea) where they have asked children, young people, parents and carers and victims one very important question “What do we do badly ie what does not work?”. The answers have been and continue to be gathered to inform service delivery and service improvement. The regional manager has met with focus groups of young people in order to involve them in the planning process. The plan itself is shared with key partners for feedback prior to completion and the management board sign’s off the plan (as per the statutory guidance).

10. Recommendations

- 10.1 Members are asked to support the Western Bay Youth Justice and Early Intervention Youth Justice Plan 2017-2018 for commending to Council for approval prior to the Management Board Chair submitting to the Youth Justice Board by the 31st September 2017.

11. Reasons for Proposed Decision

To enable the Western Bay Youth Justice and Early Intervention Service on behalf of Neath Port Talbot County Borough Council to undertake its duties to deliver youth justice services in line with the Crime and Disorder Act 1998. Services include preventing children and young people from entering the youth justice service, supervising young people in the community, the secure estate, supporting families and victims in partnership with other agencies.

Implementation of Decision

It is proposed for implementation after the three day call in period.

Appendices

Draft Youth Justice and Early Intervention Plan 2017-2018

List of Background Papers

None.

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YOUTH CENTER PLAN



D R A F T

**WESTERN BAY YOUTH JUSTICE & EARLY
INTERVENTION SERVICE**

ANNUAL PLAN

2017/18

INTRODUCTION

Youth Offending Services/Teams (YOS/Ts) are statutory multi-agency partnerships who have a legal duty to co-operate in order to secure youth justice services appropriate to their area funded from a variety of sources including UK Government, Welsh Government and the statutory partners. (i.e. the Local Authority, Police, the National Probation Service and Health).

Bridgend, Neath Port Talbot and Swansea Youth Offending Teams have been a merged service since 29th May 2014 when the first Western Bay Youth Justice and Early Intervention Service (WBYJ&EIS) Management Board was held and all local management boards ceased. The management board is chaired by the Neath Port Talbot Director of Social Services, Health and Housing and has a membership in line with the requirements of the Crime and Disorder Act including Cabinet Members from all three local authorities and the Police and Crime Commissioner.

The amalgamation came at a time of financial challenge. The service has managed to continue to deliver services sustaining performance whilst making savings of circa one million pounds when comparing the budget at the start of the amalgamation process with that of the budget now. The service has been flexible and able to work differently with less staff to achieve these savings. No compulsory redundancies have been made to date.

Efforts have been concentrated on bringing consistent good practice across the region from early intervention and prevention work through to resettlement and reintegration. This has not been without difficulty, it has taken staff time to move from one established way of working to another especially during a time of local and national uncertainty. However, Youth Justice Board key performance indicators continue to show a reduction in first time entrants, reduction in the use of custody and whilst reoffending percentage rates remain high, the actual number of young people reoffending continues to fall.

In order to drive forward the quality of work as well as the volume of work the service has developed a management sub group “the performance and audit“ group. This group ensures that any actions plans are monitored, lessons from inspections are transferred into our own work plan, relevant audits are completed and overall performance is internally monitored. This group has been a positive development and is continuing to develop its own programme of work. In accordance with last year’s plan the thematic inspection of referral order practice was timely for the development of the group. The inspection was used as an effective tool to review our own practice. This has included practice workshops, changes to existing templates and refreshed panel member training. An audit of referral order practice is due in October 2017 to ensure that there is improved practice across the region. The most recent area for the group to oversee and within this year’s plan is the use of the reoffending toolkit live tracker. In order to try to better understand the reoffending cohort the service asked YJB Wales to assist us in a “deep dive” exercise which looked not

only at data trends within the cohort but involved detailed file reads and interviews with staff. From this we are developing the use of the live tracker focusing on specific characteristics and the development of trauma informed practice. (this is expanded upon later in the plan). The service is enthusiastic about this development and how we will be working with our partners and how this can potentially develop.

Whilst reoffending is the big challenge relating to the YJB England and Wales KPIs, access to education training and employment (ETE) has been the challenge for a number of Welsh YOT's and WBYJ&EIS is the same. The management board has taken a keen interest in this area and a scoping exercise has been completed in relation to our children and young people's speech and language needs. Understanding communication needs will not only assist in accessing the right level of ETE but also inform practitioners about how to communicate during every aspect of the intervention and possibly impact on compliance and reoffending rates. The report highlighted that there is a high level (54 % - 124/231) of potential communication difficulties in children and young people known to our service. This is significantly greater than in the general population (10%Brooks, 2011) and slightly lower than research reports suggesting that over 60% of people in youth justice settings have difficulties with speech, language or communication (Bryan et al, 2007). There is an ongoing need for increased awareness in the community and across the workforce of the specific language impairments and the relationship between language development, social-emotional development and behaviour. 77% of the children and young people highlighted as having potential speech, language and communication needs have never been referred to a speech and language therapy service. This scoping exercise has informed our use of the YJB grant allocation which is used this year to fund a speech and language therapist to assist in assessment and produce individual communications plans for children and young people. The development of this area of delivery is complementary to the roll out across South Wales of adverse childhood experience (ACE) informed practice and trauma recovery where communication techniques are central to engagement.

The variety of developments over the past year cannot all be covered but the service is seeing the benefits of the amalgamation as an increasing number of staff work right across the region. This is allowing effective vacancy management as well as the sharing of skills. There has been no 'big bang' effect of the amalgamation, progress continues to be a pragmatic approach to adapting to change. This approach has been largely due to an uncertain political environment and this continues to be the case. The Welsh Government are consulting on Bridgend leaving Abertawe Bro Morgannwg University health board and joining with Cwm Taf health board. Bridgend would necessarily have to come out of the current Western Bay arrangement if this proposal is agreed and staff and service delivery will have to be managed through this change.

Delivering effective services during a time of change is challenging. The financial pressures and uncertainty felt by youth justice services can on the one hand result in creative solutions but on the other hand it can hinder the development of innovative practice,

staff development and partnership working. As all agencies are experiencing reduced resources the contribution to youth justice services reduce. This can be from a direct reduction in staff time or in the actual financial contribution. The Western Bay service has experienced difficulties relating to health contribution, a reduction in probation staffing and an increased police abstraction time for other duties. This is indicative of the pressures on partner agencies as strong working relationships remain on the ground and at the management board. The possibility of Bridgend leaving the amalgamation may result in backward steps for the service, a splintering of service delivery, loss of staff confidence in leadership and dip in performance. Efforts will be concentrated to keep any damage to the service to a minimum and see possible positive developmental opportunities.

Structure and Governance

The production of a Youth Justice Plan is a statutory duty of the Local Authority under Part 3, Section 40 of the Crime and Disorder Act 1998.

The plan sets out:

- c) how youth justice services are to be provided and funded, and
- d) how the Youth Offending Service established by the Local Authority is to be composed and funded, how it will operate and what function it is to carry out.

The Crime and Disorder Act 1998, Section 39(1) placed a duty on each Local Authority, acting with its statutory partners (Police, Probation and Health) to establish Youth Offending Teams in their local area to deliver youth justice services. Section 38(3) of the Act placed a duty on the Local Authority and its statutory partners to make payment towards the expenditure incurred in providing youth justice services.

Membership of the Youth Offending Service is prescribed by the legislation. It must include a Probation Officer, Social Worker, Police Officer, Health representative and Education representative. Health representation has been a challenge and escalated to the YJB Wales team. The Inspection of Cwm Taf Youth Offending Service published in July 2017 is of particular interest for the development of our management board as Cwm Taf amalgamated at a similar time to Western Bay. There are specific lessons to be learnt from the inspection findings relating to governance but specific reference is also made in the report to lack of health provision.

The purpose of the Western Bay Youth Justice and Early Intervention Service is to ensure that youth justice services are available across the Western Bay area. A YOS is the main vehicle through which youth justice services are coordinated and delivered working to reduce ASB, offending and reoffending amongst children and young people.

The YOS Management Board, made up of senior representatives from each of the statutory partners as outlined above, oversees the operation of the service including the functions it undertakes and the funding arrangements. Regular reports are provided to all three LA Cabinets and appropriate scrutiny committees as required.

The staff group across Western Bay have been through a challenging journey but have been committed to being the best service they can be. They produced the following vision;

“Youth Offending Teams aim to prevent and reduce offending, reoffending and anti-social behaviour amongst children and young people.

We strive to achieve this aim through the delivery of the right high quality services provided at the right time for and informed by children, young people, parents and carers, victims and the wider community and partners. These services will be provided cost effectively by a diverse, competent and well supported staff group.”

A small group of children and young people have helped produce the plan this year and they came up with their version of what a successful YOS looks like from a mechanic point of view ie if they were cars. *“If they get a good service the car won't break down and they won't be back in the garage!”*

The Management Board is pro-active. Accessing quality ETE has been a focus with reports being produced on the use of reduced timetables. The service manager and partners are held to account by not only the Board but through scrutiny processes in all three Local Authorities. Reports are regularly presented on performance but also on eg Looked After Children within the Youth Justice System.

The service is represented on all three Community Safety Partnership Boards, the Western Bay Safeguarding Children Board and the Western Bay Area Planning Board. The service manager represents South Wales YOT Managers on the South Wales Criminal Justice and Integrated Offender Management Board, shares representation on the MAPPA Senior Management Board and represents YOT Managers Cymru on the Youth Justice Advisory Panel.

The service itself has a small internal management team with representation from each locality team. Since January 2017 the two operational managers have taken on themed areas of work across the region thus breaking down remaining silos of activity. Having the management team has added considerable value and strength to the management oversight processes by forming a performance and audit group that has developed an annual plan that reports directly into the management board. Any serious incident and the learning that follows is reported to the management board in addition to any other relevant forum, Safeguarding Childrens Board (SCB), Multi Agency Public Protection Arrangements (MAPPA), Community Safety Partnerships (CSP) as appropriate.

RESOURCES AND VALUE FOR MONEY

	2016/2017	2017-2018 <i>Actual members of Staff – Hours can vary. The staffing structure is constantly under review and subject to change.</i>
Strategic Manager	1	1
Operational Managers	3	2
Senior Practitioners	5	5
Restorative Approaches worker	1	1
Intervention Centre Manager and Unpaid Work	1	1
Prevention coordinator	2	2
Development Officer	0	1
Social Workers	12 (1 vacant)	10 (2 vacant)
Probation Officers	1 (reduced from 4)	1
Police Officers	4	4
Health Workers	1 (currently on long term sick)	0

Education Workers (including tutors)	9 (various hours)	8
Substance Misuse Workers	4 (plus tier three allocated time)	4 (plus tier three allocated time)
Parenting	1	1
ISS, stat bail and remand, Resettlement/Transition Worker	5.5 (remaining flexible in relation to duties)	5
Referral Coordinators – including court duties and volunteers	2 and volunteers	2 and volunteers
Business Support	8 (various hours)	7
Prevention and Early Intervention Workers (not SW)	7(1 vacancy)	5 (1 vacancy)
Information Officer	3 (including one seconded)	2
Victim Workers	3	2.5
Reparation Officers	3 (1 vacancy)	1 (plus others as a part of existing roles plus sessionals)
Speech and Language	0.5	1 (FTE)
Intervention Centre eg emotional wellbeing, CAIS Junior Attendance Centre	6	4 (plus sessionals)
Volunteer Co-ordinator	1	1
Referral Order support workers (flexible duties including reparation)	3	3
Other including secure estate posts	3	3.5

Whilst posts are in many cases reliant on grant funding the post holders have been employed in excess of two years and so entitled to the same employment rights as those posts funded by eg the LA's. The service is continuously undergoing a redesign across the three LA's responding to opportunities and changes in demand. Tables B8 and B7 will be attached with further breakdown as submitted in the YJB returns at the end of July 2016.

FINANCE

	Budget	
	Income 16/17 £,000	17/18
Agency		
Partner combined cash contributions	54,935	46,490

Local Authority		1,469,090	1,491,138
Grant			
Youth Justice Board		791,029	794,166
Welsh Government (Promoting Positive Engagement of children and young people at risk of offending)		718,201	718,201
Police and Crime Commissioner(not including staff)		130,800	130,700
YJB - JAC		18,000	18,700
Big Lottery (Invisible Walls) HMPYOI Parc		123,224	0
Total		3,326,822	

Delivery specific to grant allocation

Grant	Service delivery	WB Allocation
Police and crime commissioner	Substance Misuse services and diversionary activities and embedding trauma informed practice within early intervention	130,800
Welsh Government (Promoting Positive Engagement of children and young people at risk of offending)	Pre Court and Early Intervention including Bureau Restorative Practises in schools, residential settings and the wider community. Transition, Resettlement and Reintegration Services	718,201
Youth Justice Good Practise Grant	Delivery of the YJB and Welsh Government Priorities through the ongoing redesign of the service, sharing good practice and developing new ways of working. Development of the Intervention Centre and what it can deliver with links to the secure estate. Continue to embed Asset Plus, Y2A, develop the use of data including the use of the reoffending toolkit and listening to the	794,166

	views of service users more effectively, improve the quality and range of alternatives to custody and remand, increase ROTL linked to HMPYOI Parc and Hillside LASCH, concentrate staff learning on desistance and trauma informed practice piloting the enhanced case management model. Through the senior management team deliver robust management oversight and QA.	
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The desired outcomes contribute directly to meeting local authority priorities held within corporate plans across the three local authorities. The priorities and outcomes mirror those of the YJB business plan 2016/17 and the YJB and WG joint strategy Children and Young People First July 2014.

1. A well-designed partnership approach giving value for money achieving the following:
2. Reduction in first time entrants through early intervention, prevention and diversion.
3. Reduction in youth reoffending through appropriate interventions of the right level at the right time.
4. Reduction in the use of youth custody confident that custody is a last resort and for crimes so serious no community sentence is an appropriate response.
5. Access to devolved services for children and young people at risk of entering or having entered the youth justice system.
6. Effective safeguarding through recognising vulnerability and improving the safety and wellbeing needs of children and young people.
7. Effective Public protection through risk recognition, assessment and management.
8. The voice of the victim is heard.
9. Successful reintegration and resettlement at the end of an intervention.
10. A well supported professional workforce.
11. True participation by all involved.

Partnership arrangements and Risks to future delivery against the youth justice outcome measures

	Reduction in first time entrants
Who is better off and what does success look like?	By reducing first time entrants into the youth justice system we: <ul style="list-style-type: none"> – Increase opportunities for young people to reach their potential – Reduce the number of victims of crime in the longer term – We achieve a safer community for all

	<ul style="list-style-type: none"> – There will be reduced pressure on higher tier services <p>The measurement of success will be:</p> <ul style="list-style-type: none"> – Fewer children and young people entering the youth justice system with increased diversion. – Reduced levels of youth crime. – Early access to services based on early identification of need – Increased parental responsibilities – Increased restorative practises – Increased community reassurance
What are the Funding/ Financial Implications?	A significant amount of this work has been brought together and funded by Welsh Government grant money across the region for the last five years. However this work is not delivered in isolation of the wider service provision of the service including that funded by the Police & Crime Commissioner (PCC), local authority and cross cutting posts funded through all key partner contributions and YJB.
Who are our partners?	<p>The Bureau is a pre-court disposal process developed and implemented in collaboration between Police and Western Bay Youth Justice and Early Intervention Service. The wider early intervention and prevention work relies heavily on partnership working. Whilst partners may vary according to local arrangements the desire to provide an integrated approach to meeting the needs of children and young people is the same. Partners include EVOLVE (Targeted intervention in Swansea), Youth Engagement Progression Framework (YEPP), Team around the Family (TAF) wider youth services and third sector providers.</p> <p>This year there is increased focus on the use of ACE's with children and young people becoming known to our service which will have an impact on our partnership working and access to resources.</p>
What risks are there to delivery?	<p>The risks that come with grant funded posts are always present. As stated above the pre-court work relies heavily on WG grant funding amongst others. The local authorities are not in a position to absorb the costs of services should grant funding be stopped.</p> <p>WG consultation on Bridgend moving out of WB collaboration and into arrangements with Cwm Taf.</p> <p>There is an additional risk in relation to maintaining a reduction in FTE's for the Bureau in that to keep bringing down numbers is difficult when such a successful reduction has already been achieved.</p>

What will we do?	by when	Performance Measures	2014-2015	2015-2016	2016-2017	Target for 2017-2018

<p>Ensure that all services available work better together to provide vulnerable children with seamless support when needed.</p> <p>The service will continue to develop working practices with our partners as outlined in the Promoting Positive Engagement (PPE) in children at risk of offending grant business case attached.</p> <p>The Bureau will continue to be delivered in partnership with the Police. A screening tool has been piloted in line with the SS&WB Act so that children and young people are not over assessed bringing proportionality. Asset Plus is used for those children and young people identified as needing a full assessment or not suitable for a non criminal disposal (youth restorative disposal).</p> <p>The introduction of the use of ACE's approach when a child or young person comes to the service attention for a second behaviour/offence.</p>	<p>Audit of quality of pre-court screening and assessment to be completed by January 2018</p> <p>Training delivered on Trauma Recovery July 2017.</p> <p>ACE specific model to be</p>	<p>Frst-time entrants to the youth justice system aged 10-17</p> <p>The number of first-time entrants to the youth justice system, defined as young people aged 10-17 who receive their first substantive outcome, per 100,000 young people aged 10-17.</p> <p>The YJB KPI based on percentage reduction. The KPI captures numbers entering the system but not the number actually diverted away. This is captured locally.</p> <p>2014/15 – the Youth Justice service engaged with 604 young people pre court 2015/16 – the service engaged with 520 young people pre-court. 2016/17 – the service engaged with 520 young people pre-court. There is a reduction in the number of children going through the bureau, but an increase in those children and young people worked with pre bureau. This can</p>	103	108	68 (caution here as calendar year not financial)	Below 100
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<p>The use of the YJB live tracker to track children and young people for the first month of our involvement – this will include pre-court cases as well as statutory caseloads.</p> <p>Restorative Approaches continues to be delivered through the WB service through the training of staff including foster carers and residential establishments. The protocol for the decriminalisation of children in the looked after system has been agreed across WB having been tested in Hillside SCH. A training group has been established for the roll out across wider residential services and Swansea University are involved from the beginning to inform an evaluation.</p>	<p>in place by March 2018</p> <p>The live tracker will be used from October 2017</p> <p>Protocol training delivery to begin September 2017 in LA and private residential establishments</p> <p>Evaluation date yet to be confirmed</p>	<p>be seen as effective interagency working. It is likely that this number will reduce if we work effectively together and with the possible impact of the ACE lens being applied.</p> <p>The reduction in FTE's may not be as low as 68 as this is a calendar month however the target we set for 16/17 was 100 and this will have been achieved if not surpassed.</p>				
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<p>Who is better off and what does success look like?</p>		<p>Reduction in reoffending</p> <p>By reducing reoffending there will be</p> <ul style="list-style-type: none"> -Increased opportunities for young people to meet their potential -Safer communities -Reduced pressure on partner agencies and services -Victim satisfaction and increased confidence in justice services. <p>The measurement of success will be</p> <ul style="list-style-type: none"> -Young people within the youth justice system have aspirations and achieve -Transition and exit strategies are in place for all young people leaving YOS involvement. -Reduction in repeat offences and seriousness of offending -Continued reduced numbers before the court -Increased successful completion of orders - Reduced LAC population -Reduction in adult offending
<p>What are the Funding/ Financial Implications?</p>		<p>The Youth Justice Good Practise Grant in particular is used for this area of delivery but all other areas of funding are drawn upon taking into account the nature and complexity of the interventions that need to be in place for these children and young. These interventions can be resource heavy and additional funds are available for the pilot of the ACE's informed work which includes the Enhanced Case Management approach. However, the challenge will be the sustaining of this approach once the pilot period ends as the funding is likely to end as well.</p>
<p>Who are our partners?</p>		<p>The Police and Crime Commissioner, community safety partnerships, probation, police, local authority colleagues, education, housing, Integrated Offender Management, all partners are key when working to reduce reoffending of the complex group of young people we have within the court cohort.</p>
<p>What risk does this link to, if any?</p>		<p>Once again the risk on the horizon whilst writing this is the ongoing review of youth justice services. Alongside this is the financial situation where all services are having to make savings and the knock on effect to access to services. Added to this is the possible impact of the collaboration of WB losing a partner/splitting three ways</p>

What will we do to achieve this?	by when	Performance Measures	2014-2015	2015-2016	2016-2017	Target for 2017-2018
<p>The reoffending deep dive exercise completed using the most recent reoffending data has given useful direction for the service in relation to next steps. The most significant being the use of the reoffending toolkit to track those most at risk of reoffending in order to target resources. A series of actions ranging across the pre and post are contained in a plan with set review dates in place.</p> <p>All staff employed across the WB service are now trained in ACE informed practice. The ECM model is due to be introduced in October which will bring the psychologist input to case formulation and clinical supervision for staff who are working with the most challenging and traumatised children and young people we know in the service</p> <p>Through Hwb Doeth (group established by the YJB to promote the development and dissemination of effective practice in youth justice in Wales) YOT's who have managed to bring down the reoffending rates may have effective practice to share. There is one in Wales that was part of the ECM pilot where lessons may be learnt especially as ECM will</p>	<p>Contained in attachment</p> <p>October 2017</p> <p>TBC through Hwb Doeth</p>	<p>Rate of proven reoffending by young people in the youth justice system</p> <p>The number of further proven offences committed by young people within 12 months of the initial substantive outcome.</p> <p>The reoffending cohort being reported for 2016/17 is taken from 2014/15 to allow the potential offending behavior to be tracked. Western Bay has 217 in that cohort, 99 reoffended during the tracked period (45.6%), committing 377 further offences.</p> <p>It is interesting to note that if the Bureau young people are included in the assessment of reoffending the figure is reduced to approximately 26% reoffending.</p> <p>This is a reduced figure against last year which was 28% using the</p>	<p>38.2% Of 309 children and young people (April 2012-March 2013)</p>	<p>40.9%. Of 269 children and young people (April 2013-March 2014)</p>	<p>45.6% of 217 children and young people (April 2014-March 2015)</p>	<p>Better than the Wales average</p>

<p>be piloted in South Wales from October 2017 The ECM approach will hopefully reduce the current trend of increased frequency as well as reduce the number reoffending.</p> <p>Successful transition of young people into adulthood continues to be a key area if young adults are to not be over represented in crime statistics. The need for exit strategies was a key message from the deep dive exercise. The service aims to not only improve transition practice for those going to Probation through Y2A arrangements but also through key working when they are no longer open to services. This started last year and so far has given promising results. Young people will be supported through exit strategies and kept in touch with by workers who have built up a relationship with them. This fits with trauma informed approaches and desistance theory. Project is fully outlined in the PPE business case attached</p>	<p>Immediate but reported through the PPE returns</p>	<p>same calculations.</p>				
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<p>Who is better off and what does success look like?</p>	<p>Reduction in the use of custody</p> <p>By reducing the use of custody</p> <ul style="list-style-type: none"> -Children and young people will not lose their liberty. -Families will remain together. -Young people will reach their potential in their communities. -Costs of incarceration will be reduced. <p>The measure of success using an OBA approach would be:</p>
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	<p>-No young people are sentenced to custody. -No offences are committed by young people are so serious that they warrant custody. -Alternative approaches to the use of custody are viewed positively by all reducing reoffending, protecting the public and reintegrating children and young people into their communities.</p>
<p>What are the Funding/ Financial Implications?</p>	<p>Custody, be it remand or sentence carries with it huge cost implications.</p> <p>Local authorities are now responsible for the costs incurred for secure remands. Whilst there is a contribution from the YJB this is limited and can incur possible financial implications for Local Authorities (LA) should there be a lengthy or multiple remands. Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO) brings looked after status to any remanded child or young person and the associated costs to the LA. The Social Services and Wellbeing (Wales) Act brings responsibilities to Local Authorities with secure establishments in their area. Western Bay has both Hillside Secure Childrens Home and HMPYOI Parc within it's delivery area.</p>
<p>Who are our partners?</p>	<p>Police and Courts services, Magistrates, Local Authority, Secure Estate, YJB, members of the Resettlement and Reintegration panels. Community Safety Partnerships, MAPPA, Safeguarding Childrens Board.</p> <p>The YJB has a wide range of activity which requires action within the wider YJ transformation agenda framework. The custody and Custody Interventions work stream is of course included in this. The monitoring and oversight role with the YJS is truly end to end and follows the journey of the young person from community, through secure and back into community – therefore any practice/interventions/processes will need to be reviewed accordingly.</p> <p>Placements and Secure contracting will transfer out of the YJB responsibilities although there are differences for Parc as this is a G4S provision and our Wales team have a greater role than we would have with public secure in England.</p>
<p>What risk does this link to, if any?</p>	<p>Bridgend Youth Court closed last year and cases are now being heard in Cardiff. The risk being that the service is working within two court areas and consistency for delivery can be challenging. An example being that Swansea Court are keen to be involved in the development of problem solving court for children and young people but Cardiff colleagues were not. The Charlie Taylor review advocates for secure education establishments in the future and there will be two pilot sites in England. Education is a devolved responsibility in Wales. Placements and secure contracting will transfer out of the YJB responsibilities although there are differences for Parc as this is a G4S provision and YJB Wales have had a greater role than the YJB have with public secure provision in England. It is unknown what effect the</p>

<ul style="list-style-type: none"> - bail applications and appeals - who filled in bail asset/written or verbal address to the court/quality of bail programme - does the bail period feature within the PSR This needs to be completed this year <p>The Resettlement & Reintegration panels with its focus on accessing services has reviewed its terms of reference to respond to the falling numbers needing to be discussed. It has maintained a focus on those at risk of custody/leaving custody but will this year provide the multi-agency discussion and planning forum for the reoffending live tracker linking directly to ACE's and ECM.</p> <p>The Social Services and Wellbeing Act (Wales) is a vehicle for ensuring that young people in custody have their care and support needs met. This is particularly relevant to WB as we have Hillside Secure Unit and HMPYOI Parc in our region. The recommendation to increase the use of Release on Temporary Licence (ROTL) contained in inspections is an opportunity to create an environment where ROTL is the norm not the exception. A project group was formed to drive forward the provision of ROTL at the centre and develop the ability to raise revenue through providing this for other YOTs. Within the wider YJ transformation agenda framework custody is a</p>	<p>October 2017</p> <p>Menu of services that can be offered to wider YOT's to be published by November 2017</p>					
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workstream that the service needs to be linked in with						
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	Access to education, training and employment, substance misuse services, emotional and mental health services and suitable accommodation.
Who is better off and what does success look like?	<p>WG has adopted “due regard” to the UN convention on the rights of the child. The right to access education to a full 25 hours for those of compulsory school age is inherent in the UNCRC . The Western Bay service will act as an advocate for young people to access education entitlements, safe accommodation and health provision including substance misuse and CAMHS treatment.</p> <p>By accessing the right level of services at the right time</p> <ul style="list-style-type: none"> – Children, young people and families in need will receive services appropriate services to meet need without duplication. – Partner providers will have appropriate well informed referrals/brokerage arrangements. – Communities will benefit from a reduction in crime and ASB caused by children and young people who have not received services in the past and eg experienced ACE’s <p>The measure of success will be</p> <ul style="list-style-type: none"> – All children and young people known to the service are in receipt of ETE – Live in suitable accommodation – Have their health needs assessed and receive interventions appropriate to need without delay or stigma
What are the Funding/ Financial Implications?	Funding through, mainstream provision, partner contribution, Police and Crime Commissioner and the Youth Justice Good Practise Grant. Wider partnership funding provided to Communities First, TAF, YPEF has a positive impact upon access to services. Not all funding comes through the service but relies on how we engage and work with partners to avoid duplication and waste of resources.
Who are our partners?	Schools, colleges, secure estate, training providers, Third sector providers including, WCADA Llamau, Gwalia, local authorities, Abertawe Bro Morgannwg University Health Board (ABMU), Supporting People, youth support services, Area Planning Board.
What risk does this link to, if any?	The biggest risk in relation to planning a way forward for the access to services is the disruption that may be caused by Bridgend leaving ABMU. The possibility that Bridgend will leave the Western Bay collaboration will impact on Substance misuse service delivery as the Area Planning Board is WB, some disruption for accommodation planning as Supporting People is WB and access to wider health provision including speech and language as ABMU is WB.

What will we do to achieve this?	by when	Performance Measures	2014-2015	2015-2016	2016-2017	Targets for 2017-2018
<p>Education The planned development of a partnership team around the school approach responding to schools with high exclusion/ASB etc has been successfully introduced in Coleg y Dderwen. The service is an active member of the approach making a positive contribution to the solution focused approach taken by all partners. This has proven to reduce exclusion and assist in behaviour management within the school setting and at home. This needs to be built upon.</p> <p>As planned last year children and young people subject to reduced timetables have been the focus of ETE workers reporting to the Management Board. This work needs to continue and the board solve the problems being experienced accessing the provision, something highlighted by Cwm Taf's inspection. The board needs to use the data and make a difference.</p> <p>The service will develop effective links with School Improvement Consortia (ERW and Central South) to challenge and support schools to identify learners who have offended or at risk of offending, in order better to meet</p>	Detailed report to the Board every six months	<p>Engagement in education, training and employment for young people in the youth justice system The percentage change in the average number of hours of suitable education, training or employment received while within the youth justice system by young people of statutory school age, and those above statutory school age.</p>		<p>Average hours ETE.</p> <p>For school age the average hours were 20.4 at the start and 21.4 at the end. (43 young people with closed statutory orders)</p> <p>For above school age the service reported a total of 9.5 hours at the start, and 16.1 at the end. (87 young people with closed statutory</p>	<p>Positive % change.</p> <p>For school age the average hours accessed were 18 at the start and 20 at the end of the order (27 closed statutory orders)</p> <p>Post school age the average number of hours accessed was 9.9 and at the end 15.3 (55 closed statutory</p>	25 hours for school age and 16 hours post school

<p>their educational needs. (80% of service clientele and in the secure estate have had disrupted/non completed schooling.)</p> <p>Accommodation Development of accommodation specifically for those young people known to the service through partnership approach with LA, third sector providers and carers and utilisation of YJB remand contribution. This will allow emergency supported placements for our most complex young people who have lost previous accommodation or at risk of remand.</p> <p>Early notification to Social Care and Housing and Joint approaches to supporting placements.</p> <p>Health and education Speech and language delivery will require further scoping around time required to complete assessment, in relation to Trauma Recovery Model (TRM) especially in relation to onward referrals and time taken for clinical governance and professional development of SLT seconded from NHS. However the aim is to have communication plans in place for every child or young person identified with Speech and language needs.</p>	<p>This is included in a wider Gwalia delivery plan – review of progress September 2017</p> <p>Immediate and to be monitored</p> <p>Audit January 2018</p> <p>To be</p>	<p>Access to suitable accommodation for young people in the youth justice system The percentage change in the proportion of young people with suitable accommodation at the end of their court order compared with before the start of their court order, and upon their release from custody compared with before the start of their custodial sentence.</p> <p>Access to substance misuse services for young people in the youth justice system The percentage of young people identified as requiring a substance misuse assessment that commence the assessment within five working days of the referral date, and if the young person has been identified as requiring substance misuse treatment, this is received within 10 working days of assessment.</p> <p>Access to mental health services for young people in the youth</p>		<p>orders)</p> <p>93.2% were in suitable accommodation at the start and 93.9% at the end.</p> <p>100% of those needing a substance misuse service received one within 10 days assessment.</p>	<p>orders)</p> <p>95% of children and young people were in suitable accommodation at the beginning of their statutory order and 95 % were in suitable accommodation at the end – the individual s changed status but not the figure.</p> <p>100% of those assessed as needing a substance misuse service</p>	
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<p>Review substance misuse access and delivery across WB linking with the APB and Police and Crime Commissioner throughout the tiers of need will link with the wider commissioning arrangements. This may suffer some delay/disruption if Bridgend leaves WB collaborative approaches.</p> <p>Development service specification of CAMHS provision and wider health needs of children and young people known to the service. This again may suffer delay/disruption if Bridgend leave WB collaboration</p>	<p>monitored through the APB</p> <p>TBC</p>	<p>justice system</p> <p>The percentage of young people identified as requiring a mental health assessment that received a mental health assessment within 28 days of referral date, and if the young person has been identified as requiring mental health treatment, this is received within 28 days of assessment.</p>			<p>received this within 10 days of referral.</p>	
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RISK MANAGEMENT

Whilst there are three key agencies forming the “responsible authority” for MAPPA (police, prisons and probation), the WB Service has a duty to cooperate. There is consistently mention of better risk management processes within inspection reports and WB have prioritised this area through case planning meetings and risk panels.

The amalgamation of services across the Western Bay footprint has given an ideal opportunity to improve risk management, sharing the expertise developed in the locality teams and ensuring that management oversight is robust. In order to ensure all practitioners and managers are current in their understanding of MAPPA, the South Wales MAPPA coordinator has delivered refresher training for staff and managers last year and 4 pillars training is scheduled again for this year.

The introduction of Asset Plus has provided an opportunity to revisit risk management processes in light of the new assessment framework. With the enhanced case management (ECM) trauma based approach being introduced the service is conscious that this more therapeutic approach to prolific and high risk offenders cannot dilute risk management processes.

A recent domestic homicide review involved an adult who was previously known to the service, his half-brother is currently known to us. Whilst we were no longer working with the perpetrator of this tragic offence there were behaviours that could be clearly

recognised in his brother. The service decided that we would undertake our own single agency review of our work with his brother and refer the findings to the child practice review group of the Safeguarding Children Board. This piece of work is ongoing at the time of writing this plan but already learning has been identified eg disguised compliance.

The most common re-offence is that of violence and in response the senior practitioners have accessed specific training to increase confidence in the management of risk of violence. The trends in offending behaviour are responded to on a partnership basis through the community safety partnerships (CSP).

In response to the violent offending and the risks of knife crime a young person known to the service has offered to assist with awareness raising and confronting children and young people with the consequences of carrying knives. This young person was stabbed and seriously wounded in a fight. He is by his own acknowledgement no angel but he is now a victim and is passionate about stopping other people being the victim of knives.

VULNERABILITY MANAGEMENT SAFETY AND WELLBEING

The Youth Justice Board published “Commitment to Safeguard – contributing to the safety and welfare of children and young people” in 2014. The document echoes safeguarding procedures to be followed by local authorities. Within it, it states

“All organisations whose work impacts on children have a responsibility to ensure that the actions they undertake protect the safety and welfare and promote the well being of those children, the staff who work for them and members of the public.”

A number of guiding principles are highlighted These include, that:
The best interests of the child are a key consideration in decisions taken.

Safeguarding is everyone’s responsibility; children’s safety is of paramount importance. This is collectively understood and the expectation for everyone to contribute to keeping children safe is clear.

Safeguarding is actively supported using monitoring and good practice functions to promote learning, support the prevention of harm and promote well being.

We will listen to children’s views about what they need to be kept safe.

Information sharing supports timely and appropriate decision making that is based on individual needs, prevents harm and supports wellbeing.

Equality of opportunity: no child or group of children is treated any less favourably than others. Access to services or the fulfilment of particular needs should not be impaired by gender, ethnicity, ability, sexuality or age.

As with risk management safeguarding relies on robust and accurate assessment and listening to what the child or young person is saying. YOT's have always completed holistic assessment and involved parents/carers within this. Asset plus has improved on this within the assessment processes. Internal mechanisms regarding safety and wellbeing are informed by "Working Together" and the Well-being of Future Generations (Wales) Act and do not take the place of/undermine the All Wales Child Protection Procedures.

The Chair of the WBYJ&EI Management Board Service is the Chair of the Western Bay Safeguarding Children Board (WBSCB) giving a robust strategic link to the safeguarding needs of children and young people known to the Service. There are lessons to be learnt from child practise reviews and serious incidents within the community where the service has been supervising the child or young person who has become a victim or harmed themselves. A member of the management team is on the child practise review sub group of the safeguarding children board as well as the quality and performance sub group. The relationship between the service and safeguarding teams is good across the region and the "step up, step down" approach to meeting the needs of children and young people has improved over the last year as services are increasingly joining up to provide seamless services avoiding duplication. The current political environment regarding WB collaborations brings with it the risks of de-stabilising the current youth justice working practices with the Safeguarding Board as Bridgend prepares to leave WB collaborative arrangements.

The current lack of CAMHS nursing time is a risk for the service and its role in safeguarding that has been raised and taken forward by the Management Board. There is a commissioning work stream to address the deficits in provision. Children and young people have been consulted as part of this work stream to ensure that the new service specification takes a more holistic view of their health needs. However, it is unknown if Bridgend leaving ABMU will cause further delay to an already unsatisfactory position.

VICTIM ENGAGEMENT AND RESTORATIVE INTERVENTIONS

Restorative approaches are embedded in the practice of the service with a small group of trainers who are in the process of training the wider workforce across the three collaborating local authorities. The development of restorative questions being used in compliance meetings, meaningful reparation, quality services for victims, conflict resolution and family group conferencing are examples of restorative approaches in practice. The priority for the service is for this area of work to keep growing adding additional

schools adopting the Restorative Approaches in schools project with teachers and pupils trained together, more community homes and carers being able to de-escalate situations, equipped to be better corporate parents (Laming). A partnership pilot project ran within Hillside Secure Childrens Home aiming to bring down the number of Hillside residents being arrested. It is based on restorative interventions being delivered through the service for low level incidents. The first response from service's seconded Police Officer. This work has now resulted in a WB agreed protocol for the de-criminalisation of children in the Looked After system and Swansea University being engaged to evaluate the effectiveness as more residential settings become involved over the next twelve months.

Positive victim involvement is always a priority for the service and with the opportunity to redesign the service on a regional footprint came the opportunity to review the role of the victim workers improving links with reparation and a more visible outcome for victims. An overarching Western Bay coordinator for reparation is now in post bringing consistency to this area of work.

A restorative approaches training course has been developed through the service with Agored Cymru accreditation which is delivered as part of the social care workforce development plan. This brings consistency of delivery across agencies so important when working with early intervention services and residential settings.

The service has expressed an interest in enhancing problem-solving practice in youth courts with Centre for Justice Innovation. We have had a post EOI meeting which was positive. The next step is collation of the EOIs received and initial discussions. This will be submitted as the long-list of potential sites to HMCTS, YJB, MOJ and the Judicial Office, three sites will be chosen to take part but at this stage we do not know if we will be successful

WORKFORCE DEVELOPMENT

Workforce development directly links with each LA appraisal process. This links the appraisal to the service delivery model and gives staff ownership of their contribution. Over the last twelve months the staff group have embedded Asset Plus which has required training and adapting to a change in focus from risk to a more child focused approach with greater staff discretion. We have moved to one information system across the three localities realising efficiencies and improving the capacity of quality assurance processes. Trauma recovery training has been received by the whole service in readiness for this years priority of adopting ACE informed practice across the region and Enhanced Case Management which involved case formulation meetings and clinical supervision through psychologist input. In addition the screening tool for pre-court is being evaluated through Swansea University to inform practise.

The service has through the amalgamation formed a quality and performance sub group which has taken ownership of the staff development plan along with audits and action plans resulting from inspections including thematics. This is made up of a mix of case holding staff and management. Through audit, areas of practice needing improvement can be identified and workshops arranged.

As already highlighted we need to address reoffending and the YJB has provided assistance in a deep dive audit similar to that undertaken in London. As a result we have formulated an action plan that involves the use of the live tracker. This will involve staff commitment to keep up to date and the organisation of monthly meetings for monitoring. The approach lends itself to the introduction and ACE's and ECM as it will eg identify the second episode/offence and trigger the use of ACE assessment. This is particular relevant to pre-court staff development and ECM, to begin with, will involve the development of the statutory caseload holders. Partners will be crucial to the success of this approach.

Management oversight, challenge and support continues to be a priority especially during times of great change. In January 2017 the service moved to a themed management structure replacing the locality based approach.

PARTICIPATION

Engaging young people in decision making and accepting responsibilities for their actions and future is critical to developing skills as constructive members of their community; Article 12 of the UNCRC establishes the right of young people to participate where decisions are being made that affect their future.

Adopting a methodology that confronts negative behaviour, educates the young person about the consequences of their behaviour, enables them to put right the wrong, respects and supports parental responsibility and has the capacity to reduce the risks of future offending will have a strong capacity to rehabilitate. The utilisation of restorative practices across the service maximises the future potential of young people to become successful and integrated members of our community.

The Management Board have been set the challenge of agreeing how best to involve children and young people in board business. Currently presentations have been made on specific service areas eg Building Skills and the Andrew Kent Music Academy by young people and staff but they have not been a board member. Consultation regarding the content of the plan has been limited, however, each of the three locality offices of Bridgend, Neath Port Talbot and Swansea have asked children, young people, parents and carers and victims ONE very important question

“what is the service not doing well?”

As you would expect the majority of the replies were that they could not think of anything. However in conversation building on that very simple beginning it was clear that actually the service may think they share information with our service users well but actually we do not. One 11 year old boy did not know what his plan was. When he was presented with the plan – he did not understand what it was. This highlighted that some practise had been lost. Action from this is the service re-visiting the wording of plans and refreshing a work book/planner that was designed some time ago by young people on ISS. This planner helped them understand the expectations and see the progress they had made and set the next target. Care needs to be taken that there is not duplication with the questionnaires children and young people are being encouraged to complete using Viewpoint.

Victims were not unhappy with our service but felt disappointed in the wider justice system. An action from this was difficult but we can ensure that we take time to explain processes/reasons in the best way we can.

Parents have given positive feedback about the NVR training and as a result additional staff are to be trained to deliver the approach wider.

Focus groups have been held with the service manager, staff and service users to inform the plan. From the young peoples’ feedback, delivery including The Duke of Edinburgh Award and Police Youth Volunteers were highly valued and this message passed across the region to remind the staff group of the positive outcomes raised by the young people.

This plan covers a twelve month period only and is written to meet the needs of many audiences in addition to the official bodies requiring its completion and submission. Service users, partner agencies and other partnerships, Cabinet Members, strategic planners and many more. It also has a central function – the plan is the vehicle used to report progress to the board and guide the staff in the delivery of services – it provides service ownership. Using it as a living document will be a focus of the service over the next twelve months and we thank the young people who attended the Junior Attendance Centre for the cover.

Signed:
Chair YOS Management Board

Date: 28 July2017.....

Embedded Documents



Business Case 2017
18 (2).doc

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care Health & Wellbeing Cabinet Board

7th September 2017

Report of the Director of Social Services Health & Housing - Nick Jarman

Matter for Information

Wards Affected:

All Wards

Safeguarding Children Board Update to Neath Port Talbot County Borough Council

Purpose of the Report

The purpose of this report is to provide an update to Neath Port Talbot County Borough Council Social Care Health & Wellbeing Cabinet Board on the work of the Western Bay Safeguarding Children Board and to provide information on the Annual Report for 2016/17 and the Business Plan 2017/18

Executive Summary

The SSWA regulations and codes of practice issued under part 7 (Safeguarding) clearly set out the requirements on Safeguarding Boards to produce and publish an annual plan at 31st March each year and an annual report at 31st July each year. Due to absence within the Business Management Unit there has been a slight delay in the publication of the annual plan. The plan was published 31st May 2017. Welsh Government and the National Independent Safeguarding Board were informed of and accepted the rationale for this.

The attached annual business plan complies fully with the requirements of the Act in terms of its content. The new Safeguarding Children Board business plan is clearly outcomes focussed with overarching and measurable outcomes for each of its strategic priorities. The priority outcomes are set against the 4 Ps¹ methodology which is aligned with police and probation methodologies as well as Welsh Government's National Child Sexual Exploitation action plan and the national counter terrorism strategy.

The Annual Report has been completed and was published in timescale on 31st July 2017. The report is a clear reflection of the work of the Board, where it has achieved its objectives and what needs to be taken forward to this year's business plan. The report sets out what has been achieved against its' strategic priorities and also provides an overview of performance of the Board against its' core business requirements.

1. Background

The Western Bay Safeguarding Children Board was established in April 2013 following direction from Welsh Government to regionalise safeguarding children boards as recommended within sustainable social services white paper 2011/12.

Neath Port Talbot County Borough Council is identified in the Social Services and Wellbeing Act (Wales) 2014 as being the lead partner responsible for establishing effective regional safeguarding boards for the Western Bay area.

Financial Impact

2. Within the Annual Report there is a section which highlights the requirements of a multi agency budget. In previous years the Western Bay Safeguarding Children Board has used its own funding formula to ensure contributions from statutory partners which is not dissimilar to the statutory funding formula set out in the Social Services & Wellbeing (Wales) Act regulations for Safeguarding Boards.

¹ Prepare, Prevent, Protect, Pursue

3. There is and always will be a financial implication on Neath Port Talbot County Borough Council as a statutory partner to contribute to a multi agency budget as this is now set out in regulation however, in previous years the local authority contributions were equitable with those of the neighbouring local authorities and each contributed the same amount. The regulations now set out local authority contributions aligned with population which has seen a reduction in contribution from Neath Port Talbot County Borough Council and an increase from City and county of Swansea. These impacts highlight a saving in 2017/18 of £3675.00. The multi agency budget for the Safeguarding Boards across Western Bay has not increased since its establishment in 2013, funds both Safeguarding Adults and Safeguarding Children Boards from a single budget and is projected to not increase over the following next 2 years.

Equality Impact Assessment

4. There are no equality impacts associated with this report.
5. The Equality Act 2010 requires public bodies to “pay due regard to the need to:
 - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - foster good relations between persons who share a relevant protected characteristics and persons who do not share it.”
6. Equality Impact Assessments should be completed so that the Council can demonstrate that it has discharged its duty under the Act. In all instances a screening assessment is required. Where required, a full equality impact assessment should also be carried out.
7. An overview of the Equality Impact Assessment (s) should be included here in summary and the full document must be attached as an appendix.
8. Further information and advice can be obtained from Caryn Furlow or Rhian Headon, Corporate Strategy Team

Appendices

9. Western Bay Safeguarding Children Board Annual Business Plan - 2017/18
10. Western Bay Safeguarding Children Board Annual Report - 2016/17

Officer Contact

11. Lisa Hedley, Strategic Business Manager, Western Bay Safeguarding Boards. 01639 686049, l.hedley@npt.gov.uk

List of Acronyms:

WBSCB – Western Bay Safeguarding Children Board

WBSAB – Western Bay Safeguarding Adults Board

NPTCBC – Neath Port Talbot County Borough Council

BCBC – Bridgend County Borough Council

CCOS – City & County of Swansea

ABMUHB – Abertawe Bro Morgannwg Health Board

SWP – South Wales Police

NPS – National Probation Service

SSWA – Social Services & Wellbeing (Wales) Act

PHW – Public Health Wales

LA – Local Authority

CP – Child Protection

UK – United Kingdom

CSE – Child Sexual Exploitation

EIP – Early Intervention & Prevention

SPOC – Single Point of Contact

Q&PMG – Quality & Performance Management Group

CPRMG – Child Practice Review Management Group

PPMG – Policy Procedure Practice Management Group

JSTG – Joint Strategic Training Group

AAFDA – Advocacy After Fatal Domestic Abuse

CSP – Community Safety Partnership

PRUDiC – Procedural Response for Unexpected Deaths in Childhood

CPR – Child Practice Review

MAPF – Multi Agency Professional Forum

WBYJS – Western Bay Youth Justice Service

VAWDASA – Violence Against Women, Domestic Abuse and Sexual Violence Act



Western Bay Safeguarding Children Board

Annual Report 2016/17

(1/4/2016 – 31/3/2017)



Western Bay Safeguarding Children Board Annual Report 2016/17

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Document author: Lisa Hedley Business Manager

Issue Date: 31st July 2017

Contact email: wbsb@npt.gov.uk



Foreword

This is the Annual Report for the year 2016/17 of the Western Bay Safeguarding Children Board and reflects activity and achievements from our business plan.

It has been a great privilege to be the Board Chairman, firstly during a period of establishment and mobilisation and more recently to oversee the effective delivery of our annual plan. On behalf of the Western Bay Safeguarding Children Board I can say with confidence that we are established, effective and in place to deliver the functions set out in Part 7 (section 135) of the Social Services and Wellbeing Act 2014.

As the report shows, membership and approaches are continually changing to support structures as we strive to achieve delivery of Board functions in new ways of working through the willingness, collaboration, effort and commitment of all the Agencies.

Our key aim is for the Safeguarding Children Board must always be to be effective and have a demonstrably positive impact upon the safety and wellbeing of Children and Young People. Four of many examples I could point to are:

- An Outstanding Board is modern, efficient and responsive.
- Providing real challenge to all of the agencies, individually and collectively. This is the core purpose of a Safeguarding Board.
- Really ensuring that Agencies work together, share information and that we don't repeat the mistakes of the past.
- Anticipating and dealing with safeguarding issues (e.g. Child Sexual Exploitation); not reacting to them.

One of the major challenges for this, or any other Safeguarding Board is to get everyone's attention and thus make a difference. For this reason the WBSCB continues to be run in a very business-like way, with a streamlined, priority-driven programme; and emphasis upon results and outcomes, not process.

The Board is not a Provider Organisation; it is an Enabler. That is to say it is there to make sure that things happen and vice versa. So for example, the Board cannot and should not 'provide' training; but it ensures that where required, agencies do.

The Councils, agencies and public which the Board serves have a right to expect an effective, value for money Safeguarding Children Board, with a clear sense of purpose. That's exactly how we started and will continue.

Nick Jarman

Chairman



Introduction

The Western Bay Safeguarding Children Board (WBSCB) was established in April 2013 following the direction from Welsh Government to respond to the white paper: Sustainable Social Services: a Framework for Action and the development of the Social Services and Wellbeing (Wales) Act 2014. Since April 2016 the WBSCB has become a statutory regional Board with set boundaries and lead authority identification from within the Social Services and Wellbeing Act (Wales) Act 2014. It works with the three local authorities following the Health Board footprint; (Bridgend, Neath Port Talbot and Swansea), the regional Youth Offending Service, ABMU Health Board, South Wales Police force (two Basic command units), the National Probation Service, the Community Rehabilitation Service, Welsh Ambulance Service, the National Safeguarding Service, Public Health Wales (PHW) and voluntary sector organisations. Since its establishment it has been chaired by the Neath Port Talbot County Borough Council Director for Social Services. Neath Port Talbot County Borough Council are also identified as the lead authority with responsibility of establishing a regional Safeguarding Board.

Volume 1 of the Statutory Guidance: Working Together to Safeguard People identified the requirements placed on safeguarding boards in terms of accountability and effectiveness. Within this guidance it is identified that each safeguarding board should have an annual plan published no later than 31st March each year and an annual report published no later than 31st July each year. The guidance also identifies what is required within the annual plan and annual report which allows for consistency across Wales. As the SSWA and subsequent guidance was enacted post the requirement to publish an annual plan meeting the requirements Welsh Government issued advice that boards did not have to submit an annual report until July 2017. Therefore, this is the first annual plan written in accordance with the new statutory guidance and will reflect on achieved outcomes and effectiveness based on the annual plan that was in place during 2016/17.

The Governance arrangements within the WBSCB are strong and robust with a clear annual business plan setting out required outcomes. It has a clear and effective management group structure which supports the delivery of its business plan on behalf of the Board. Reports are routinely submitted to the Board to raise risks and issues against the delivery of the plan and for decision and action from the Board. This enables the Board to take ownership of its work at strategic level and provide leadership to the management groups on the delivery of the business plan. The reporting arrangements into each LA's Service Board or equivalent remain inconsistent however each receives progress updates when required. Work on wider governance issues, links with other partnerships and robust reporting mechanisms continue to develop.

The Terms of Reference developed for WBSCB are reviewed annually and promote the requirement for accountability. There are clear definitions for professional challenge and holding to account. Each Board member is required to sign up to a member Role Profile to which they are individually accountable in relation to their contribution to the Board and attendance at Board meetings. The Board also has measures within its Performance and Impact Framework which assist in reporting activity of Board members against elements within their role profiles. This allows the Board to demonstrate multi-agency working at a strategic level.



The Board's business is managed through a dedicated Business Management Unit which is financed through a committed Safeguarding Board budget. The Business Management Unit and associated budgets have undergone thorough review in accordance with the requirements of the Social Services and Wellbeing Act 2014 and the expectation placed on lead agencies to have Safeguarding Adults Boards and Safeguarding Children Boards. Western Bay has a single committed budget which supports a staff structure for both Safeguarding Adults and Safeguarding Children Boards and consists of one Strategic Business and Development Manager, two dedicated Strategic Business Coordinators and a Business Administrator.



Summary and Evaluation of WBSCB's effectiveness and activity

Summary and evaluation of effectiveness aligns with the Board's business plan. The 2016/17 Business plan sets out the difference between its core business which is required in legislation and the work to be undertaken against the agreed strategic priorities. In this chapter, a review of the 2016/7 business plan will demonstrate how effective the Board has been against its strategic priorities and against its overarching priorities. Following on from this a review of individual management group performance will provide readers with an understanding of what has been achieved as its core business.

Review of the 2016/7 Business Plan

In addition to the WBSCB's core business required as Safeguarding Board Functions in Volume 1 – Working Together to Safeguard People – Introduction and Overview the Board focused its attentions on the following priorities with overarching outcomes for each:

- **NEGLECT - All children resident or visiting the region are safeguarded from Neglect effectively and at the earliest opportunity**

The WBSCB has a Neglect Practice Guidance Toolkit which is clear, focussed and is regularly reviewed and updated with links to research and practice learning.

For the past 2 years the Board has worked with national initiatives, contributed to consultation and provided individual interviews to assist the development of a suite of assessment tools for neglect. The Welsh Neglect Project however has yet to produce a single assessment tool or suite of tools for implementation across the country an instead has recommended further research based on the Graded Care Profile 2 and the North Carolina Neglect Assessment. Further exploration of these tools will be considered by the WBSCB over the next 12 months to determine whether a consistent regional approach to neglect assessment can be identified. The Board remains keen to have a tool which will identify, and address indicators of neglect long before the threshold of CP registration are met.

In the meantime, Neglect remains the highest category of child Protection registration throughout the region and is also the highest category for re referrals.

The Board also receives regular performance data in relation to children suffering from Neglect and through 6 monthly analysis reports the Board maintains a watching brief on the numbers of children on the Child Protection Register for neglect. A particular focus for the Board this year has been on early indicators of possible neglect including how low school attendance and children under 5 being managed by health visitors and what preventive measures can be put in place to address the possibility of neglect. Neglect will remain a priority for WBSCB throughout 2017/18 and beyond until we can be more confident that cases are being assessed at the earliest point, neglect is identified early and responded to effectively and consistent assessment and response makes a positive impact on children suffering long term neglect.



- **CHILD SEXUAL EXPLOITATION – All children and Young People resident or visiting the region who are subject to or at risk of Child Sexual Exploitation are identified and safeguarded effectively, consistently and at the earliest opportunity.**

CSE has been a priority for WBSCB since its establishment and long before it became a National Headline across the UK. As the focus across the UK turned towards CSE the WBSCB proactively escalated this as its number one priority to ensure that the Board was doing everything it could to understand prevalence, interventions and safeguarding services for the most vulnerable young people at risk of CSE.

Throughout 2016/17 CSE has sat high on each Board agenda and a comprehensive set of performance data has been delivered. The WBSCB can be confident through data analysis and reporting that it is achieving the requirements from the All Wales CSE Protocol to actively enquire about CSE activity, that the protocol is applied consistently and training is being delivered to identify and address activity. The Board regularly exercises its duty to hold to account using the performance data to address matters such as high numbers in one area and police response to individual cases.

In May 2016 the Board received a presentation from Barnardo's in relation to the Gwella Project. This project will be 3rd sector grant funded and will work across the regional safeguarding board areas in Wales. It is a 3 year project which will work closely with SCBs to:

- Map what's out there and what is needed
- Identify local pressures and regional themes and issues
- Develop consistent EIP solutions/approaches to responding to childhood trauma and abuse.

The board were advised that the 1 year of the project would be a valuable resource to the Board in delivering on the national CSE action plan. The project will then develop into a resource to advise on practice and become a SPOC (Single Point of Contact) for CSE and sexually harmful behaviours. An annual data report is appended to this report identifying CSE data and analysis throughout 2016/17.

- **DOMESTIC ABUSE - All Children and young people are safeguarded so that they develop healthy relationships with successful futures.**

The implementation of the Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 has provided the Board with a platform from which to identify and safeguard children from the impact of Domestic Abuse. The Board has developed relationships with the local Community Safety Partnerships across the region to establish performance information and contribution to the safeguarding agenda from the local



Domestic Abuse Forums. During the Safeguarding Conference held in November 2016 the Boards linked with AAFDA (Advocacy After Fatal Domestic Abuse) to deliver a powerful message to practitioners on involving family members in Domestic Homicide Reviews. The Boards have also established mechanisms and reporting frameworks with the local CSPs to be notified, invited to contribute and consulted upon (where appropriate) during Domestic Homicide Reviews. Due to the skills and experience within the Business Management Unit it has been involved in supporting local CSPs in managing 2 DHR cases which are due to be completed in 2017.

- **NEW PSYCHOACTIVE SUBSTANCES - All Children and young people affected by New Psychoactive substance misuse issues are able to make informed choices in order to prevent and reduce the harm associated with the use of NPS**

The Board made links with the Western Bay Area Planning Board and has actively contributed to the work plan of the children and young people's sub group. The criminalisation of NPS has assisted in promoting the message of risk to young people.

Child Practice Review Management Group

The Child Practice Review Management Group (CPRMG) is chaired by the Designated Nurse within the National Safeguarding Team Public Health Wales. In January 2013 the Child Practice Review Guidance which replaced Chapter 10 Safeguarding Children: Working Together under the Children Act 2004 was implemented. The CPRMG meets monthly and has developed referral and decision making processes to manage cases consistently across the region. The processes are aligned with the National Child Death Review processes and PRUDiC processes to ensure that all child deaths are reported via this group. In addition the CPRMG is notified of any community safeguarding incidents reported to the Youth Justice Board by the Western Bay Youth Justice and Early Intervention Service.

The CPRMG has a process by which Multi Agency Professional Fora take place in specific cases where it has been identified that lessons for future practice can be learned. These processes allow a much more transparent and robust approach to reviewing cases that do not meet the threshold for child practice review. Activity within this group remains high and most of the training CPR reviewers in the region have now had experience of reviewing or chairing a Child Practice Review (CPR) or Multi-Agency Professional Forum (MAPF).

Between 1st April 2016 and 31st March 2017 the CPRMG has considered 6 individual cases for review. The result for each case considered is outlined below:



How many cases have been considered for Review during the year?	6 cases
How many cases considered were referred to multi agency professional forums?	0
How many were recommended to WBSCB Chair for concise or extended review?	1 (Extended)
How many reviews were completed during the year?	1 (commenced during 2015/16)
How many concise or extended reviews were completed within the 6 month timescale?	0
Were all learning events attended appropriately?	Learning events took place throughout the year in relation to CPRs commenced 2015/16. Of these learning events most were appropriately attended. Where it was identified that key staff had been unable to attend individual interviews were held to capture views.

- Extended CPR – 1
- Concise CPR – 0
- Historical CPR – 0
- Multi-Agency Professional Forum – 0
- No Review – 5

Of the 5 cases where no review was taken forward it was identified that 2 cases were for out of area children and so referrals for CPRs in the provider authority were made. Two did not meet the criteria and another one was referred to Quality and Performance for an audit on professional abuse meetings.

Timescales clearly remain an issue for completion of CPR reviews. Whereas the time to undertake a CPR has significantly reduced from when we were undertaking Serious Case Reviews, the process is resource heavy. Within Western Bay we are lucky to have a pool of trained reviewers and chairs who willingly undertake the practise reviews as an addition to their working roles however this does regularly impact on availability to attend panel meetings, undertake learning events and write reports. Furthermore, with austerity measures and an increase in demands back at organisational level the ability to prioritise practice review work has been impeded.



Liaison with Family: All reviews have complied with the requirements to involve the family and allow them opportunity to contribute to the report. Reviewers have been to family homes, foster homes and prison in order to ensure the views of the subjects identified in the Child practice Reviews is included. This approach has been considered and welcomed by families.

Policy Procedure Practice Management Group

The Policy Procedure Practice Management Group (PPPMG) is chaired by the Assistant Nurse Director for Safeguarding within ABMUHB and has a focussed work plan and library. In 2016/17 the group has developed and recommended ratification on and has implemented the following protocols/practice guidance document:

- Supervision of Parents & Carers of children and young people admitted to hospital where there are safeguarding concerns

During this year the group has also commissioned several protocol reviews and have been able to re recommend ratification on the following:

- Child Protection Register Enquiries
- Childhood Obesity and child protection concerns
- Birth planning guidance

The group has also been involved in national consultations on the development of CSE protocol including the definition and continues to link with Welsh Government on the revision of the All Wales Protection Procedures.

Quality & Performance Management Group

The Quality & Performance Management Group (Q&PMG) is Chaired by the manager of the Western Bay Youth Justice and Early Intervention Service (YBYJS).

Throughout 2016/17 the group has taken a more thematic approach to quality monitoring and audit and has allowed the other management groups to influence its work plan. Audits were undertaken to assist the protocol review for CPR Enquiries, and birth planning guidance. It also continues to review and analyse performance data for reporting to the Board. Other work undertaken by this group is as listed:

- A scoping exercise into internal safeguarding audit processes within agencies
- Audit of Early Intervention and Prevention Strategies for consistency
- Neglect audit
- Reviewed out of county LAC placement plans
- Reviewed what CSE work is undertaken with schools in PSE lessons
- Considered the recommendations from the PHW Audit of CP Paediatric Services in Wales



Joint Strategic Training Group

The Joint Strategic Training Management Group (JSTG) is chaired by the Head of Safeguarding Children for the ABMUHB.

The JSTG is accountable to both the Western Bay Safeguarding Children Board (WBSCB) and the Western Bay Safeguarding Adults Board (WBSAB) as appropriate, and supports them in the requirements placed upon them in assuring the availability of appropriate training and multi-agency training amongst board partners.

The group have ensured that training has been undertaken throughout agencies on several topics including;

- *CSE*
- *Operation Jasmine*
- *Workshop to Raise Awareness of Prevent (WRAP)*
- *Domestic Abuse Awareness*
- *Ask & Act*
- *Social Services & Wellbeing (Wales) Act 2014*
- *VAWDASV Act 2015 (Violence Against Women, Domestic Abuse and Sexual Violence Act).*

The work plan has been developed for 2016/17 which continues to Focus on CSE, Operation Jasmine and Domestic Abuse as well as the following additional topics;

- *Safeguarding Awareness Raising Workshops / Practice Review Recommendations*
- *Performance Management Information on Training*

The group have also agreed on a regional Safeguarding Training Needs Analysis which will be linked in with the work being carried out on the Social Services & Wellbeing (Wales) Act 2014 in relation to Part 7.



Appendix 1: Budget

2016/17 Projected Budget And Expenditure		
Notes	Income And Expenditure	Original Budget 2016/17
INCOME – Funding		
Local Authority Contribution 60 % = £89,406		
Breakdown as per population:		
	Swansea 46%	41,127
	NPT 27%	24,140
	Bridgend 27%	24,140
	ABMUHB	37,253
	South Wales Police	14,901
	National Probation Services	3,725
	Community Rehabilitation Services	3,725
1	Total Funding	149,010
2	Contribution from Reserve	18,288
3	Further Contribution From Reserve	18,022
	TOTAL INCOME	185,326
EXPENDITURE		
Staffing Costs:		
	Strategic Business Manager	49,779
	Business Coordinator	33,359
	Business Coordinator	32,940
	WBSBs Administrator	21,945
	Total Staffing Cost	138,023
Serious Case Reviews/CPRs		
	Average 7 CPRs per year @ £1500	10,500
	Average 7 APRs per year @ £1500	10,500
	Chronolator Licence	1,200
4	Total SCR Costs	22,200
Development:		
	Annual Conference (SAB/SCB Combined)	12,000
	Multi-Agency Practice Learning Workshops	3,000
	Communication/Training	5,000
	Total Development Costs	20,000



Admin		
	Travel/Subsistence/Mobiles	3,000
	Office Equipment/Stationery/Support & Licences	2,100
	Total Admin Costs:	5,100
TOTAL EXPENDITURE		185,323

Notes:

1. No increase in total budget however agency contributions have been impacted due to legislated funding formula
2. Reserves carried forward as agreed 2015/16
3. Further reserves identified due to reduced staff compliment during financial year
4. Expenditure for CPRs has significantly changed compared with SCR's it is anticipated that APRs have increased in numbers. This spend varies year on year and is difficult to predict.



Appendix 2 – Membership

Organisation	Post	Name	Area of Responsibility
NPTCBC	Director of Social Services Health & Housing	Nick Jarman	Chairman
NPTCBC	Principal Officer, Safeguarding and Reviewing Service, Children and Young People Services	Alison Davies	
South Wales Police	Superintendent	Liane Bartlett	South Wales Police representative/Vice Chair
South Wales Police	Independent Protecting Vulnerable Person Manager	Sue Hurley	South Wales Police representative
National Probation Service	Assistant Chief Executive	Eirian Evans	Probation Service representative
National Probation Service		Emma Richards	Probation Service representative
Children's Safeguarding Services Public Health Wales	Designated Nurse Child Protection and Looked After Children	Daphne Rose	Public Health Wales and Child Practice Review management Group representative
NSPCC	Services Manager	Karen Minton	Voluntary sector representative
Barnardo's	Strategic Manager	Sarah Bowen	Voluntary sector representative
CVS	NPT CVS	Claire Hopkins	Local Voluntary Sector representative across WB
Youth Offending Service	Youth Offending Services Manager	Caroline Dyer	Western Bay Youth Offending services and Quality & Performance Management Group representative
Prison Service	Head of YPU	Jason Evans	Person and youth offending services Bridgend
Bridgend Local Authority	Director of Social Services & Lead Director for CYP	Susan Cooper	Local Authority representative Bridgend CBC

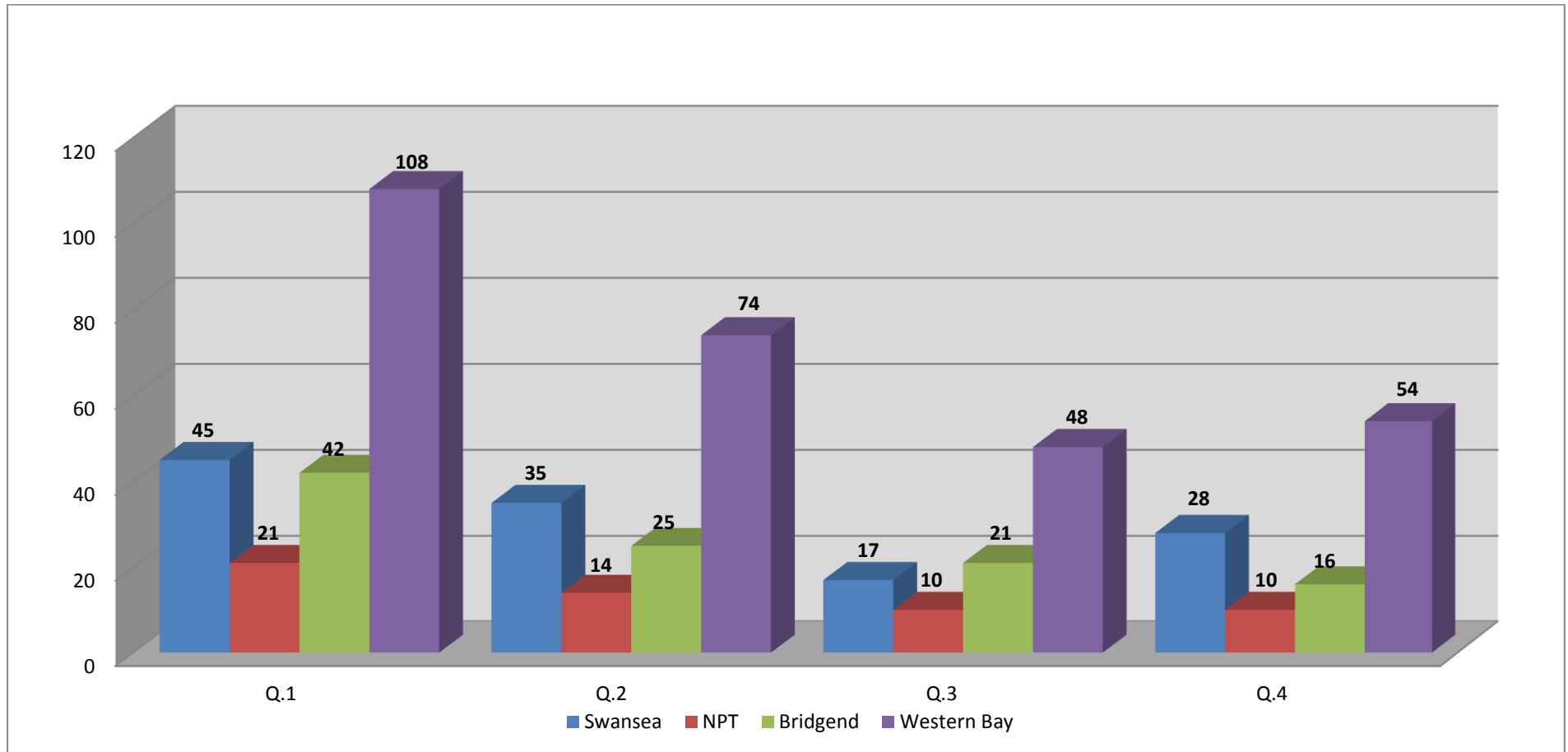


Bridgend County Borough Council	Head of Childrens Services	Laura Kinsey	Children's Services Representative Bridgend CBC
Bridgend County Borough Council	Director of Children's services	Deborah MacMillen	Local Authority representative BCBC
NPT County Borough Council	Lead Director Children & Young People	Aled Evans	Local Authority representative NPTCBC
NPT County Borough Council	Head of Children and young people's services	Andrew Jarrett	Children's Services Representative NPTCBC
City & County of Swansea	Interim Chief Officer Social Services	Dave Howes	Local Authority representative CCOS
City & County of Swansea	Chief Officer Education	Lindsay Harvey	Local Authority representative CCOS
City & County of Swansea	Head of School Support Unit	Nick Williams	Local Authority representative CCOS
City & County of Swansea	Interim Head of Child and Family Services	Julie Thomas	Children's Services representative CCOS
ABMUHB	Assistant Nurse Director	Cathy Dowling	ABMU Health Board representative
ABMUHB	Assistant Medical Director Primary Care	Dr Mat Stevens	Health Board Representative – Primary Care
Swansea Domestic Abuse Forum	Domestic Abuse Coordinator	Ali Morris	Domestic Abuse Forum: Swansea, NPT and Bridgend
ABMUHB	Lead Nurse Safeguarding Children	Virginia Hewitt	Joint Strategic Training Group
WBSCB	Strategic Business Manager	Lisa Hedley Collins	
NPTCBC	Children & Young People	Chris Millis	Local Authority representative NPTCBC

Appendix 3 – CSE Statistics and Analysis 2016/17

Children at Risk of CSE

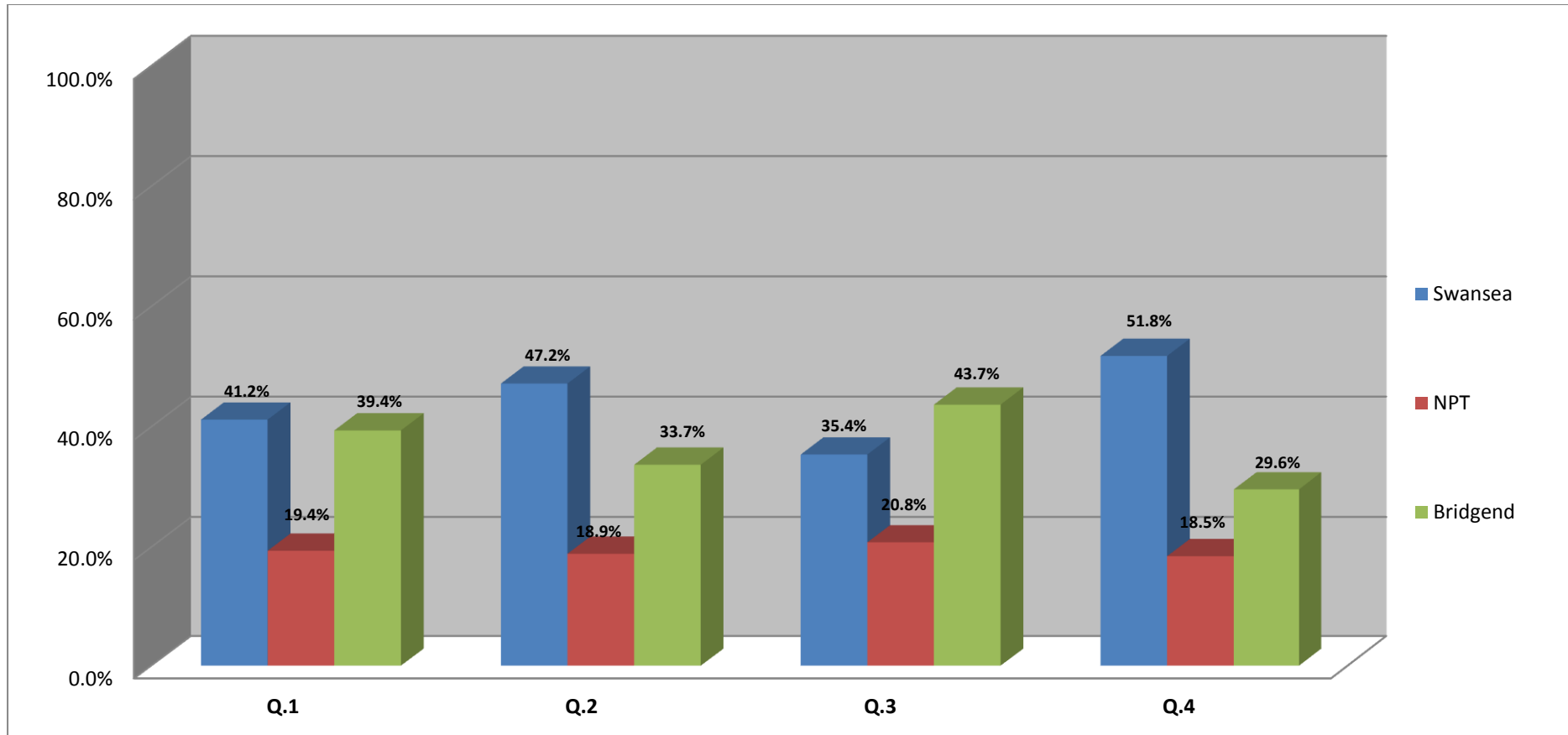
Page 98



Comments/Analysis:



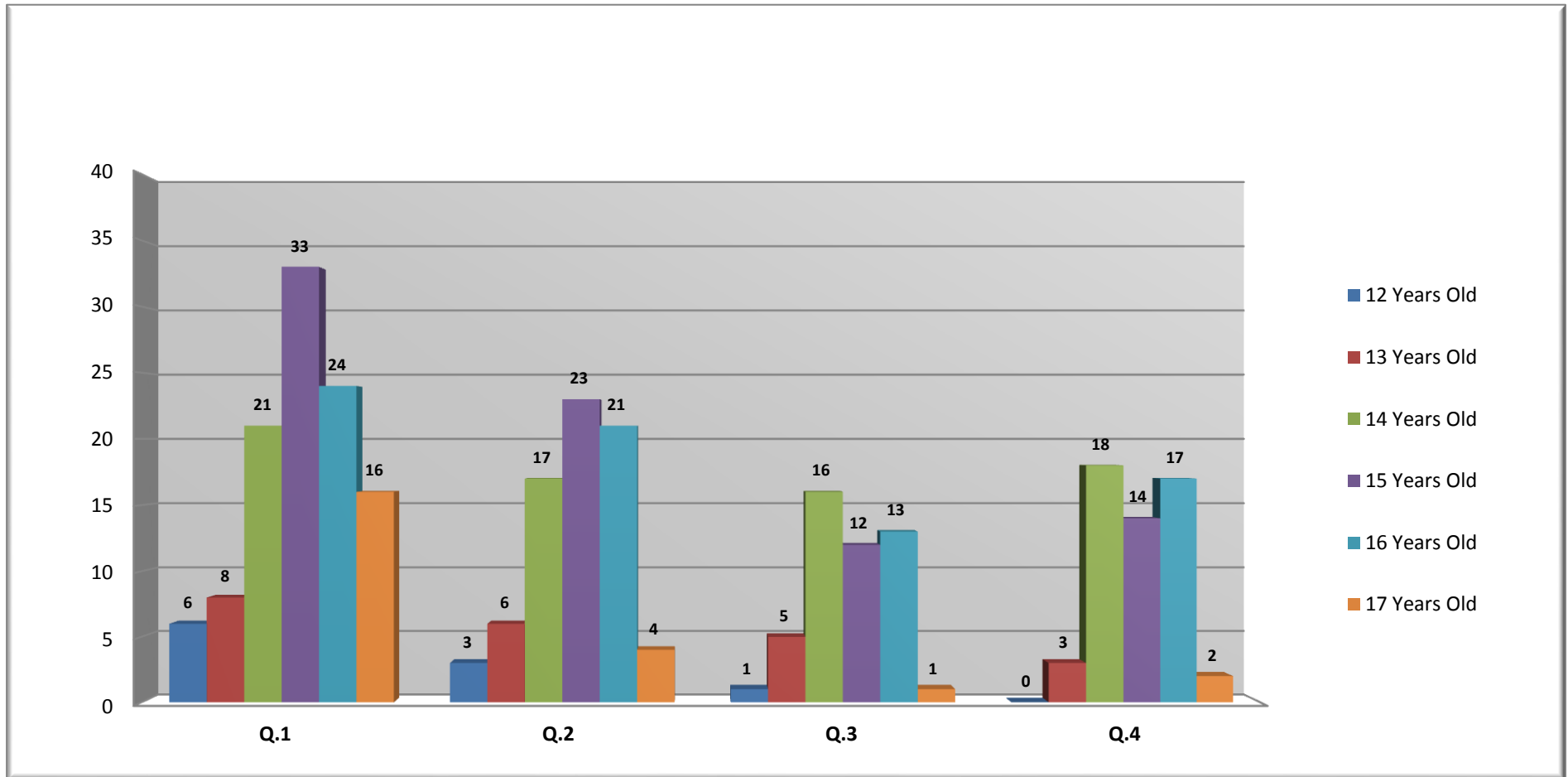
Children at Risk of CSE Broken down by Locality



Comments/Analysis:



Breakdown of Children at Risk of CSE by Age



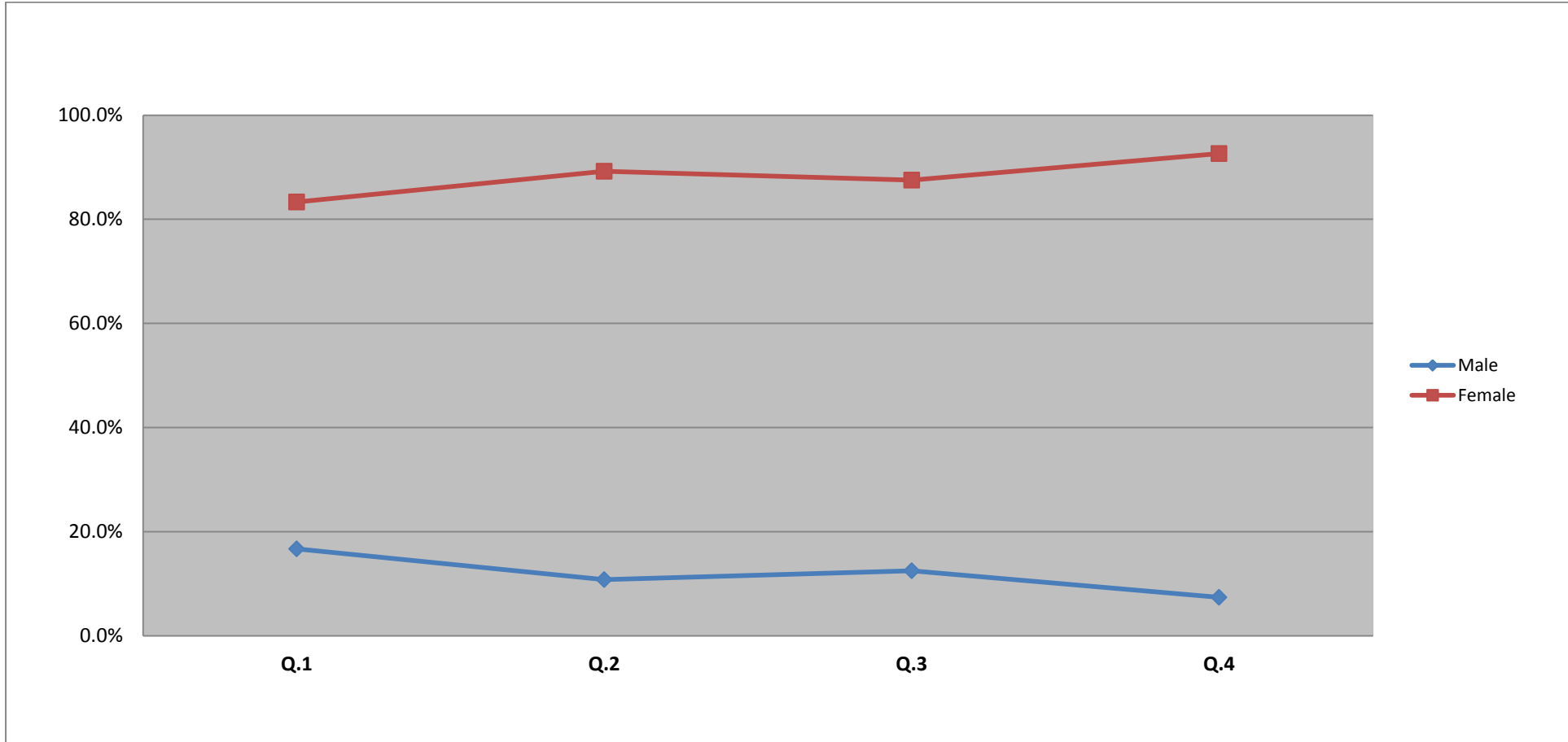
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Comments/Analysis:

Most children/Young People identified at risk of CSE fall into the 14/16years age gap. There is however, a significant number (10) children identified under the age of 13. Where sexual offences are disclosed, children under 13 years old would be dealt with differently in relation to legal thresholds under the Sexual Offences Act. The Board may wish to seek clarity and assurance that the thresholds in the Sexual Offences Act have been considered appropriately for these cases.



Breakdown of Children at Risk of CSE by Gender (%)

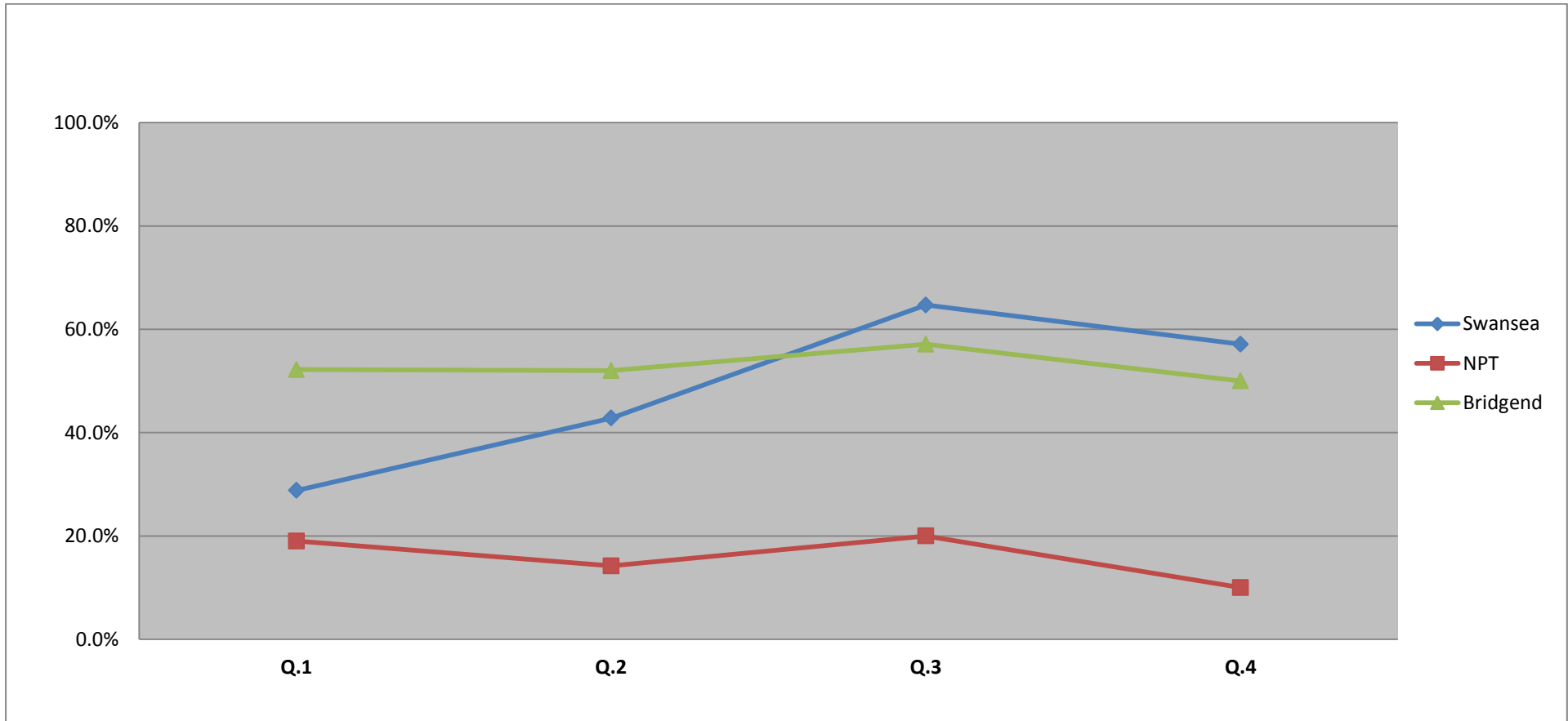


Comments/Analysis:

The majority of CSE cases are identified as girls however there is clear evidence that boys at risk of CSE are being identified. There appears to be a steady identification between genders which suggests that girls are more likely to be at risk of CSE. The Board may wish to consider requesting an audit of CSE referrals made for boys where it was considered they do not meet the thresholds in order to be assured that there is no gender bias.



Percentage of Children at Risk of CSE who are Looked After By Locality

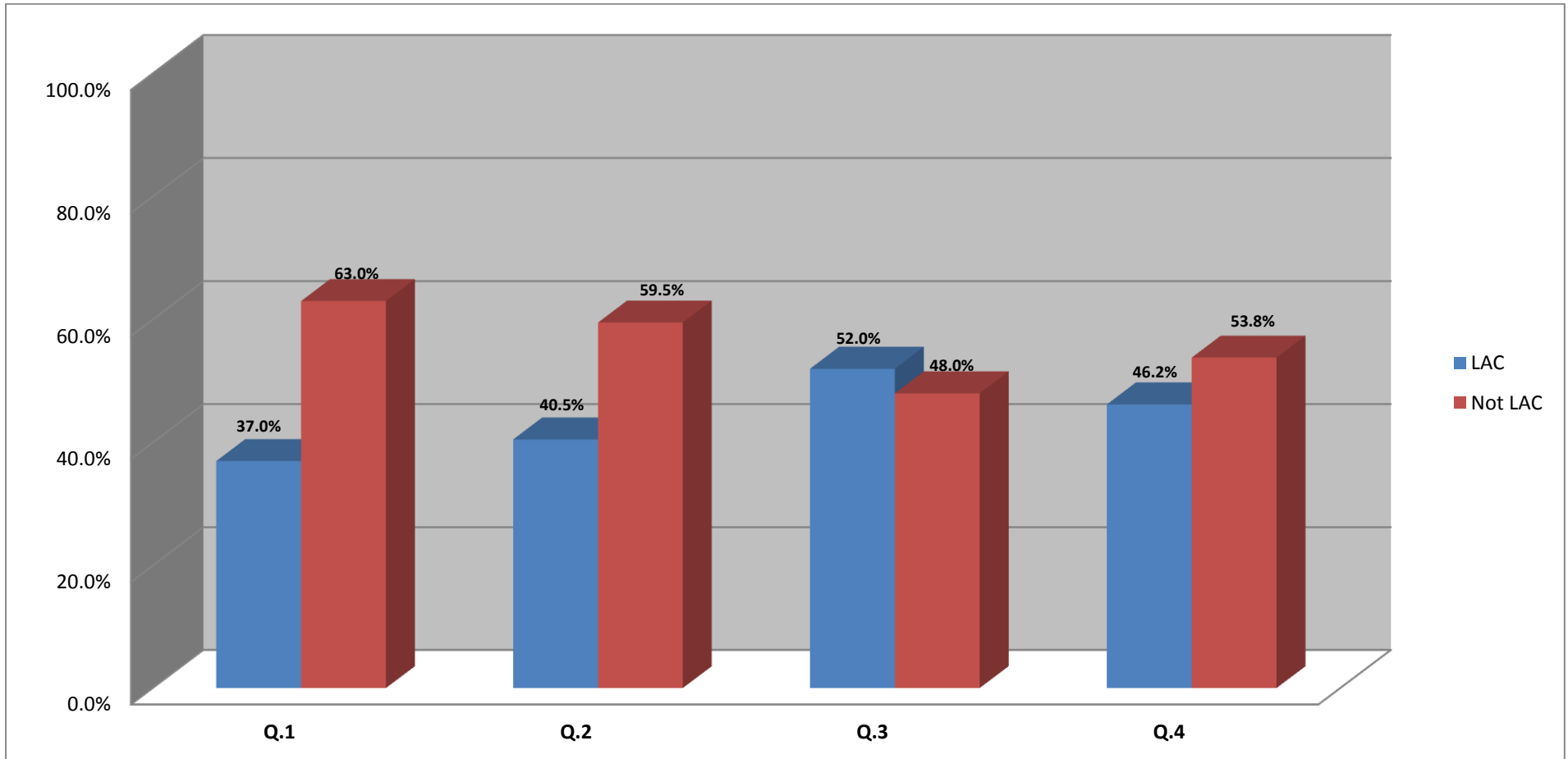


Comments/Analysis:

Over the last 12 months Swansea has seen an increased risk of CSE within its LAC population. This could be in relation to the numbers of OOC children being placed in specialist units within the county boundary identified at risk of CSE. Bridgend appear to have had a steady cohort of children/young people who are looked after and at risk of CSE whereas NPT's looked after children do not appear in high numbers of those at risk of CSE.



Percentage of Children at Risk of CSE who are Looked After Across Western Bay

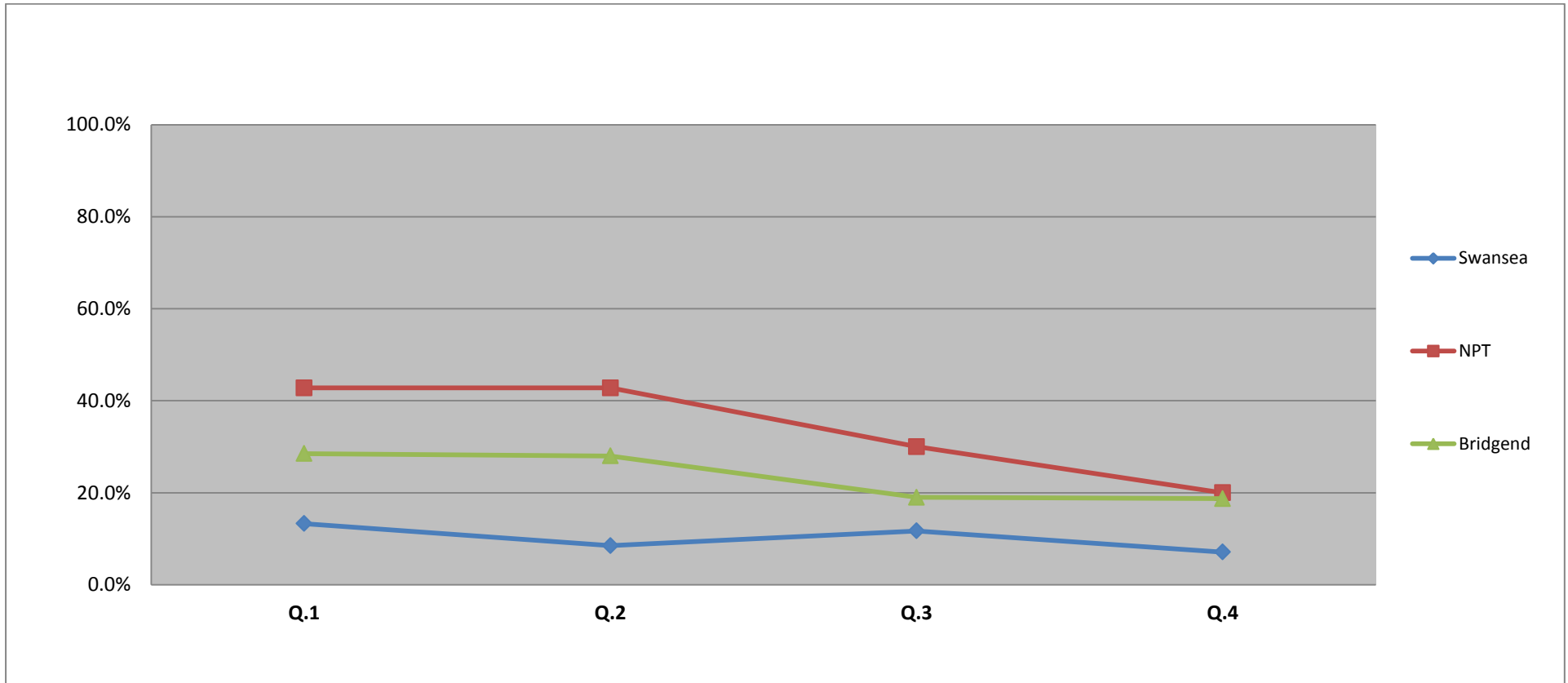


Comments/Analysis:

Throughout the last 12 months children who are not part of the looked after population make up the largest part of the CSE population. The third quarter shows the only time where LAC children appeared in higher numbers of CSE risk. This links directly to the spike in LAC children identified as at risk of CSE in Swansea and NPT at that time. There appears to be a reasonably equal balance of children looked after and not looked after which could suggest that having a looked after status does not necessarily increase risk of CSE.



Percentage of Children at Risk of CSE on Child Protection Register By Locality



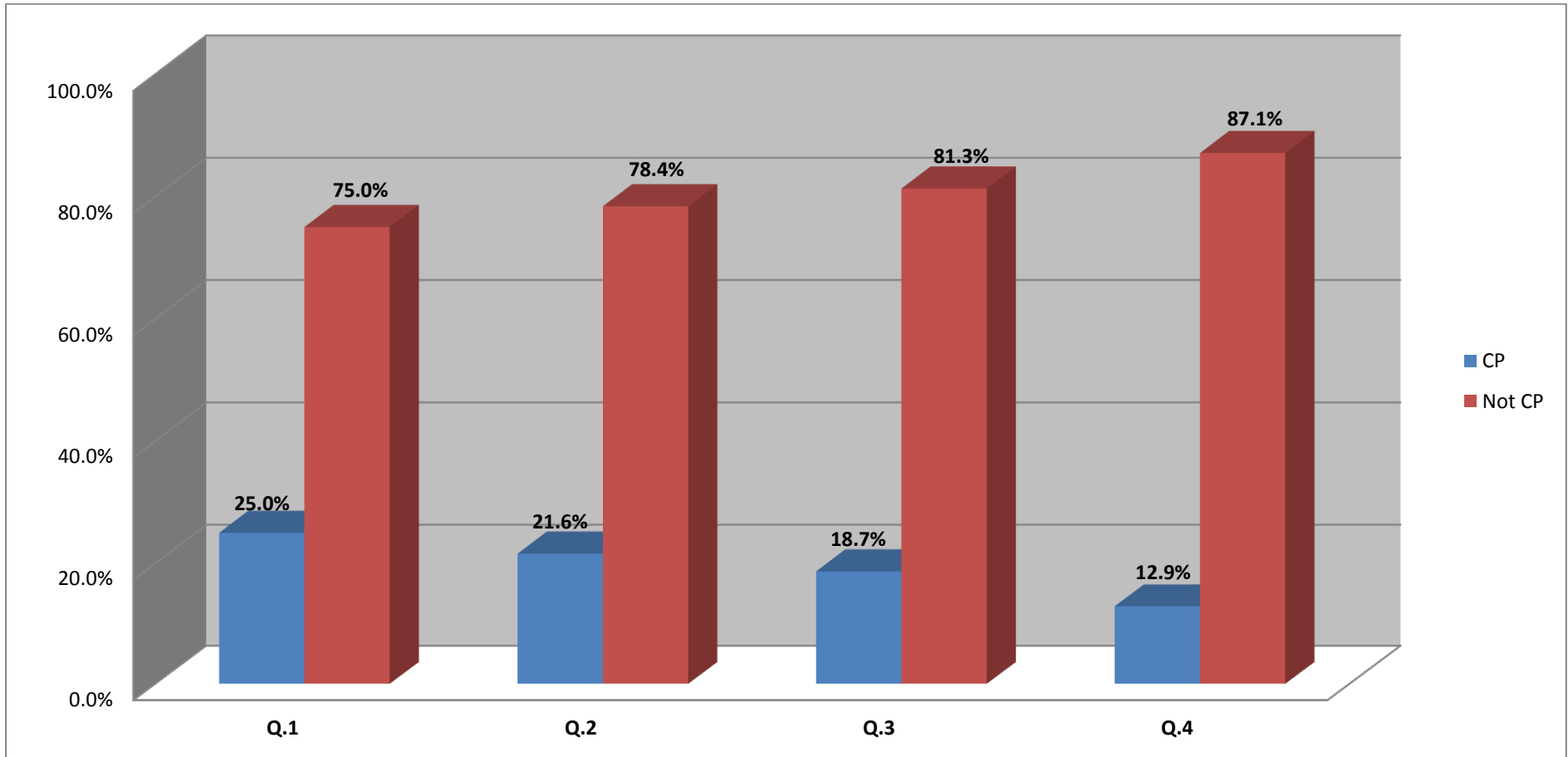
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Comments/Analysis:

Numbers of children/Young people identified at risk of CSE and on the child protection register has dropped over the last 12 months. Each locality now has 20% or less children identified as at risk of CSE and on the CPR. Swansea maintaining its low numbers and NPT and Bridgend dropping significantly. This would suggested that agencies are working together to reduce parallel processes and interventions and that there is an increased confidence in the CSE protocol process being applied consistently across the region.



Percentage of Children at Risk of CSE who are on Child Protection Register Across Western Bay

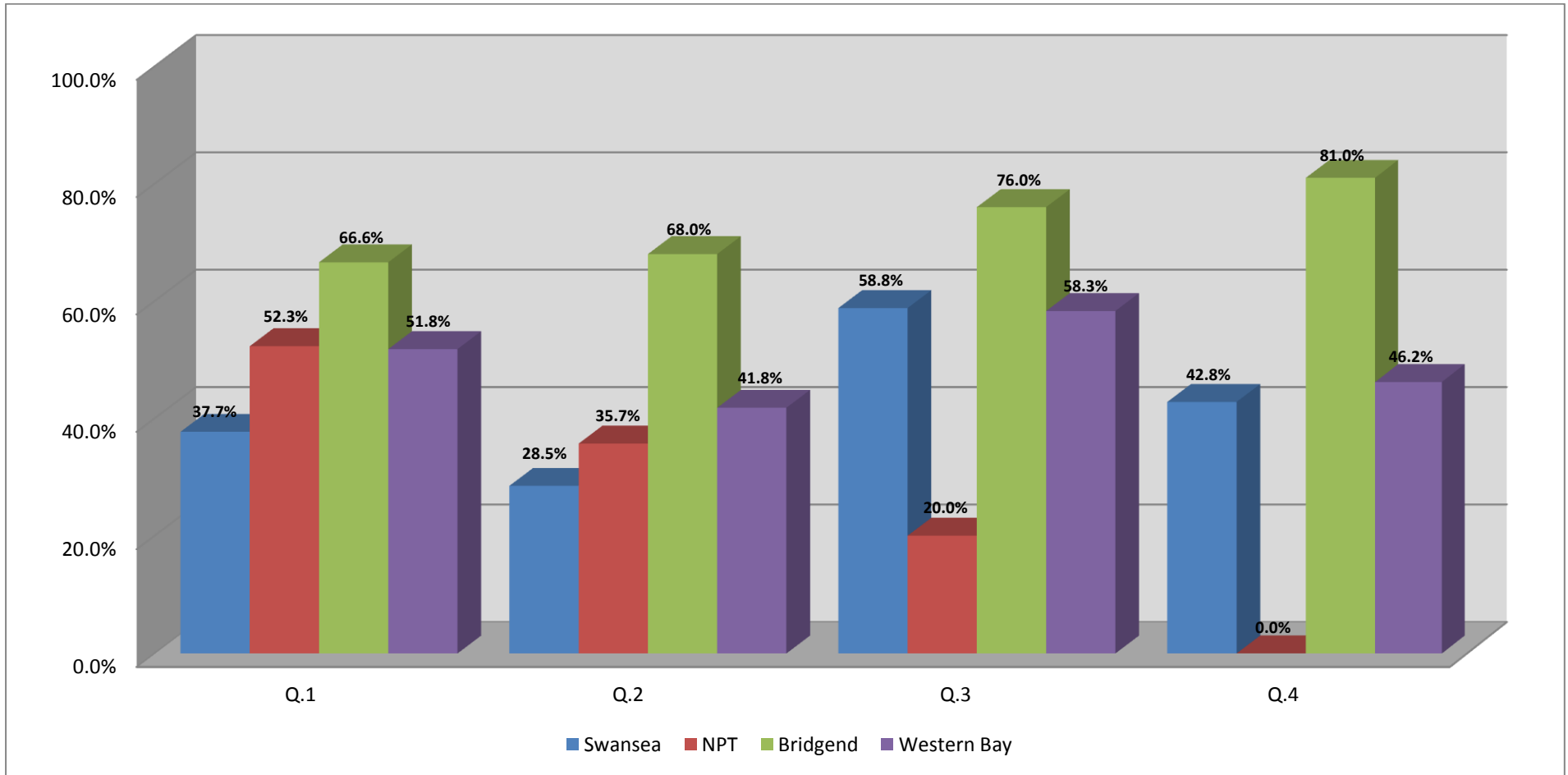


Comments/Analysis:

Overall, the number of children on CPR and identified as at risk of CSE has reduced by half. Indicating confidence and consistency in applying the CSE protocol.



Percentage of Children With History of Going Missing



Comments/Analysis:

Overall half of children/young people at risk of CSE go missing. Numbers vary across the region and the year which supports previous analysis around CSE and missing episodes in that individual cases carry different risks depending on circumstances. BCBC have a higher number of children who are at risk of CSE and go missing however this may be due to how missing children are defined and recorded in that area.



Western Bay Safeguarding Children Board Strategic Priorities and Business Plan 2017-18

Introduction

The Western Bay Safeguarding Children Board has been established since April 2013 and each year since, has developed a business and action plan which outlines the Board's strategic priorities and how they align with its core business which was previously set out in Chapter 4 Safeguarding Children: Working Together under the Children 2004.

On 6th April 2016 the Social Services and Wellbeing Act 2014 became law and with it Section 134 – 141 (Part 7) of the SSWA 2014 replaced the requirements for Local Safeguarding Children Boards referenced above with new provisions for Safeguarding Boards.

Social Services and Well-being (Wales) Act 2014, Working Together to Safeguarding People Volume 1 – Introduction and Overview sets out the requirements of Safeguarding Boards and their Core Business. Each business plan will include appendices which identify the membership, designation, role and responsibility on the Board and the joint budget which supports both Western Bay Safeguarding Adults Board and Western Bay Safeguarding Children Board through agreed contributions and spend from partners.

Core Business

The Board recognises its functions under Section 139 of the Safeguarding Board Regulations within the Social Services and Wellbeing (Wales) Act 2014 as core business. Core Business/core functions underpin the effectiveness of a Safeguarding Children Board and are therefore written into the Terms of Reference for the Board and its management groups. Membership and structures are regularly reviewed and updated within the Safeguarding Board arrangements and individual management group work plans are aligned with this business plan and include core business functions to monitor effectiveness. These plans are regularly reviewed and amended throughout the year status reports on each management group work plan is supplied to the Board for update, monitoring and assurance.

Core Business is undertaken through its established Management Groups: Child Practice Review, Policy Procedure & Practice, Quality & performance, Strategic Training and Communication and Engagement. It is therefore expected that the management groups continue to review, establish, monitor and report to the Board against individual work plans in place to undertake Core Business whilst also addressing individual actions set out within the Board's strategic priorities in order to achieve the overarching outcomes of the plan.

The WBSCB must demonstrate that it makes a definite, positive impact upon safeguarding and prioritising the wellbeing of children and young people. The business action plan will be reviewed against its outcomes early in 2018 in order to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014 to publish an annual business plan at the end of March and annual report in July each year.

Strategic Priorities

One of the major challenges for this, or any other Safeguarding Board is to get everyone's attention and thus make a difference. For this reason the WBSCB is run in a very business-like way, with a streamlined, priority-driven programme; with emphasis upon results and outcomes, not process.

The Board continues its ethos that it is not a Provider Organisation; it is an Enabler. That is to say it is there to make sure that things happen and vice versa. So for example, the Board cannot and should not 'provide' training; but it ensures that where required, agencies do. The following Strategic Priorities are set out with overarching outcomes using the 4 Ps methodology and a n action plan which underpins each priority.

WBSCB Priorities and Business Action Plan

PRIORITY 1 – NEGLECT

OVERARCHING OUTCOME: All children resident or visiting the region are safeguarded from Neglect effectively and at the earliest opportunity	
PREPARE	Operational arrangements and practitioner tools are in place and understood in order to ensure a timely approach and appropriate responses to indicators of neglect.
PREVENT	Families and the general public are made aware through targeted campaigns of the indicators and impact of neglect for children
PROTECT	Children on the Child Protection Register for neglect have robust care and protection plans in place which are timely, effective and keep children safe
PURSUE	The Western Bay region is hostile to all types of neglect and takes a child centred approach to addressing risk factors and incidences of neglect

ACTION PLAN

Priority 1 - Neglect			
Prepare – Outcome:			
Operational arrangements and practitioner tools are in place and understood in order to ensure a timely approach and appropriate responses to indicators of neglect			
Outcome	Actions Needed	Timescales	Responsibility
1.a National Assessment Tools are used consistently and effectively to manage neglect in children and young people	1.a(i) Consider the promotion of GCP2 as a single neglect assessment tool for effectiveness and make recommendations to the Board.	May 2017	Policy Procedure Practice Management Group
	1.a (ii) Develop multi agency practice guidance to assist the use of any neglect assessment tools agreed for implementation.	December 2017	Policy Procedure Practice Management Group
1.b There are clear and seamless Step up – step down arrangements between early intervention/prevention resources and statutory child in need processes	1.b(i) Local authority Early Intervention and Prevention Strategies across the region have a consistent approach to step up – step down arrangements which are sensitive to local needs and services.	September 2017	Quality & Performance Management Group
	1.b(ii) Cases which appear “stuck” in early intervention and prevention services to be audited using a peer review process against local strategies to ensure the right level of intervention is applied.	December 2017	Quality & Performance Management Group
1.2 Prevent – Outcome:			
Families and the general public are made aware through targeted campaigns of the indicators and impact of neglect for children			
Outcome	Actions Needed	Timescales	Responsibility
1.2 The WBSCB	1.2(i) Develop a public awareness campaign which includes	November 2017	Comms T&FG

contributes to a targeted campaign to raise awareness of indicators and impact of neglect	the risk indicators of neglect. 1.2(ii) Engage the NSPCC in developing a proactive campaign for staff and the public to include any use of assessment tools for neglect.	November 2017	Comms T&FG
1.2 Members of the local communities are active in identifying and responding to neglect concerns appropriately	1.2(i) Develop and agree an audit process for neglect referrals from all sources.	September 2017	Quality & Performance Management Group
	1.2(ii) Undertake regular neglect audits in alignment with the developed audit process	November 2017	Quality & Performance management group
	1.2(iii) Neglect referrals and their outcomes should be audited and quality assured particularly for neglect referrals made by the community/member of the public	February 2017	Quality & Performance Management Group
1.3 Protect – Outcome: Children on the Child Protection Register for neglect have robust care and protection plans in place which are timely, effective and keep children safe			
Outcome	Actions Needed	Timescales	Responsibility
1.3a Children on CPR under neglect have clear protection plans in place to ensure the wellbeing of those children is efficiently improved and maintained	1.3(i) An agreed % of Children on CPR under the category of neglect should have their protection plans quality assured using a “peer review” process to monitor improvements if registration is continued at the second review conference. The benefits and outcomes should be reported to the WBSCB for information and action.	September 2017	Quality & Performance Management Group
1.3b Children de registered from CPR following neglect sustain a level of wellbeing which is	1.3b(ii) Six months following the de registration from CPR under the category of neglect % of cases where children remain in need of a care and support plans should be reviewed and a further neglect assessment undertaken. The		Quality & Performance Management Group

appropriate to their individual care and support needs	benefits and outcomes should be reported to the WBSCB for information and action.		
1.3c Children and young people with repeat registrations following an initial CPR registration under neglect do not remain in neglectful households which impact on their long term wellbeing.	1.3c(i) A peer case review process should be developed to monitor the effectiveness of care and support plans and child protection plans when there have been previous indicators/registrations of neglect.	June 2017	Policy Procedure Practice Management Group
	1.3c(ii) An audit of peer case reviews should be undertaken to ensure change has been effected in cases where long term wellbeing has been impacted.	October 2017	Quality & Performance Management Group
1.4 Pursue – Outcome: The Western Bay region is hostile to all types of neglect and takes a child centred approach to addressing risk factors and incidences of neglect			
Outcome	Actions Needed	Timescales	Responsibility
1.4 a Neglect is understood to be child abuse and is addressed as such by practitioners managing neglect cases	1.4a(i) Police data collection processes should be developed to enable the provision of data in relation to criminal neglect cases including investigations, charges and prosecutions.	TBC	South Wales Police
	1.4a(ii) All training provision for CP strategy meetings should emphasise the criminal elements of neglect and how they should be considered in strategy meetings.	July 2017	All Training Leads
1.4b Partner agencies work collaboratively to disrupt and prosecute against long term	1.4b(i) The peer case review process should include mechanisms for reviewing the potential for criminal investigation/prosecution particularly where improvements in the child's care and wellbeing cannot be identified.	September 2017	Policy Procedure Practice Management Group

systematic neglect of children			
1.4c Neglect is no longer considered alongside “good enough” based on demographics by practitioners managing neglect cases	1.4c(i) Training in the use of neglect assessment tools (if agreed) should be quality monitored to ensure that the assessments are not based on demographic/ environmental factors.	TBC	Strategic Training Management Group

PRIORITY 2 - CHILD SEXUAL EXPLOITATION

The WBSCB has developed mechanisms for responding to CSE and assessing effectiveness of partner agencies in identifying and managing CSE cases by adopting the Bedfordshire CSE assessment tool. The following aligns with Welsh Government’s CSE action plan but also takes into account the work already achieved and underway through the Bedfordshire CSE assessment.

OVERARCHING OUTCOME:	
All children and Young People resident or visiting the region who are subject to or at risk of Child Sexual Exploitation are identified and safeguarded effectively, consistently and at the earliest opportunity.	
PREPARE	WBSCB assumes CSE to be present and has specific objectives to support:- <ul style="list-style-type: none"> - The identification of children and young people subject to or at risk of CSE - A range of appropriate responses and resources designed to improve the well-being for children subject to or at risk of CSE:
PREVENT	WBSCB has a prevention programme and responsive services in place to help children and young people a risk of CSE and their families
PROTECT	WBSCB actively protects children and young people from CSE, by ensuring all agencies work together to achieve the continuity and effectiveness of services for those children and young people subject to or at risk of CSE
PURSUE	WBSCB and partner agencies have a clear and shared understanding about how they contribute to the disruption and prosecution of perpetrators and to the support of victims who have suffered CSE

ACTION PLAN

2 Child Sexual Exploitation 2.1 Prepare – Outcome: WBSCB assumes CSE to be present and has specific objectives to support:- <ul style="list-style-type: none"> - The identification of children and young people subject to or at risk of CSE - A range of appropriate responses and resources designed to improve the well-being for children subject to or at risk of CSE 			
Outcome	Actions Needed	Timescales	Responsibility
2.1a WBSCB and partner agencies have established a strategic response to tackle CSE that reflects statutory guidance and aims to prevent and protect children from abuse.	2.1a(i) WBSCB to actively pursue the review of statutory guidance undertaken by Welsh Government to ensure it accurately reflects new legislation.	July 2017	Business Manager
	2.1a(ii) WBSCB to actively contribute to and agree revisions of the All Wales CSE protocol and definitions within All Wales Child Protection Procedures	July 2017	Policy Procedure Practice Management Group T&FG
	2.1a(iii) WBSCB to implement revisions to the All Wales CSE protocol and definitions within All Wales Child Protection Procedures effectively across the region	November 2017	Policy Procedure Practice Management Group
2.1b WBSCB and partner agencies have established operational arrangements and practitioner tools to support the identification of CSE and enable a timely range of appropriate responses.	2.1b (i) Associated actions within the national CSE action plan to be coordinated through WBSCB's Bedfordshire action plan	June 2017	Gwella Project Manager
	2.1b(ii) Undertake a service analysis of demand and need to include those resulting from risk/impact of CSE	June 2017	Gwella Project Manager
	2.1b(iii) Review the availability and usefulness of risk	September 2017	Gwella Project Manager

	assessment processes/tools and improvement action taken as needed		
2.1c WBSCB and partner agencies contribute to a national shared dataset informed through local evidence and intelligence to improve understanding, profiling and response to CSE.	2.1c(i) WBSCB regularly collates CSE data in line with the national CSE data set and report to Welsh Government on prevalence and analysis	Ongoing	Quality Monitoring & Review Group
2.2 Prevent – Outcome: WBSCB has a prevention programme and responsive services in place to help children and young people a risk of CSE and their families			
Outcome	Actions Needed	Timescales	Responsibility
2.2a Agencies preparedness for the implementation of the Social Services and Wellbeing (Wales) Act 2014 includes a focus on the wellbeing outcomes of children subject to or at risk of CSE	2.2a(i) Associated actions within the national CSE action plan to be coordinated through WBSCB's Bedfordshire action plan 2.2a(ii) Develop a best practice approach to LAC placements of children and young people (at high risk of CSE) through effective communication and cooperation arrangements with awareness of Care Planning, Placement and Case Review (Wales) Regulations 2015 (out of area notifications and panel requirements)	June 2017 April 2017	Gwella Project Manager Gwella Project Manager

2.3 Protect – Outcome: WBSCB actively protects children and young people from CSE, by working together to achieve the continuity and effectiveness of are plans for those children and young people subject to or at risk of CSE			
Outcome	Actions Needed	Timescales	Responsibility
2.3a WBSCB and partner agencies promote the wellbeing of children and young people who are subject to or at risk of CSE including those at greater risk of CSE as a result of their vulnerabilities.	2.3a(i) Associated actions within the national CSE action plan to be coordinated through WBSCB's Bedfordshire action plan	Ongoing	Gwella Project Manager
2.3b CSE is considered as part of any risk management process/mechanisms	2.3b(i)SCB to be assured that children, young people and their families are supported through a responsive child protection/care and support plan aimed at reducing risk based on individual need	July 2017	Quality & Performance Management Group
2.3c WBSCB and partner agencies have identified a range of services available/needed, to help those children and young people affected by CSE in their locality	2.3c(i) Undertake a needs assessment that enables the Board to understand: - service demand in relation to children and young people at risk of CSE - the impact and effectiveness of the activity and services available to help those affected by CSE in their locality - identify any gaps in service and areas for development	May 2017	Gwella Project Manager
2.3d WBSCB and partner agencies hold to account for their contribution to the safety and protection	2.3d(i) Evaluate the differences and/or improvements made by changes in guidance, operational systems and practice reviews makes to outcomes for children and young people	December 2017	Quality & Performance Management Group/Child Practice Review Management Group/Gwella Project Manager

of children and young people subject to CSE and challenge practice shortfalls			
2.4 Pursue – Outcome:			
WBSCB and partner agencies have a clear and shared understanding about how they can contribute to the disruption and prosecution of perpetrators and to the support of victims through a consistent child centred approach			
Outcome	Actions Needed	Timescales	Responsibility
2.4a Crown Prosecution Service, Police and partners work collaboratively to deliver quality and timely investigations that meets the needs of the victim and brings the abusers to justice	2.4a(i) Ensure that professionals are equipped to understand the CPS structure and to gather high quality evidence consistently and in accordance with Achieving Best Evidence.	May 2017	Strategic Training Management Group
	2.4a(ii) Develop a memorandum of understanding between partner agencies and the CPS Rape and Serious Sexual Offences Unit (RASSO) Unit	July 2017	Policy Procedure Practice Management Group
2.4b WBSCB and partners to work with South Wales Police to identify and disrupt perpetrators targeting young people in our communities	2.4b(i) Formalise multi agency arrangements including the use of MASE/RTB meetings to effectively manage CSE risk and protect vulnerable young children within their locality	July 2017	Policy Procedure Practice Management Group
	Develop working relationships between WBSCB and licencing, trading standards and the night time economy to strengthen enforcement and adherence of licencing laws	July 2017	Chair/Business Manager

PRIORITY 3 - Missing Children/Managing Risk Taking Behaviours

OVERARCHING OUTCOME: Children and Young People living and visiting the region who go missing are located swiftly and safety plans are in put in place to reduce the risks associated with Missing Children.	
PREPARE	WBSCB has a campaign to raise awareness of the dangerousness of children who go missing and the associated risks with of exclusion, crime, sexual exploitation, trafficking, radicalisation and forced marriage.
PREVENT	WBSCB promotes the connection between adverse Childhood Experiences (ACEs) and the increased risk of going missing and other associated risk taking behaviour.
PROTECT	WBSCB actively protects children who go missing or who are absent by locating them swiftly and returning them to a place of safety.
PURSUE	Partners actively use the legislation available (Anti Slavery Act, Human Trafficking, Forced Marriage etc) to pursue perpetrators and accomplices who exploit children who go missing.

ACTION PLAN

Missing Children/Managing Risk Taking Behaviour:			
3.1 Prepare – Outcome: WBSCB has a campaign to raise awareness of the dangerousness of children who go missing and the associated risks with of exclusion, crime, sexual exploitation, trafficking, radicalisation and forced marriage.			
Outcome	Actions Needed	Timescales	Responsibility
3.1a Staff and member of the public are aware of the impacts and risks associated with episodes of missing children/young people	3.1a(i) Develop a safeguarding awareness campaign which covers the risks of crime, exploitation, trafficking, radicalisation etc associated with missing episodes	November 2017	Comms T&FG
	3.1c(ii) Roll out awareness through a planned launch during safeguarding week with a plan for future events/promotions	November 2017	Comms T&FG
3.1b Targeted Campaigns highlighting Anti Slavery, Trafficking and Counter Terrorism cover the key safeguarding issues in relation to children	3.1b(i) Promote links through partnership reporting to incorporate safeguarding into related awareness raising campaigns.	June 2017	Comms T&FG
	3.1b(i) Collate data supplied and managed in other fora in relation to safeguarding children. (ie. Trafficking MARAC, NRM referrals etc)	March 2018	Quality & Performance Management Group
3.2 Prevent – Outcome:			
WBSCB promotes the connection between Adverse Childhood Experiences (ACEs) and the increased risk of going missing and other associated risk taking behaviour.			
Outcome	Actions Needed	Timescales	Responsibility
3.2a Children who have	3.2a(i) Develop practice guidance which allows	February 2018	Policy Procedure Practice

<p>suffered Adverse Childhood Experiences are risk assessed routinely prevent risk taking behaviour and future missing episodes.</p>	<p>consideration of children who have experienced ACE to have a risk assessment which considers risk taking and missing behaviours.</p> <p>3.2a(ii) Undertake an audit of outcomes for children who have suffered adverse experiences to determine what preventative measures have been considered in relation to risk taking behaviours</p>	<p>February 2018</p>	<p>Management Group</p> <p>Quality & Performance Management Group</p>
<p>3.3 Protect – Outcome: WBSCB actively protects children who are absent or go missing by locating them swiftly and returning them to a place of safety.</p>			
<p>3.3a The WBSCB will follow and embed national guidance in relation to Safeguarding Children who are absent or missing developed as part of the All Wales Procedures Review</p>	<p>3.3a(i) Link with the commissioned Safeguarding Board responsible for the development and review of protection procedures to nominate WBSCB as the lead for development of safeguarding absent/missing children.</p> <p>3.3a(ii) Develop a task and finish group to work on the development of national policy in relation to absent/missing children on behalf of the National Procedures Group</p> <p>3.3a(iii) Work in partnership with the commissioned Safeguarding Board to consult on the work of the T&FG to ensure the national policy is fit for purpose.</p>	<p>July 2017</p> <p>July 2017</p> <p>March 2018</p>	<p>Business Manager/ Policy Procedure Practice Management Group</p> <p>Policy Procedure Practice Management Group</p> <p>Policy & Procedure Management Group (T&FG)</p>

3.4 Pursue – Outcome:

Partners actively use the legislation available (Anti Slavery Act, Human Trafficking, Forced Marriage, Sexual Offences Act etc) to pursue perpetrators and accomplices who exploit children who go missing.

3.4a An increase in recorded crime associated with relevant safeguarding legislation such as Anti Slavery, Trafficking etc	3.4a(i) Identify what training and awareness is delivered to partners across the region in relation to new legislation and its uses.	October 2017	Strategic Training Management Group
	3.4a(ii) Actively promote the use of associated laws to pursue perpetrators and accomplices linked to children who are absent/ go missing and are /at risk of exploitation.	October 2017	Strategic Training Management Group

Summary of Improvements 2017/18

Below is a set of improvement objectives the Western Bay Safeguarding Children Board accepts require focus and action alongside its strategic priorities and core business. The improvement plan 2016/17 will focus on 3 main areas of improvement:

Improvement 1 – To continue to evolve to ensure effectiveness

Improvement 2 – How the WBSCB will collaborate with other Boards, Partnerships, persons/bodies engaged in its activities

Improvement 3 – How the WBSCB will proactively engage with children and young people to ensure they are given the opportunity to participate

Improvement 1. The Board will continue to evolve and be able to assure itself year on year that it is enabled to fulfil its objectives.

Summary of required improvements:

1.1 All management groups will review their work plans in accordance with the annual business plan to ensure alignment and continued effectiveness.

1.2 Promote the Strategic Training Management Group to become an enabler for safeguarding training across the region.

1.3 Improved accountability and transparent decision making. Have clear mechanisms and processes for reporting to the Board on progress against work plans, for decision, action and risk management.

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Priority Area	Where are we now?	What needs to improve?	What do we need to do?	Who is responsible?	How will we measure success?
1.1 All management groups will review their work plans in accordance with the annual business plan to ensure alignment	The WBSCB currently has 4 management groups established to undertake the work of the Board in conjunction with its business plan and core business	The groups need to review terms of reference, membership, chairing and business arrangements to ensure continued effectiveness. There	<ul style="list-style-type: none"> ▪ Review Terms of Reference and Membership of each group ▪ Ensure that the groups have representation or conduit for information sharing across the different groups to enable consistency and avoid duplication ▪ Mechanisms by which the Chairs of each group work together to monitor 	<p>Each Group</p> <p>BMU</p> <p>BMU</p>	<ul style="list-style-type: none"> ▪ Status reports to the Board outline effectiveness against the work plan and business plan. ▪ Regular meetings of Management group chairs to oversee the implementation of the business plan

<p>and continued effectiveness .</p>	<p>requirements. These groups are: Child Practice Review Management Group, Policy Procedure & Practice, Quality & Performance and Training Management.</p>	<p>should be clear connectivity between the groups so that they are not working in isolation of each other.</p>	<p>the Board’s business plan need to be put into place.</p>		<ul style="list-style-type: none"> ▪ Annual report measuring the outcomes from each work plan and business plan.
<p>1.2 Promote the Strategic Training Management Group to become an enabler for safeguarding training across the region.</p>	<p>The Joint Strategic Training Management Group is established to focus on Adults and Children’s Safeguarding training. The group is working towards responding to information requests from the NISB.</p>	<p>The WBSCB & WBSAB to continue to provide clear direction for the STMG and support its development as a quality assurance measure for safeguarding training. The STMG needs to promote it’s identity within the Safeguarding Boards’ region to enquire and ensure training delivery.</p>	<ul style="list-style-type: none"> ▪ Undertake a training needs analysis to identify gaps in training delivery. ▪ Identify resources from Safeguarding Board agencies to respond to gaps. ▪ Contribute to the WBSB’s performance reporting by providing information on the work of the group and training needs analysis. ▪ Develop a quality assurance framework to measure quality of multi agency safeguarding training ▪ Develop a questionnaire which enables the group to respond to the information requests of NISB and inform the annual report. 	<p>STMG</p> <p>STMG</p> <p>STMG</p> <p>STMG</p> <p>STMG</p>	<ul style="list-style-type: none"> ▪ The Board will receive information through performance reports on the delivery and gaps in safeguarding training throughout the region. ▪ Multi agency safeguarding training will be measured for quality and branded appropriately in accordance with the quality assurance framework. ▪ The annual report will hold detailed information in relation to safeguarding training across the region.

<p>1.3 Improved accountability and transparent decision making</p>	<p>WBSCB has regular status reports from each management group providing updates against the work plans. Decisions and actions are made and agreed based on the requests within each status report.</p>	<p>Status Reports need to become more robust with clear indicators of risks and issues. WBSCB needs to understand its level of effectiveness against set standards in order to identify areas for improvement</p>	<ul style="list-style-type: none"> ▪ Each status report should be aligned more clearly to the requirements set out in its work plan and the Board’s strategic action plan. ▪ Each management group should become familiar with the use of risks and issues in order to highlight matters to the board for decision and action. ▪ A risk and issues register should be maintained to monitor risks, capture actions and offer an audit trail for future decision and action ▪ Hold an annual SAIT event to assess the board’s effectiveness and ongoing improvements 	<p>Business Manager</p> <p>Management Group Chair</p> <p>Business Management Unit</p> <p>Chair/ Business manager</p>	<ul style="list-style-type: none"> ▪ Members take ownership of the decisions and actions made and agreed at Board ▪ There is a clear risk and issue register which is reviewed regularly ▪ An annual SAIT event is held to monitor board performance, evidence effectiveness and identify areas for improvement
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Improvement 2: The Board will pursue collaborative working with other Boards, partnerships, and persons/bodies engaged in activities relating to the Board's objectives.

Summary of required improvements:

2.1 Develop arrangements between statutory and non statutory partnerships locally and regionally to ensure safeguarding governance and accountability.

2.2 Improve links and working arrangements with the Western Bay Safeguarding Adults Board to improve a holistic approach to safeguarding people.

2.3 Establish links with the National Independent Safeguarding Board and improve links with other regional Safeguarding Boards to share good practice, areas for learning and improvement and contribute to consistent safeguarding approaches across Wales.

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Priority Area	Where are we now?	What needs to improve?	What do we need to do?	Who is responsible?	How will we measure success?
2.1 Partnerships and Governance	The WBSCB is aware of various local and regional partnership arrangements which have links into safeguarding children. The Board has partnership updates on each agenda as a standing item and regularly requests reports from other partners in relation to safeguarding.	Reporting arrangements between partnerships needs further improvement. Links must be improved to ensure reporting safeguarding issues is regular, efficient and meaningful.	Establish an agreed pro forma for completion by each partnership in relation to safeguarding children and adults. Agree a pro forma which can be completed by the Board to inform the partnerships of its work.	Chair/ Business Manager	The WBSCB has a clear and comprehensive understanding of how the safeguarding of children is accounted for across all partnership arrangements and is able to influence other partnership plans in relation to safeguarding children.
2.2 Western Bay	The SSWA 2014 has one set of regulations for the	Both Boards' terms of reference need to be aligned to reflect the	<ul style="list-style-type: none"> Revise terms of reference to align with 	Business Manager	<ul style="list-style-type: none"> Terms of reference reflect accurately the

<p>Safeguarding Adults Board</p>	<p>functions and procedures of both Safeguarding Adults Boards and Safeguarding Children Boards. The Business management Unit is established to service both Boards and be the primary conduit for communication. Both Boards share a single budget and website.</p>	<p>single set of regulations for Safeguarding Boards. Updates from each Board should be provided regularly at respective Board meetings to keep each Board informed of areas of work. Boards need to consider the benefits of improved collaboration through linking management group functions where considered appropriate to do so.</p>	<p>regulations</p> <ul style="list-style-type: none"> ▪ Ensure standing agenda items on each Board to update on progress of the other. ▪ Review which management groups would benefit from joint arrangements 	<p>Business Manager</p> <p>Business Manager/ Group Chairs</p>	<p>requirements within the SSWA 2014</p> <ul style="list-style-type: none"> ▪ Member surveys confirm knowledge and understanding of the work undertaken across adult and children safeguarding boards ▪ Any identified management group mergers have been fully risk assessed and agreed by both Boards
<p>2.3 National Independent Safeguarding Board & other regional safeguarding boards</p>	<p>Chapter3, Volume 1 Introduction and Overview of Working Together to Safeguard People sets out the role and function of the National Independent Safeguarding Board. The Board was established and each regional Board area has been allocated a link member. Western Bay link NISB member regularly attends Board meetings and has</p>	<p>Although the Safeguarding Boards are not accountable to the National Independent Safeguarding Board they must give an account of their activity to the National Board via annual reports and business plans. Safeguarding Boards will be expected to supply NISB with information by responding to any notifications or requests for information in line with the timescales set out in regulations. Board Managers to work more closely to share good practice initiatives and work on national</p>	<ul style="list-style-type: none"> ▪ Take full advantage of the link member from National Independent Safeguarding Board to communicate concerns and messages highlighted through regional working. ▪ Work towards a National Safeguarding Week 13 - 19th November. ▪ Hold a national business managers support meeting to offer peer support and share 	<p>Chair/ Business Manager</p> <p>Business Manager</p>	<ul style="list-style-type: none"> ▪ Robust collaborative arrangements in place between NISB and WBSCB ▪ Requests for information responded to within timescales ▪ Collaborative initiatives completed ▪ National Safeguarding Week is established and promotes local, regional and national initiatives for safeguarding people.

	<p>become the conduit by which the Boards communication national/regional items. Regional Safeguarding Boards have a Business Manager supporting both Adult and Children Safeguarding Boards. These managers meet regularly to share information and regional plans/experience.</p>	<p>developments</p>	<p>experiences.</p>		
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Improvement 3: The Board is proactive in engaging with its community and children and young people are given the opportunity to participate in the work of the Board

Summary of required improvements:

3.1 Children who are, or may be, affected by the exercise of a Safeguarding Board's functions must be given the opportunity to participate in the Board's work. Safeguarding Boards must work within the ethos of the theme of Voice and Control which underpins the Act to support people to achieve their personally identified outcomes.

Priority Area	Where are we now?	What needs to improve?	What do we need to do?	Who is responsible?	How will we measure success?
<p>3.3 Participation</p>	<p>The Board currently engages with children and young people on an ad hoc basis via Child Practice Reviews and via individual agency engagement in existing groups such as the Youth Forum and LAC groups</p>	<p>At least once a year Safeguarding Boards must give children the opportunity to participate in one or more events of the boards work. Public awareness in general needs to improve to promote the work of the Board and the public responsibilities for Safeguarding Children.</p>	<ul style="list-style-type: none"> ▪ Children and Young People's participation should become a key feature in the Boards' communication strategy. ▪ Improved Links to be made with the existing groups throughout the Western Bay Region to capture the views of children and young people. ▪ Evaluation process to be developed to ensure that feedback received is meaningful ▪ Safeguarding Week 2017 be the platform from which to launch the public awareness raising campaign. 	<p>WBSCB</p>	<ul style="list-style-type: none"> ▪ Participation included in the Board's Communication Strategy ▪ Engagement activities to be evaluated ▪ Number of children and young people participating in the work of the Board ▪ Safeguarding Promotion is visible throughout the communities in the Western Bay region in accordance with the public awareness campaign.

Appendix 1 – Membership of Western Bay Safeguarding Children Board

Organisation	Post	Name	Area of Responsibility
NPTCBC	Director of Social Services Health & Housing	Nick Jarman	Chairman
South Wales Police	Superintendent	Liane Bartlett	South Wales Police representative/Vice Chair
National Probation Service	Assistant Chief Executive	Eirian Evans	Probation Service representative
Safeguarding Services Public Health Wales	Designated Nurse Child Protection and Looked After Children	Daphne Rose	Public Health Wales and Child Practice Review management Group representative
Safeguarding Services Public Health Wales	Designated Doctor Child Protection and Looked After Children	Dr Lorna Price	Public Health Wales representative
NSPCC	Services Manager	Karen Minton	Voluntary sector representative
Barnardo's	Strategic Manager	Sarah Bowen	Voluntary sector representative
CVS	CCoS CVS	Clare Hopkins	Local Voluntary Sector representative across WB
Youth Offending Service	Youth Offending Services Manager	Caroline Dyer	Western Bay Youth Offending services and Quality & Performance Management Group representative
Prison Service	To Be Confirmed	Jason Evans	Person and youth offending services Swansea, NPT and Bridgend
Bridgend Local Authority	Director of Social Services & Lead Director for CYP	Susan Cooper	Local Authority representative Bridgend CBC
Bridgend County Borough Council	Head of Children's Services	Laura Kinsey	Children's Services Representative Bridgend CBC

Bridgend County Borough Council	TBC	TBC	Local Authority representative BCBC
NPT County Borough Council	Lead Director Children & Young People	Aled Evans	Local Authority representative NPTCBC
NPT County Borough Council	Head of Children and young people's services	Andrew Jarrett / Alison Davies	Children's Services Representative NPTCBC
City & County of Swansea	Chief Officer Social Services	Dave Howes	Local Authority representative CCOS
City & County of Swansea	Chief Officer Education	Nick Williams / Kathryn Thomas	Local Authority representative CCOS
City & County of Swansea	Head of Child and Family Services	Julie Thomas	Children's Services representative CCOS
ABMUHB	Assistant Nurse Director	Cathy Dowling	ABMU Health Board representative
ABMUHB	Assistant Medical Director Primary Care	Dr Matt Stevens	Health Board Representative – Primary Care
Public Health Wales National Rep.	Named Professional Safeguarding Children	Ian Smith	PHW representative
Swansea Domestic Abuse Forum	Domestic Abuse Coordinator	Ali Morris	Domestic Abuse Forum: Swansea, NPT and Bridgend
ABMUHB	Lead Nurse Safeguarding Children	Virginia Hewitt	Joint Strategic Training Group
PCC		Siriol Burford	

Appendix 2 – Joint Budget 2017/18

2017/18 projected budget and expenditure

	Income and Expenditure	Original Budget 2017/18
	<p>INCOME</p> <p>Funding</p> <p>Local Authority Contribution 60 % = £89,406</p> <p>Breakdown as per population:</p> <p>Swansea 46%</p> <p>NPT 27%</p> <p>Bridgend 27%</p> <p>ABMUHB</p> <p>South Wales Police</p> <p>National Probation Services</p> <p>Community Rehabilitation Services</p> <p>Total Funding</p> <p>Contribution from Reserve</p> <p>further contribution from reserve</p>	<p></p> <p></p> <p></p> <p>41,127</p> <p>24,140</p> <p>24,140</p> <p>37,253</p> <p>14,901</p> <p>3,725</p> <p>3,725</p> <p>149,010</p> <p>18,288</p> <p>18,022</p>
	TOTAL INCOME	185,326
	<p>EXPENDITURE</p> <p>Staffing Costs:</p> <p>Strategic Business Manager</p> <p>Business Coordinator</p>	<p></p> <p></p> <p>49,779</p> <p>33,359</p>

Business Coordinator	32,940
WBSBs Administrator	21,945
Total Staffing Cost	138,023
Serious Case Reviews/CPRs	
Average 7 CPRs per year @ £1500	10,500
Average 7 APRs per year @ £1500	10,500
Chronolator Licence	1,200
Total SCR Costs	22,200
Development:	
Annual conference (SAB/SCB combined)	12,000
Multi agency practice learning workshops	3,000
Communication/Training	5,000
Total Development Costs	20,000
Admin	
Travel/Subsistence/Mobiles	3,000
office equipment/stationery/support & licences	2,100
Total Admin Costs:	5,100
TOTAL EXPENDITURE	185,323

Note: This single budget sets out contributions and expenditure across both the Western Bay Safeguarding Adults Board and the Western Bay Safeguarding Children Board. The budget and projected expenditure is based on agreed contributions from agencies using the funding formula set out in Working Together to Safeguard People Volume 1 For the last 3 years the Boards have experienced an underspend which is highlighted as reserve contribution. It is agreed that any underspend is carried over to the next financial year allowing no increase in contributions from partners.

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
SOCIAL CARE, HEALTH AND WELLBEING CABINET COMMITTEE

7th September 2017

**REPORT OF THE HEAD OF COMMISSIONING & SUPPORT SERVICES –
A. THOMAS**

Matter for: Decision

Wards Affected: All

**WESTERN BAY COMMISSIONING STRATEGY
FOR CARE HOMES FOR OLDER PEOPLE 2016 - 2025**

1. Purpose of Report.

- 1.1 To seek approval from Cabinet Committee to endorse the regional Western Bay Care Homes Commissioning Strategy for Older People and local implementation strategy for Neath Port Talbot County Borough Council; and explain the Strategy's agreed objectives and commissioning priorities following the stakeholder consultation process.
- 1.2 To give Cabinet an overview of the continued trend for demand in the care home sector, this reinforces the reduction in traditional residential placements and increased demands for specialist dementia and nursing placements.

2. *Connection to Corporate Improvement Plan / Other Corporate Priority.*

- 2.1 This service development relates to all the corporate priorities as follows:
 - Helping people to be more self-reliant;
 - Smarter use of our resources;
 - Supporting a successful economy.

The Commissioning Strategy also links to the following non-statutory guidance:

- ‘What Matters to Me’ model created by Western Bay partnership in 2015, the detail of which is to be found in the appendices of the Commissioning Strategy document in section 11.4:
- A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs (2014);
- The Social Services National Outcome Framework (2014);
- “A Place to Call Home” drafted by the Older People’s Commissioner for Wales (2014);
- “Older People in Care Homes” (2015) NICE; and
- “National Dementia Vision for Wales – Dementia Supportive Communities” WAG and Alzheimer’s Society.

3. Executive Summary

- 3.1 The Western Bay Care Homes Commissioning Strategy for Older People has been developed as part of the Western Bay Health and Social Care Programme. It outlines the key characteristics of the marketplace (both supply and demand), the regulatory environment, and the commissioning intentions of the members of the Western Bay Partnership.
- 3.2 The Commissioning Strategy sets out a strong, shared commitment by the Western Bay Health and Social Care Partnership to ensure that there will be a sustainable range of high quality care home placements to meet the needs of older people within the local authorities of Neath Port Talbot, Bridgend and Swansea.
- 3.3 The Western Bay strategy demonstrates the decline in demand for residential care across the region as our neighbouring Local Authorities are experiencing the same patterns of placements as in Neath Port Talbot. There continues to be a decline for residential placements which led to the Council making a decision in October 2016 to:
- Agree the closure of Arwelfa care home, which closed in March 2017;
 - Agree the further closure of Trem y Glyn care home by the 31st March 2022;
 - That the plans to build an additional two care homes to replace the planned closures, should be suspended due to a lack of demand for residential placements.

- 3.4 The strategy of planned closures fits with the market intelligence for the care home sector in terms of the changes and reduction in demand for traditional residential care. This approach is strengthened as the reduction of 30 residential beds in March 2017, has not impacted on the bed levels, due to the sector continuing to have a high level of vacancies for traditional residential placements.
- 3.5 Implementation plans that span the next three years have been developed for each Local Authority area in partnership with the Health Board. All documents have been signed off by the Care Homes Subgroup overseen by the Community Services Planning & Delivery Board which also endorsed the documents.
- 3.6 Over the past three years in Neath Port Talbot it has been evidenced that there has been a steady decline in elderly residential care home admissions. Many admissions to residential care are being prevented by providing Homecare services which supports people to remain at home independently for much longer than would have been the case in the past. It has also been established from previous consultation that most elderly people would prefer to stay at home, and not enter a residential care home. People who are admitted to a care home are usually frailer and have nursing needs this is usually following a significant deterioration in their health.

Another clear indicator that there has been a fall in residential placements is that for the past five years no independent provider has invested in opening any new residential homes in the County Borough.

The Council intends to work with the care home sector over the next 12 months in order to respond to the changes in demand, particularly with regard to how the market can respond to the increased demands for nursing and dementia care.

4. Background.

- 4.1 All four organisations within the Western Bay collaborative have committed to participating in, developing and implementing a long term commissioning strategy for care homes for older people.
- 4.2 The strategy outlines the key characteristics of the marketplace (both supply and demand), the regulatory environment, and the commissioning intentions of the members of the Western Bay Partnership.

- 4.3 The Strategy, post consultation (attached as **Appendix 1**), was endorsed for approval on behalf of the Western Bay partnership by the Community Service Board on 16th December 2016 and approval is now sought from partner organisations for the Western Bay Commissioning Strategy for Care Homes for Older People and its local implementation plans.
- 4.4 A 90-day public consultation period commenced on the 6th May and concluded on the 3rd August. An e-survey was developed and a consultation event was organised for the 25th July 2016 where a wide variety of stakeholders attended to give their views. Responses to all comments from the consultation have been developed and the strategy has been amended as appropriate following discussion from this consultation; the final strategy plan.
- 4.5 Implementation plans that span the next three years have been developed for each Local Authority area in partnership with the Health Board. All documents have been signed off by the Care Homes Subgroup overseen by the Community Services Planning & Delivery Board which also endorsed the documents. The implementation plan for Neath Port Talbot is included in **Appendix 2**.
- 4.6 On 5/08/2016 a 6 week consultation began in Neath Port Talbot and concluded on the 16th September 2016. There was a wide variety of options available to provide feedback which included an on-line questionnaire, social media and public meetings. Councillors were presented with options. The decision was to ensure that the volume of residential care provision commissioned from Gwalia was commensurate with forecast demand and affordable for the Council. Therefore the decision was taken not to build a further two 60 bedded homes, as described in section 3.3.
- 4.8 The final version of the responses to the Western Bay Commissioning Strategy consultation can be found in **Appendix 3**.

5. Vision.

- 5.1 The vision for The Commissioning Strategy is:

“We will commission care homes that support independence, choice and wellbeing in a person-centred and responsive manner providing high quality services across Western Bay.”

- 6 The **objectives** of the Commissioning Strategy are to have:
- 6.1 Better access to care home services most suitable to people's needs – including the type and level of provision and other factors such as their preferred location, layout and environment. A specific aspect of this is that the Western Bay Partners hope to reduce the number of people living in care homes outside of the region because the services they want and require are not available.
 - 6.2 Increased choice for service users – this includes choice for a person about which care home they live in. It also includes choice for a person about the service they receive whilst living in a care home, e.g. in relation to food, activities and other aspects of their lifestyle.
 - 6.3 Consistent high levels of quality standards for service users – this includes adhering to the agreed regional quality standards framework on a contract monitoring basis as well as evidence from service user, family and staff's positive feedback.
 - 6.4 Increased independence for service users – this focuses on the way services are delivered and should lead to people living as independently as they can in the care home they call home.
 - 6.5 Services that offer value for money – there is clarity, transparency and shared expectations about the fees paid to care home providers and the services delivered to residents.
 - 6.6 An effective and sustainable care home market – the care home market and the commissioners and providers within it will be able to operate effectively and the commissioning model will achieve the right balance between the needs and requirements of all parties to ensure the market is sustainable in the long term.
 - 6.7 Attract high quality care home providers to the Western Bay area – ensure the concept of developing and expanding business practices for care home providers is an attractive option within Western Bay.
 - 6.8 In Neath Port Talbot it has been identified that there is a need for alternative care arrangements to meet the growing demand for specialist care in areas such as Dementia Nursing, Complex Dementia and Reablement/Assessment beds. The Council is refreshing the

market position statement for the care home sector which will set out the pressures for complex care beds.

7. Future Approach

- 7.1 The strategy envisages an environment that actively promotes choice and control, underpinned by robust quality assurance tools ensuring the delivery of effective, positive outcomes. It seeks to ensure that residents can access to information and advice, including advocacy, to make informed choices.
- 7.2 It is essential that future commissioning activity recognise the challenges posed by the following elements:
- A more qualified, professional workforce;
 - The living-wage;
 - Regulatory changes;
 - Increased service demand associated with dementia and complex care.

8. Commissioning Intentions

- 8.1 In Neath Port Talbot it has been identified that there is a need for alternative care Nursing, Complex Dementia and Reablement/Assessment beds, and a reduction for traditional residential care.
- 8.2 The commissioning strategy identifies three commissioning priorities:
- Develop strong relationships with existing care home providers to support them to meet the changing needs of the population with high quality services;
 - Work strategically with new care home providers to develop a sustainable range of care home facilities across the region; and
 - Where care home services are not in line with the strategic approach and/or are not of adequate quality, they will be decommissioned.
- 8.2 On the basis of the analysis and conclusions described above, the Western Bay Health and Social Care Partnership has identified a series of key strategic intentions: These are to:
- Build trust and strengthen partnership – this strategy identifies challenges both for commissioners and providers, not least from demographic change and scarcity of resources. However it also identifies fundamentally shared values and aspirations. We intend to

build on this and work collaboratively with citizens and providers to shape a care home market that responds robustly and creatively to these challenges.

- Ensure quality – we, together with all those with whom we have consulted are clear that care home services must be provided at a high, yet realistic level of quality. We intend to work with regulators and providers to achieve this.
- Build and communicate an accurate understanding of future demand for services – we recognise that there are currently challenges in meeting the needs of people who choose to live in a care home and there are shortfalls in capacity. We aim to develop our knowledge to future capacity requirements in the light of demographic trends and new service models and work with care home providers to plan capacity on the basis of this.
- Work together to develop and support a sustainable and motivated workforce – the committed people that work hard to provide care and support to the residents of care homes are at the centre of our strategy. We have identified difficulties in maintaining a strong workforce and it is clear that the only way to address these issues is together in strong partnership.
- Build a fair and sustainable care home market supported by reasonable fee levels – this is an important issue to providers. In the current financial climate, it is a very challenging and potentially divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.
- Ensure care homes fit within and are supported by a well organised local health and social care system – our “What Matters To Me” service model, strongly reinforced by the feedback we have received during consultation clearly shows that care homes must increasingly work as part of, and supported by a strong health and social care system.

9. **Outcomes and Monitoring**

- 9.1 It will be essential to develop existing monitoring mechanisms to focus on outcomes rather than inputs. In simple terms providers will need to concentrate on the delivery of the following elements:

Personal Outcomes

- Quality of life;
- Quality of care;
- Person centred;
- Choice.

Market Outcomes

- More choice and different models of care;
- Flexible provision where changes in health won't always mean moving;
- Planning for the future;
- Stimulate provider sustainability;
- Commission a sustainable business being clear on what is needed;
- Work with secondary care to improve the flow of people from; Hospital into care homes;
- Value for money.

Workforce Outcomes

- Make the care sector a viable career choice with more training opportunities
- Improving leadership and staffing levels

9.2 Monitoring of the strategy will be informed by the review of the individual contractual arrangements that are let over the coming years. The key metrics that will be used to measure delivery will focus on:

- Effective use of resources;
- How outcomes have improved;
- How the local market has developed; and
- Value for money.

9.3 The strategy provides a set of key datasets and performance indicators that will need to be incorporated into any future agreements.

10.0 Implementation Plans

10.1 Each Local Authority area in collaboration with the Health Board has devised an integrated implementation plan that will span actions over the next three years.

10.2 Key actions shared by each Local Authority area include:

- Implement joint health and social care monitoring using the RQF;
- Consider opportunities to enhance integration with ABMU in the commissioning of long-term care services;
- Review and implement ABMU Interface Nurse Posts;
- Implement Care Homes Pooled Budget;
- Review assessment procedures for individuals in hospital moving to care home placements.

11. Financial Impact

11.1 In Neath Port Talbot the budget in 2016/2017 includes:

- **Residential Care £12m**
- Community based and non-residential services £12m (includes assessment and care management).
- The renegotiation of the Gwalia Contract has realised a saving of £1.258m.
£1.608m gross, including £350k pension costs for Gwalia employees

11.2 The cost of delivering social care continues to experience significant price inflation in a period of ongoing financial constraint; it will be essential to deliver efficiencies in the commissioning of long term care in the future.

11.3 The Adult Social Care budget in Neath Port Talbot is developed in line with the Medium Term Financial Strategy (MTFS). The service strives to manage the cost of residential care within the overall budgets for Adult Services and will ensure that the financial implications of the strategy will be managed within the overall context of the MTFS.

12. Equality Impact Assessment.

12.1 An Equality Impact Assessment was undertaken in December 2016 by Western Bay to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. An overview of the Assessment has been included in this report in summary form only and it is essential that Members read the Equality Impact Assessment, which is attached to the report at **Appendix 4**, for the purposes of the meeting.

13. Workforce Impacts

There are no workforce impacts associated with this report

14. Legal Implications

14.1 The commissioning of care home services is regulated by a wide range of existing legislation, with new regulations due to be enacted during the next twelve months.

14.2 The statutory requirements are outlined within:

- The Social Services and Wellbeing (Wales) Act (2014); and
- The Regulation and Inspection of Social Care (Wales) Act (2015).

14.3 Non-statutory guidance is provided by:

- A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs (2014);
- The Social Services National Outcome Framework (2014);
- “A Place to Call Home” drafted by the Older People’s Commissioner for Wales (2014);
- “Older People in Care Homes” (2015) NICE; and
- “National Dementia Vision for Wales – Dementia Supportive Communities” WAG and Alzheimer’s Society.

14.4 These regulations and guidance notes have been considered as part of the drafting process for the “What Matters to Me” model created by Western Bay in 2015. This paper concentrates on the provision of high quality nursing and residential care delivered in a collaborative and co-ordinated manner to those in need.

14.5 The commissioning strategy has been developed to deliver a mechanism that will comply with both the regulatory requirements and the guidance notes, ensuring the realisation of both commercial and operational benefits.

15. Risk Management

15.1 The past five years have seen twelve care homes close across the region. The key factors in these closures being:

- Staff recruitment and retention;
- Regulatory requirements;
- Financial.

- 15.2 These closures have resulted in a reduction of capacity of 288 beds (7.5% reduction), comprising 163 residential beds and 125 nursing across the Western Bay region.
- 15.3 Whilst the total market capacity has slightly reduced, the variety of services offered has diversified to meet the requirements of the commissioners. The commissioning strategy provides detail around the following service streams:
- Extra Care;
 - Short Breaks;
 - Residential Reablement Provision;
 - End of Life Care.
- 15.4 Alongside the collateral on the diversified services, content is provided on:
- Delayed Transfers of Care;
 - Fees;
 - Self-Funders;
 - Third Sector Support for Care Homes;
 - Dementia and Complex Care.
- 15.5 The commissioning strategy considers all of the elements highlighted within this synopsis and proposes an approach for future commissioning activity.

16. Consultation

This item has been subject to external consultation.

17. Recommendations

Having given due regard to the Equality Impact Assessment:

It is recommended that Cabinet approve the Commissioning Strategy for Care Homes for Older People 2016 – 2025 and the local implementation plan for Neath Port Talbot County Borough.

18. Reason for Proposed Decision

To have a shared commitment with the Western Bay Health and Social Care Partnership to ensure that there will be a sustainable range of high

quality care home placements to meet the needs of older people within the local authorities of Neath Port Talbot, Bridgend and Swansea.

19. Implementation of Decision

The decision is proposed for implementation after the three day call in period.

Appendices:

Appendix 1	Western Bay Commissioning Strategy for Care Homes
Appendix 2	Local Authority Implementation Plan for Neath Port Talbot
Appendix 3	Outcomes and Responses to Consultation for Care Homes
Appendix 4	Western Bay Equality Impact Assessment

20. List of Background Papers:

None.

21. Officer Contact

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Head of Commissioning and Support Services
April 2017

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Commissioning Strategy for Care Homes for Older People 2016 - 2025



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Our Vision

We will commission care homes that support independence, choice and wellbeing in a person-centred and responsive manner providing high quality services across Western Bay.

Executive Summary

Introduction

This commissioning strategy sets out a strong, shared commitment by the Western Bay Health and Social Care Partnership to ensure a sustainable range of high quality care home placements to meet the needs of older people within the local authorities of Bridgend, Neath Port Talbot and Swansea.

The objectives Western Bay aims to achieve through implementation of this strategy are:

- Better access to care home services most suitable to people's needs
- Increased choice for service users
- Consistent high levels of quality standards for service users
- Services that offer value for money
- An effective and sustainable care home market
- Attract high quality care home providers to the Western Bay area

The commissioning strategy sets out in detail some of the challenges that will be faced in the future as a result of a changing demographic profile across the population. The challenge is one faced by the health and social care system but also by the providers of residential care services who are increasingly providing care to people who are very old and very frail with recent care home closures in the Bridgend area bringing this challenge in to sharp focus.

Supply and Demand

Over the next 10 years (2015 – 2025) it is expected that the composition of the population across Western Bay will change:

- The total population of people over the age of 65 is expected to grow from 103,140 to 120,260; an **increase of 17%**
- The population of people over the age of 80 years will grow from 27,430 to 35,870; an **increase of 31%**
- The rise in the population of individuals aged 80+ and over living with dementia is projected **to increase by 32%**

These figures highlight the change in the population split by age and that providers will need to be flexible and innovative to meet the demand that this shift in population will require in terms of care home services.

It is anticipated that even though demographic changes are indicating an increase in older people across the region, with the additional support being provided in the community the number of care home beds will not increase correlating with this shift in demographics.

Instead, care homes will need to adapt to provide for more complex needs for shorter periods of time and will require an increase in the amount of complex and dementia care beds as dementia prevalence increases. There will be a requirement for standard residential beds albeit in lower numbers than anticipated based on demographic data and in accordance with this we will not commission an increased number of these beds.

Our Commissioning Intentions

On the basis of the analysis described in this strategy, the Western Bay Health and Social Care Partnership have identified a series of key strategic intentions:

- **Build trust and strengthen partnership** – This strategy identifies challenges both for commissioners and providers, not least from demographic change and scarcity of resources. However it also identifies fundamentally shared values and aspirations. We intend to build on this and work collaboratively with citizens and providers to shape a care home market that responds robustly and creatively to these challenges
- **Ensure quality** – We, together with all those with whom we have consulted are clear that care home services must be provided at a high, yet realistic level of quality. We intend to work with regulators and providers to achieve this.
- **Build and communicate an accurate understanding of future demand for services** – We recognise that there are currently challenges in meeting the needs of people who choose to live in a care home and there are shortfalls in capacity. We aim to develop our knowledge to future capacity requirements in the light of demographic trends and new service models and work with care home providers to plan capacity on the basis of this.
- **Work together to develop and support a sustainable and motivated workforce.** – The committed people that work hard to provide care and support to the residents of care homes are at the centre of our strategy. We have identified difficulties in maintaining a strong workforce and it is clear that the only way to address these issues is together in strong partnership.
- **Build a fair and sustainable care home market supported by reasonable fee levels** – This is an important issue to providers. In the current financial climate, it is a very challenging and potentially divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.
- **Ensure care homes fit within and are supported by a well organised local health and social care system.** – Our “What Matters To Me” service model, strongly reinforced by the feedback we have received during consultation clearly shows that care homes must increasingly work as part of, and supported by a strong health and social care system.

These intentions relate to our original objectives, as described in section 1.2. However they have evolved during the development of this strategy and in particular, having considered and responded to the responses we have received during the consultation for this document.

Following publication of this strategy, Western Bay partner organisations will develop implementation plans which are based on these six key strategic intentions.

Generally, and across the Western Bay Region, we will seek to:

- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.
- Work with regulators to develop new person centred and flexible models of care which reduce peoples need to move between establishments as their needs change.

- Support private care home managers and owners to meet regulations stipulated by the Older People’s Commissioner, Social Services and Wellbeing (Wales) Act (2014), NICE guidelines including Medicines Management guidance and the Regulations and Inspection (Wales) Act (2016).
- Support care home providers to deliver the Active Offer as required in “More than Just Words”.
- Reduce the burden of bureaucracy on care home providers focussing instead on individual outcomes.
- Work in collaboration with key stakeholders e.g. CSSIW.
- Publish a market position statement and work to engage with current and potential new providers.
- Improve the quality of provision via the Regional Quality Framework and in turn deliver person centred outcomes for everyone in residential care.
- Build relationships and trust with providers to enhance understanding of the operation of the market and how to help providers respond to ongoing changes in demand.
- Develop options for commissioning and contracting to improve sustainability of care homes whilst continuing to improve value for money and taking a strategic approach.
- Draw up new terms and conditions and service specifications in contracts to ensure they are fit for purpose and will meet the needs of the personalisation agenda.
- Work closely with providers to improve sustainability of the workforce. In particular to include an analysis of skills and training requirements, analysis of gaps and recruitment challenges as well as gaps and opportunities for role and career development.
- Continue to build strong collaboration between the Health Board and Local Authority partners to include formal partnership arrangements such as pooled budgets.
- Continue to review, at a minimum of every three years, population ageing and demography to anticipate required changes to the market in line with the Social Services & Wellbeing Act’s Population Assessment.
- Where possible and appropriate, we collect service quality and performance data in a consistent format across the Western Bay region sharing best practice.
- Encourage new innovative providers into the region to meet demand and support care home providers in the innovations they want to take forward.
- Ensure that people who are considering a care home placement can make choices based on the provision of accessible and clear information.
- Ensure care plan documentation is available to care homes at an early stage
- Work with providers to consider approaches to capital investment in support of new service developments which align with the Western Bay strategic direction.
- Ensure assessment and care planning practice engages with care home providers to support choice and easy referral and allocation where necessary.
- Ensure community health and social care practitioners work effectively with the staff and residents of care homes in their communities.

1. Introduction

This commissioning strategy sets out a strong and shared commitment by the Western Bay Health and Social Care Partnership to ensure a sustainable range of high quality care home placements to meet the needs of older people within the local authorities of Swansea, Bridgend and Neath Port Talbot.

The strategy sets out the changes that will be required to the current commissioning models in our three Local Authorities together with the Abertawe Bro Morgannwg University Health Board (ABMUHB). It signals future requirements from the providers of care home services and the way in which this care home “market” will need to develop and operate in order to deliver this vision.

More specifically, this document will inform key stakeholders of:

- The changes that will be made to existing commissioning arrangements
- How the four individual commissioning bodies within the Western Bay Health and Social Care Partnership will contract with care home providers in the future
- The type and level of services Western Bay expects care home providers to deliver
- The quality standards of service delivery that Western Bay expects from care home providers
- The expectations that stakeholders have of the Western Bay Partnership

1.1 The Western Bay Health and Social Care Partnership

This strategy has been developed through a process of discussion and collaboration with partners in health and local government, through the *Western Bay Health and Social Care Programme* which was initiated in 2012.

The Western Bay Programme was established to deliver integrated care models across older people, mental health and learning disability services. A programme of change-management projects has already made significant progress towards this goal. This commissioning strategy is part of that programme and represents a shared “route map” for our four commissioning authorities to work together to a strong and sustainable care home sector in our region.

The Western Bay Partnership supports collaborative working between the four partner organisations. The benefits of this approach can be captured in a variety of ways. Where appropriate this may involve an integrated approach through formal partnership arrangements and, possibly, the pooling of funds. On other occasions the four organisations will continue to undertake commissioning activity in parallel but with a shared and co-ordinated approach.

1.2 Our Objectives

Western Bay has set some specific objectives that it seeks to achieve through the completion of this commissioning strategy. Some of these seek to improve how these services are delivered and their value to the residents in this region. Others seek to improve the way in which these services are arranged and commissioned. These are set out below:

- **Better access to care home services most suitable to people's needs** – Including the type and level of provision and other factors such as their preferred location, layout and environment. A specific aspect of this is that the Western Bay Partners hope to reduce the number of people living in care homes outside of the region because the services they want and require are not available.
- **Increased choice for service users** – This includes choice for a person about which care home they live in. It also includes choice for a person about the service they receive whilst living in a care home, e.g. in relation to food, activities and other aspects of their lifestyle.
- **Consistent high levels of quality standards for service users** – This includes adhering to the agreed regional quality standards framework on a contract monitoring basis as well as evidence from service user, family and staff's positive feedback.
- **Increased independence for service users** – This focuses on the way services are delivered and should lead to people living as independently as they can in the care home they call home.
- **Services that offer value for money** – There is clarity, transparency and shared expectations about the fees paid to care home providers and the services delivered to residents.
- **An effective and sustainable care home market** – The care home market and the commissioners and providers within it will be able to operate effectively and the commissioning model will achieve the right balance between the needs and requirements of all parties to ensure the market is sustainable in the long term.
- **Attract high quality care home providers to the Western Bay area** – Ensure the concept of developing and expanding business practices for care home providers is an attractive option within Western Bay.

1.3 Our Values

We want to ensure that every older person in a care home has the appropriate and most positive outcomes possible and:

- Is able to access high quality information and advice
- Is able to live as independently as possible
- Is treated as an individual whose dignity and choice is respected
- Is supported to accomplish things which are important to them
- Is not subjected to discrimination, prejudice or abuse
- Is actively involved in guiding their own support wherever possible

- Has their voice heard either directly or with assistance from family, friends or an independent advocate
- Live or stay in an environment in which they feel comfortable, safe and secure
- Is assisted (when required) to access the same health services their contemporaries access
- Is supported to overcome social isolation and loneliness by getting involved with activities which are important to them within the care home and in the wider community
- Receives care and support that is safe, efficient and effective from appropriately trained staff
- Has individualised end of life care and a dignified death in their place of choice

2. Definitions

2.1 Commissioning

“Social care commissioning is a set of activities by which local authorities and partners ensure that services are planned and organised to best meet the social care outcomes required by their citizens. It involves understanding the population need, best practice and local resources to plan, implement and review changes in services. It requires a whole system perspective and applies to services provided by local authorities, as well as public, private and third sector services.”¹

A commissioning strategy is “A formal statement of plans for securing, specifying and monitoring services to meet people’s needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors”².

2.2 The Commissioning Process

The commissioning process can be illustrated in the diagram below which shows the role of procurement as well as strategic commissioning.

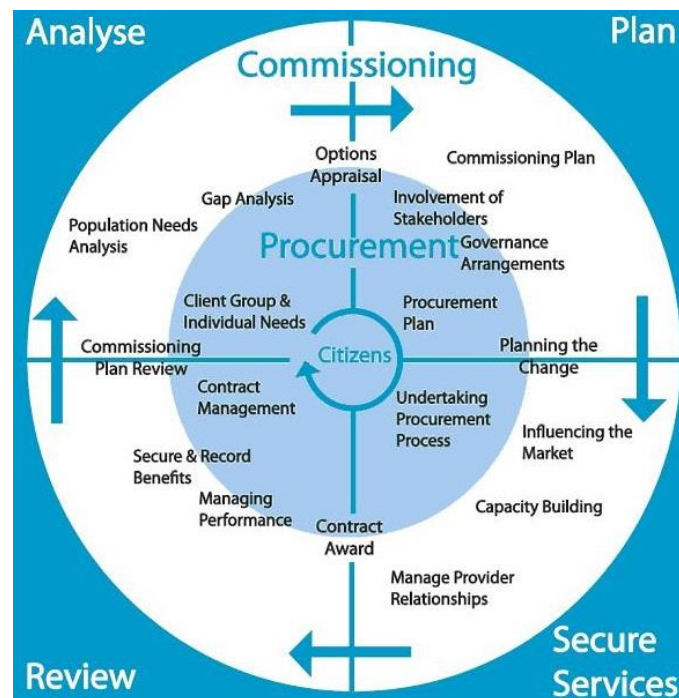


Figure 1: The Commissioning Cycle

¹ Welsh Assembly Government Fulfilled Lives Supportive Communities Commissioning Framework Guidance and Good Practice.

<http://gov.wales/dhss/publications/socialcare/strategies/fulfilledlives/fulfilledlivese.pdf?lang=en>.

² “Developing a commissioning strategy in public care” Care Services Improvement Partnership

<http://www.regionalcommissioning.co.uk/resources/B1%20Developing%20a%20commissioning%20strategy.pdf>

The diagram above illustrates that commissioning is a process which comprises a variety of activities which are interrelated and sequenced. These activities can be grouped into four key categories and together these form a cycle:

- **Analysis** – of guidance, best practice, population needs, market, risks and resources and establishing common priorities and outcomes between agencies.
- **Planning** – Undertaking gap-analysis, designing and specifying services and preparing strategies.
- **Doing** – Capacity building, developing good relationships with providers, ensuring service quality and procuring services.
- **Reviewing** – the success of services in achieving outcomes and reviewing market performance against commissioning priorities.

2.3 Care Home Services

The charity HousingCare.org defines a care home as:

- *“A residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. Since April 2002 all homes in England, Scotland and Wales are known as ‘care homes’, but are registered to provide different levels of care.*
- *A home registered simply as a **care home** will provide personal care only - help with washing, dressing and giving medication.*
- *A home registered as a **care home with nursing** will provide the same personal care but also have a qualified nurse on duty twenty-four hours a day to carry out nursing tasks. These homes are for people who are physically or mentally frail or people who need regular attention from a nurse.*
- *Some homes, registered either for personal care or nursing care, can be registered for a specific care need, for example dementia care or terminal illness.*
- *All care homes provide meals and staff on call at all times”.*³

³ <http://www.housingcare.org/jargon-care-homes-96285.aspx>

3. National and Local Context

The commissioning of care and support services for older adults is governed by legislation and informed by a broad range of national and local policy drivers. This section will describe the current policy and legislation that will guide any new care home commissioning model that Western Bay proposes to introduce.

3.1 Legislation and National Policy

National policy over the last five years has focussed on service improvement, co-ordination between national and local government and greater integration of social care, health services and other agencies in Wales, including the third Sector. There is increasing emphasis on individuals and communities being at the centre of decision-making about their care and on providing care and support at home where possible.

The Social Services and Wellbeing (Wales) Act (2014)⁴ received royal assent on 1st May 2014. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It is intended that the Act will help local authorities and other partners address the challenges of changing societal expectations, demographic change and a difficult resource environment. The Act introduces a common set of processes for people, strengthens collaboration and the integration of services, and provides an increased focus on prevention and early intervention.

Section 9 of The Act emphasises the importance of public agencies co-operating and working in partnership. As the four key public bodies concerned with the health and wellbeing of people across the Western Bay area, we recognise the necessity to take this statutory lead seriously and adopt a whole system approach to delivering the spirit of the Act.

The Welsh Government Guidance, “**A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs**” (2014)⁵ defines in more detail the expectations of WG in relation to our interpretation of the Act for our older people. It calls for, and we commit to, delivering “a truly integrated system” which displays three key characteristics:

- *“Services should be co-designed with the people who use them.*
- *Services are consciously planned refocussing activities on those people receiving care and removing barriers to integrated working.*
- *Services should be developed in partnership with all of our key partners including different sections of our own local authorities, health, housing and the third and independent sectors.”*

The Social Services: The national outcomes framework for people who need care and support and carers who need support (2016)⁶, along with the Social Services & Wellbeing (Wales) Act (2014) aims to secure excellent wellbeing for all people and their

⁴ http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

⁵ A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs: Welsh Government, 2014 <http://wales.gov.uk/docs/dhss/publications/140319integrationen.pdf>

⁶ <http://gov.wales/docs/dhss/publications/160610frameworken.pdf>.

carers in order for them to lead fulfilled lives. *“Focussing on people’s well-being outcomes will drive better experiences and better services for people who need care and support and carers who need support”*.

In November 2014, the Older People’s Commissioner for Wales published **“A Place to Call Home”**⁷; a review of the quality of life and care of older people living in care homes across Wales. She notes:

“When older people move into a care home, all they are doing in effect is moving from one home to another...Regardless of where we live when we are older, or how frail we are, we will all want to feel respected and valued and be able to do the things that matter to us. We all want, regardless of our age or frailty, or where we call home, to have the very best quality of life.” (2014)

The Commissioner introduces a “Quality of Life Model” (below). This is based on older people telling her that their lives have value, meaning and purpose when they:

- Feel safe and are listened to, valued and respected
- Are able to do the things that matter to them
- Are able to get the help they need, when they need it, in the way they want it
- Live in a place which suits them and their lives



Figure 2: Older People’s Commissioner’s Quality of Life Model, ‘A Place to Call Home’ (2014)

⁷ Older People’s Commissioner (2014) A Place to Call Home? A Review into the Quality of Life of Older People living in Care Homes in Wales.

The National Institute for Health & Care Excellence (NICE) published guidance in February 2015, titled '**Older People in Care Homes**'⁸. Their paper highlighted nine key themes and related recommendations when addressing the issue of what Local Authorities can achieve for older people in care homes including the need to help to improve the health and wellbeing of older people in care homes and to ensure wellbeing and safeguarding responsibilities are met.

The Welsh Assembly Government, in collaboration with the Alzheimer's Society has drafted documentation titled '**National Dementia Vision for Wales – Dementia Supportive Communities**'⁹. With the expected prevalence of dementia expected to rise; this issue will need to be included in any new commissioning models for older people's care homes.

The Regulation and Inspection of Social Care (Wales) Act (2015)¹⁰ includes provision for:

- Reform of the regulatory regime for care and support services
- Provision of a regulatory framework that requires an approach to the regulation of care and support services focused on outcomes for service users
- Reform of the inspection regime for local authority social services function
- The reconstitution and renaming of the Care Council for Wales as Social Care Wales and the broadening of its remit
- The reform of the regulation of the social care workforce

More than just words: A Strategic Framework for Promoting the Welsh Language in Health, Social Services and Social Care¹¹ was published in 2012 by the Deputy Minister for Social Services. The aim of the framework was to ensure that organisations recognise that language is an intrinsic part of care and that people who need services in Welsh get offered them. This is called the 'Active Offer'. The aim of the follow-on strategic framework 2016 -2019 is to build on the previous strategy, as well as to reflect changes in the political and legislative context.

In essence, the "Active Offer" means that a service should be provided and available in the Welsh language without someone having to ask for it. It is the responsibility of commissioners and service providers to ensure they are able to deliver this "Active Offer".

Examples of a care service that provides an 'Active offer' might include:

- the key worker system ensures 'named' staff members are 'matched' to children and adults who are Welsh-speaking
- signage in the service helps to orientate Welsh-speaking users
- Welsh language books, newspapers and other resources are, or can be made, available for children and adults who speak Welsh¹².

⁸ <https://www.nice.org.uk/advice/lgb25/chapter/introduction>

⁹ <http://gov.wales/docs/dhss/publications/110302dementiaen.pdf>

¹⁰ [http://www.assembly.wales/laid%20documents/pri-ld10106%20-%20bil%20rheoleiddio%20ac%20arolygu%20gofal%20cymdeithasol%20\(cymru\)/pri-ld10106-e.pdf](http://www.assembly.wales/laid%20documents/pri-ld10106%20-%20bil%20rheoleiddio%20ac%20arolygu%20gofal%20cymdeithasol%20(cymru)/pri-ld10106-e.pdf).

¹¹ <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

¹² <http://cssiw.org.uk/about/strategic-plan/more-than-just-words/?lang=en>

3.2 Local Policies

In August 2013, Western Bay and Changing for the Better programmes collaborated in the Joint Commitment for Community Services to co-design and deliver services that meet the current and future needs of the population of people across the Western Bay region by transforming care provision in the community. In March 2014, the collaborative went one step further and within the Statement of Intent the plan to integrate Health and Social Care services for older people across the region was further emphasised. Both of these documents include important messages about the care home market.

The Statement of Intent¹³ (2014) outlined:

‘All three areas have reviewed or are reviewing care home provision with a view to delivering a clear and sustainable future for current or former Local Authority care home provision, to improve the quality and provision of independent sector care home provision, particularly for people with dementia, and to continue a move to care for people in their own homes, where appropriate in extra care settings in the community’. It also outlines that the integration of Health and Social Care across Western Bay aims to ensure ‘a suite of support care services are available so less people are asked to consider long term residential or nursing home care, particularly in a crisis’. If this aim is met, the paper outlines that its implementation should result in a shift in the delivery of care from institutional models to community models:

“It is critically important that where a care home is the preferred option of an individual that this is a positive choice, planned for and that the care home is of a high quality in terms of the care provision, the living environment and that people in care homes can feel part of the community and retain as much independence as possible.”¹⁴

3.3 “What Matters To Me” Model

The Western Bay Community Services Programme has drafted an overarching model to improve older people’s health and social wellbeing across the region called “*What Matters To Me*” (2015). The model reaffirms the commitment in Western Bay to deliver high quality integrated health and social care that meets the current and future needs of older people across the region to promote healthy independent ageing with proactive high quality care close to home when support is needed.

This model encompasses wherever ‘home’ is for an individual therefore involves care homes and the importance of this approach in this setting. There is a focus on anticipatory care and coordinated care planning to ensure health, social care, third sector and other professionals work together to develop a single care plan and improve outcomes for individuals as well as reducing duplication for professionals. Specifically relating to care homes, the model outlines the aim to deliver high quality nursing care and residential care for those who truly need it and having the services in place when people need to access residential services. The model identifies the critical need to work in a collaborative and coordinated way (with other individuals and groups as necessary) to ensure this is a smooth, safe, proactive transition of care.

¹³ Western Bay Community Services Statement of Intent (2013)
<http://www.wales.nhs.uk/sitesplus/863/opendoc/244237>

¹⁴ Western Bay Joint Commitment Delivering Improved Community Services
<http://www.scvs.org.uk/Resources/SCVS/SCVS%20Documents/western-bay-joint-commitment-for-delivering-improved-community-services.pdf>

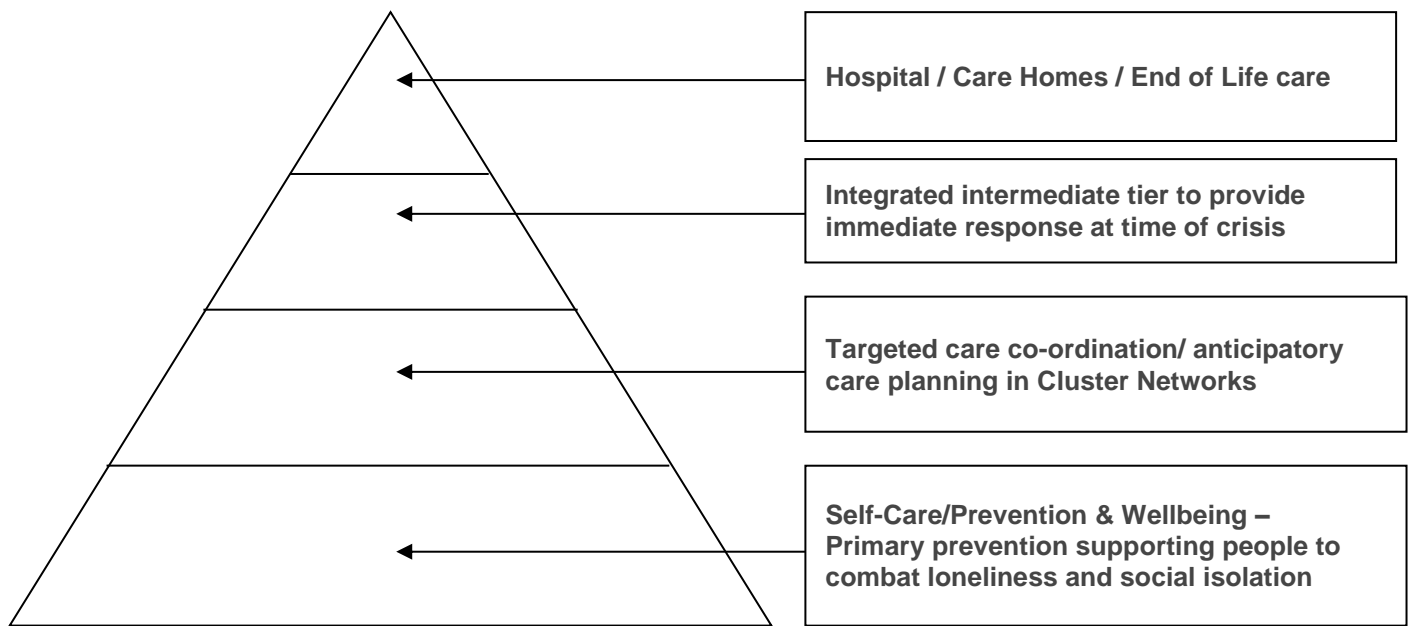


Figure 3: The “What Matters to Me” Model

4 Our Population (Demand for Services)

4.1 The National Picture

Over the next 15 years (2015 – 2030) it is expected that the composition of the population across Wales will change and therefore we expect:

- The total population of people over the age of 65 is expected to grow from 626,300 to 804,680; an increase of 28%.
- More significantly, we expect our population of people over the age of 80 years to grow from 166,230 to 275,150; an increase of 65%.
- At the same time, we expect our population of younger adults to decline slightly with the population of people aged 18-55 falling by 2.5% from 1,479,110 to 1,441,430.
- The number of older people (over the age of 65) living alone is expected to grow significantly by 43% from 283,313 to 363,241.
- The number of people aged 16 years and above providing unpaid care is expected to grow by nearly 6% from 370,115 to 392,237.
- The number of people over 65 years who aren't able to manage at least one domestic task is expected to grow by 38% from 251,188 to 347,518.
- The number of people aged 65 and over unable to manage at least one mobility activity on their own is expected to grow by 41% from 112,887 to 159,599.
- The number of people over the age of 65 years with dementia is expected to grow by 51% from 42,322 to 64,087¹⁵.

4.2 The Local Picture

Within the geographical area of the ABMU Health Board, we expect to see similar growth, as shown in the Figure 4 below:

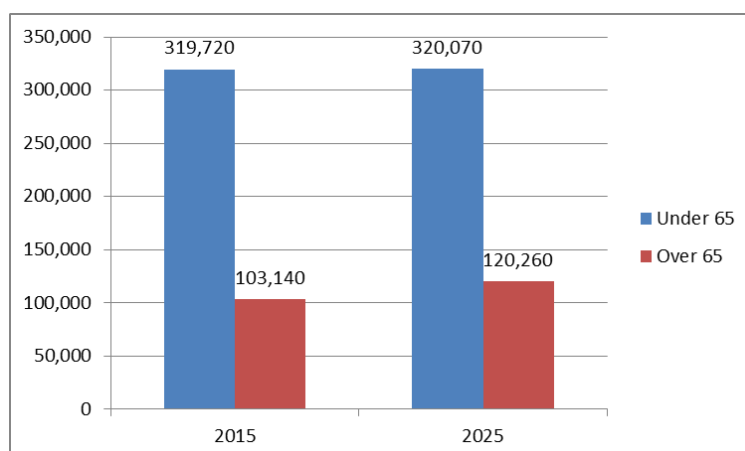


Figure 4 – Change in adult population from 2015 to 2025 across ABMU

¹⁵ Daffodil: Projecting the Need for Care Services in Wales <http://www.daffodilcymru.org/>

More detail on these projections can be seen in Table 1 below. This shows expected growth in our older population in each of the local authority areas across the Western Bay Region. Projecting further forward an even larger increase in the ageing population is expected. The table shows the trends, although differing slightly in terms of gradient in each Local Authority area, are all increasing significantly. This is also illustrated in Figure 5.

Table 1 – Demographic trends (% change) in Western Bay change projections for 2025

Age	Wales	Western Bay	Bridgend CBC	Swansea	Neath Port Talbot
65-69	-4	-2	+1	-5	-0.5
70-74	+10	+11	+12	+9	+14
75-79	+38	+34	+36	+33	+35
80-84	+29	+25	+35	+19	+26
85+	+39	+37	+51	+36	+26

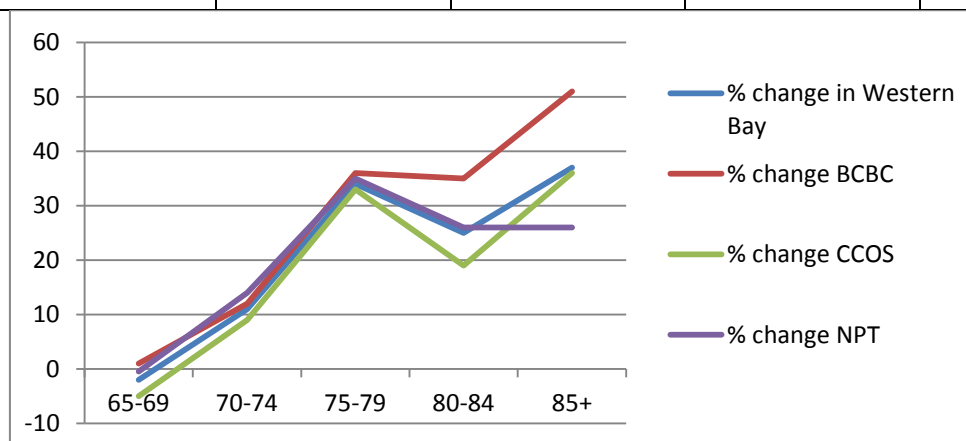


Figure 5: Percentage increase in population across Western Bay and in specific localities by 2025 compared to 2015 figures.

4.3 Dementia

The impact of better survival rates for certain conditions, along with increasing numbers of older people suggests the prevalence of dementia is expected to increase substantially over the next ten years. The Alzheimer’s Society is estimating that:

- There are 850,000 people with dementia in the UK
- There will be 1 million people with dementia in the UK by 2025
- 80 per cent of people living in care homes have a form of dementia or severe memory problems

- Two thirds of people with dementia live in the community while one third live in a care home
- One in six people aged 80 and over have dementia

The rise in the population of individuals aged 80 and over living with dementia is projected to increase by 32% in the Western Bay area as a whole by 2025 as shown in Table 2 and Figure 6 below.

Table 2 – Projected prevalence of dementia (% change) in Western Bay for 2025.

Age	Wales	Western Bay	Bridgend CBC	Swansea	Neath Port Talbot
65-69	-4	-2	+1	-5	0
70-74	+10	+11	+11	+9	+13
75-79	+38	+34	+36	+33	+35
80-84	+29	+24	+34	+19	+25
85+	+38	+36	+50	+35	+24

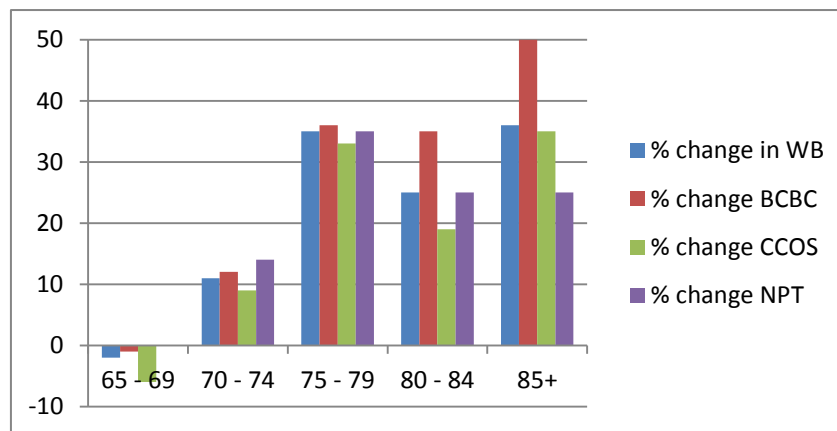


Figure 6: Percentage change in dementia prevalence by age across Western Bay in 2025 compared to 2015 data.

These projected increases across the region mean that it is imperative that we work with the independent care home sector to ensure that there is an adequate supply of services available to support the expected increase in demand for dementia services.

4.4 Complex Care

The projections of the change in demographics across Western Bay strongly suggest that in the future (and particularly over the next ten years), people will be living longer and the approach to service delivery and workforce planning will need to reflect the increasingly complex needs of people requiring support due to age related conditions.

It is expected that due to the increase in Intermediate Care services in the community which aims to keep people living a more independent life for longer within their own homes that individuals are likely to go into residential services later in their life with more complex needs requiring additional services and attention than previous generations. Therefore although the number of residential placements is indicated to rise due to the ageing population there is an expectation that these placements will be for a shorter period and primarily in nursing/dementia care rather than 'traditional' residential care.

5. Our Resources

There are difficult challenges facing us, most obviously finding the ways to bridge the gap between the resources available and the expected year-on-year rises in social care demand and costs. We know that, in many areas of work, demand is increasing while capacity at best remains the same and has sometimes been reduced.

Table 3, below illustrates the extent of the pressure that is being experienced by our three partner local authorities, each of which must make considerable savings over the next three years.

Table 3: Local Authority Savings 2015-6 to 2018-19

Local Authority	Total savings to be achieved over 3 years	Savings to be achieved in Adult Social Care over 3 years
Bridgend	£49 million	£7 million
NPT	£37 million	£4.7 million
Swansea	£81 million	£13 million
Western Bay	£167 million	£24.7 million

It is clear the current financial situation is set to continue for the foreseeable future and this will result in needing to make further efficiencies in social care across the Western Bay Region.

The 2014/15 total budget across the three local authorities for social care was circa £300million.

In addition, older people's services include:

- Residential care (circa £29.1m)
- Community based and non-residential services (circa £36.4m)

These costs/budgets exclude those service users qualifying for continuing health care funding or funded nursing care which, based on Health Board data, amounted to circa £25million (CHC £17.5m, FNC £7.5m) in 2013/14 which excludes costs relating to people with Mental Health issues and people with Learning Disabilities.

Efficiency savings have to be achieved within a context in which the cost of delivering social care continues to experience significant price inflation and additional unfunded pressures are already clearly evident. Continuing with the current models of service is not an option. There are considerable challenges that will see resources increasingly targeted only at those with greatest need. Restricting the number of people receiving support to those only of the highest needs may result in a short term reduction in demand on services but will not secure longer term sustainability.

6. The Current Picture

This section assesses our current pattern of care home provision. It focusses on areas of the current commissioning model that are felt to be working well, but more importantly, focus on those areas where improvements need to be made.

6.1 Capacity

There are currently 102 residential/nursing care homes for older people registered within Western Bay providing 3,610 units of accommodation as shown in the break down below:

Table 4: Care Home Capacity by Local Authority Area

Local Authority	CSSIW registered	Residential	Dual Residential/ Nursing	Total Population Aged over 65
Bridgend	877	402	475	27,960
Neath Port Talbot	992	354	638	28,290
Swansea	1,741	412	1329	46,890
TOTAL	3,610	1,168	2,442	103,140

The directory of care homes across the Western Bay area can be found in the **Appendix 11.1**.

The occupancy levels of older people's care homes are difficult to reliably monitor because of the changing personal circumstances of the individuals being cared for.

6.2 Vacancies

The average occupancy of care home beds and vacancies for 14/15 can be seen in the below table.

Table 5: Care Home Vacancies by LA Area

	Homes	Beds	Vacancies	Occupancy
Swansea	47	1,747	132	92.5%
NPT	31	1,120	108	90.4%
Bridgend	25	938	55	94.1%
Total	103	3,805	295	92.3%

Looking at these figures in terms of services that care homes offer, the average percentage of vacancies in Bridgend for residential homes (encompassing both BCBC residential homes and independent care homes) is on average 8.35% of beds whereas the average percentage of vacancies for general nursing and dementia nursing placements is significantly less at just 4.3%.

In Neath Port Talbot, the Dual Nursing/Residential Home with the highest average occupancy across the period stood at 97.8%. The home with the lowest average occupancy was at 72.1%. This is a difference of 25.7%. The average Dual Nursing/Residential occupancy across this period was 88.5%.

Taken together, these figures show that there is variety in the take-up of care home capacity across the region. This could lead to a conclusion that existing capacity is not being used to its full potential and also that some care homes may be operating at critically low levels of occupancy.

6.3 Quality

The Older People's Commissioner's report, '*A Place to Call Home?*' highlights a range of issues that impact on the quality of life for residents in residential care homes. These include:

- A lack of social stimulation in care homes which has a significant impact on their quality of life, well-being and health.
- Residents often have no choice over the activities they are able to participate in and are often not supported to do the things they want to do when they want to do them.
- Few homes enable residents to participate in meaningful occupations that maintain individual identity.
- Personal hygiene and comfort support is often task based and not delivered in a way that gives an individual choice and control.

- Dining experiences tend to be treated as tasks and are structured to be efficient as opposed to meeting residents' choice and preferences.
- Care homes tend to be functional as opposed to homely and welcoming.
- Homes tend to adopt risk adverse cultures which results in inactivity and immobility and has a negative impact on individual wellbeing.
- Access to preventative healthcare professionals is often delayed resulting in physical decline that is difficult, if not impossible, to reverse.

Building on the importance of providing high quality care across all of our services, the Western Bay Collaboration has developed the Regional Quality Framework (RQF) for Care Homes for Older People (2015) following on from consultation from stakeholders and residents across the Western Bay area. It cross references with a number of other person centred plans including "Action After Andrews"¹⁶ drafted with input from "My Home Life"¹⁷ and provides a thorough and robust monitoring tool to record the quality of care homes to be measured. The RQF has identified six quality domains that are measured to categorise care homes and, if they pass, the homes score a Gold, Silver or Bronze level of compliance. The domains include criteria such as knowing the resident and ensuring they live a full life in an enriched environment as well as maintaining and promoting health and wellbeing for older people.

Additionally relating to quality, a scheme encouraging people to use a 'TripAdvisor' type website for care homes in Newport was launched in March 2015. The "Think About Me: Good Care Guide"¹⁸ allows individuals living in care homes and their families to post reviews on the care home service they receive. It is an opportunity for prospective residents to evaluate what other people's experiences of the homes have been without having to address official reports which focus on adherence to policies and legislation.

6.4 Market Issues

6.4.1 Placements

Statistics show that there has been a reduction in the rate per 1,000 population (aged over 65) living in care homes from 18 in 2013/14 to 16.6 in 2014/15. This is demonstrated in the graph below.

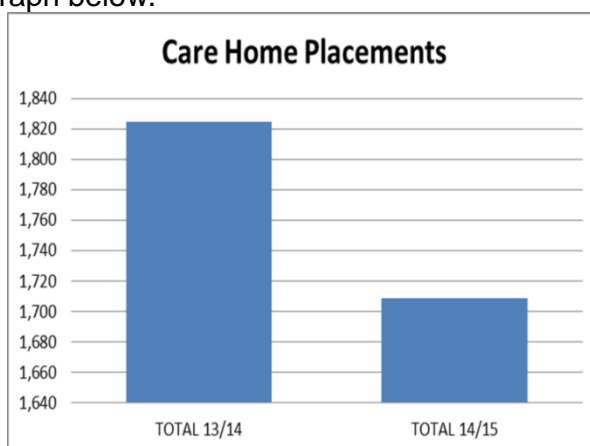


Figure 7: Care Home total population across Western Bay in 13/14 and 14/15.

¹⁶ <http://www.wales.nhs.uk/sitesplus/863/page/73970>

¹⁷ <http://www.ageuk.org.uk/cymru/home-and-care/my-home-life-cymru-home/>

¹⁸ <http://www.goodcareguide.co.uk/>

6.4.2 Care Home Closures

Over the last five years 12 care homes have closed across the region. Reasons for these closures include a difficulty in recruiting and retaining managers, difficulty in meeting regulatory standards, and becoming financially unviable particularly in small homes. This has resulted in a loss of 288 beds in total; 163 residential and 125 nursing.

6.4.3 Workforce

Historically there has been difficulty in recruiting qualified registered nurses for care homes as, generally, terms and conditions in these settings are regarded as less favourable than in the NHS.

- In 2013 the UK recruited nearly 6000 nurses from overseas due to the lack of availability of suitably qualified staff in this country.
- Agency nurses have to fill the gaps, particularly in Wales which leads to residents not receiving continuity of care particularly pertinent when the majority of residents are living with dementia.
- New government plans to cap agency rates as part of efforts to reduce vast staffing bills offers a further workforce barrier. Recruitment of nurses in the UK will become the crux of any care home model to be fit for purpose for our future.

Specialist property advisers Christie and Co have undertaken analysis on agency nurse staff using 12 of the largest nursing home providers in the UK. Their findings included:

- The usage of agency nursing staff has increased, on average on a national basis, by 55% over the past few years.
- Reasons for the shortage of UK staff were identified, for example due to large cuts to nursing training places.

This is further emphasised in an article by the Nursing Times from July 2015 titled 'Care home sector facing nurse recruitment crisis'.¹⁹

The outcome of the analysis identified solutions to this barrier would have to be innovative with recommendations including:

- Reducing the obstacles of hiring overseas nurses
- Increasing training places in the UK
- Up-skilling existing staff e.g. training care home workers to undertake portions of the nurse's current duties. This would also encourage care workers to enter the profession with a clear pathway for progression identified at the outset.

Focusing on care homes specifically, the Royal College of Nursing undertook analysis of data of qualified nursing staff in care homes to illustrate the reduction of staffing.

- Across the UK, the percentage of registered nurses representing the workforce within a care home has reduced from 42% during night shifts in 2005 and 2007 to just 34% during night shifts in 2009.
- This has led to an increase in the average number of patients to registered nurses ratio which has increased from 15.5 during day shifts in 2007 to 18.3 during day shifts in 2009.

¹⁹ <http://www.nursingtimes.net/roles/nurse-managers/care-home-sector-facing-nurse-recruitment-crisis/5087416.fullarticle>

At the All Wales Nurse Conference organised by Care Forum Wales in October 2014, this issue was highlighted as critical and it was agreed that a task force consisting of NHS representatives and independent care providers would be established to identify a solution to this ever increasing barrier to providing ample high quality care homes for older people in Wales although documented progress on this is limited so far.

6.4.4 Extra Care

Llys Ton, an extra care facility available in Bridgend consists of 39 extra care apartments, 31 of which have two bedrooms. In moving forward, the plan for BCBC is to seek a strategic partner to develop two new Extra Care schemes across the County Borough. It is expected for the new Extra Care homes to be built by 2017/18; however, these timescales are dependent on when the land becomes available and the planning and developments process, which can be vulnerable to delay.

Within Swansea there are two specialist extra care housing facilities providing 163 one/two bedroom flats, an enhanced sheltered unit of 86 one/two bed roomed flats and 32 sheltered schemes.

Neath Port Talbot have two developments with one based in Neath and one in Port Talbot. Ysbryd Y Mor, the first Extra Care facility to be developed in NPT consists of a total of 51 one and two bedroom units. The two developments comprise of a total of 115 units.

Consultation has identified the need to provide flexible accommodation with care (including sheltered housing) to minimise the need for individuals to move accommodation as their needs increase.

6.4.5 Short Breaks

In Bridgend and Swansea, there are no plans for immediate change at present – however, the needs/demands and existing provision are regularly reviewed, and models for short breaks/respite provision capacity of beds may change in moving forward.

In Neath Port Talbot over the last three years, the number of people taking up long term residential services has decreased by 11%, as more and more people are being supported to remain living in their own homes. Demand for traditional short breaks has significantly decreased over the last three years, reducing by 79%. In 2014/15 low referral for the service resulted in average of 30% of beds remaining unoccupied each month. In contrast, occupancy levels for reablement services have remained high, since they were introduced in 2014. Current demand exceeds capacity and the service presently has a waiting list.

Consultation has identified:

- Citizens lack of choice in short-breaks placements
- Service providers experience particular difficulty in providing suitable staffing for respite placements

6.4.6 Residential Reablement (Step-Up/Step-Down) Provision

There is a residential reablement provision in each Local Authority area that is currently providing a stepping stone from a period of crisis before returning to their own home by facilitating earlier discharges from hospital and preventing avoidable admission to acute

hospital care or long term residential or nursing care. It also aims to reduce the need for complex packages of domiciliary care. The units are attended to by a group of therapists e.g. occupational therapists, physiotherapists and nurse practitioners that provide therapies and health care to the residents on a short term basis focusing on ensuring they are able to return to their optimal level of independence as soon as possible. The service provides on-going multi-disciplinary assessment and reablement programmes with 24 hour support over an agreed period of six weeks.

- In NPT, there are beds in the Gwalia owned residential home Llys Y Seren built in July 2014. There are 10 en-suite bedrooms with a dedicated unit which was increased to 22 in November 2015 when an additional 12 beds were opened.
- In Bridgend, a similar facility within Bryn Y Cae residential home is available and consists of 6 beds.
- Conversely, in Swansea a similar model is followed within Bonymaen House that currently has 19 beds with registration approved for 30 beds once long term residents move on and they become available for utilisation by the residential reablement model.

6.4.7 End of Life Care

Palliative and End of Life care is provided in care homes across the Western Bay region. Individuals who are diagnosed with life limiting conditions and those who are approaching the end of their life will receive high-quality treatment and care within the domains of physical, psychological, spiritual and social to support them to live as well as possible until they die and will ensure dignity in the dying process.

It is a part of an Individual's Advance Care Plan to consider their preferred place of care and remaining within the Care Home at the end of their life may be their choice. It is our aim to fulfil that choice unless it would be detrimental to the individual.

The possibility that an individual may die should be recognised and communicated clearly with the individual who is dying, their significant others and staff that are providing end of life care. Those identified significant others will be involved within the decisions about treatment and care and referred to services as appropriate during their bereavement.

The new Regional Quality Framework highlights the importance of staff receiving specific training for palliative and end of life care and communication. Each home will be awarded on the level of education and training achieved and the quality of palliative and end of life care they provide.

6.4.8 Day Services in Care Homes

Care homes in the Western Bay area have an opportunity to diversify on offering additional services within their local communities. The provision of day services enables service providers to make optimum use of their premises and staff. Visitors to care homes from the surrounding community can enhance the atmosphere and offer improved opportunities for residents to interact socially with a wider variety of people, take part in other activities and even make a contribution to the wellbeing of day service visitors.

In NPT there is currently one private care home that offers a day service. Other providers are considering offering this type of service as NPT are proposing to move to a different type of model provision which will move away from the traditional 'service led' approach with people attending building based day services, to a community based model built upon individual assessments. This is to ensure that people are able to access opportunities, within their own communities. Individuals will also have the choice of receiving direct payments which will enable them to have a tailored day service that meets their individual need.

Currently in BCBC, one provider has expressed an interest in the provision of day care services to engage non-residents in a programme of activities and social events that is available in their care home. Although other providers do offer non-residents the opportunity to visit their care home for lunch/coffee mornings and for short breaks/respice, this is more to with assisting non-residents to decide whether permanent occupancy is something they wish to pursue rather than a case of providing regular day care services. In short, Day Services are not currently provided in care homes in BCBC, but there seems to be an appetite and willingness to do this in moving forward.

In Swansea, day services within care homes are provided in four of the six of the City & County of Swansea's in-house care homes. There are currently no day services available via external care homes. There are currently commissioning reviews taking place within Swansea's Adult Services department, one of which will focus on day care provision.

6.4.9 Delayed Transfers of Care

Adult Care and Support have a duty to facilitate timely hospital discharges where there is an identified social care need. Analysis of evidence demonstrates there is no specific gap in relation to capacity within the sector to enable discharge to take place.

There are currently no specific services commissioned to facilitate timely hospital discharge at times of high demand for hospital beds. Care home provision should be a last resort when all other options of transferring an individual to their own home have been unsuccessful.

However, in 2014 Swansea introduced a "discharge to assess" process for nursing placements. This involves fast tracking the authorisation for discharge, in some cases to a care home setting where a more detailed assessment can be undertaken and rehab provided to enable the resident to return to their own home.

ABMU and partners are in the process of developing action plans to support people who are delayed in hospital to move on more quickly across the Western Bay region in partnership with the Local Authorities and 3rd sector to improve management of hospital discharge including to care homes.

6.4.10 Fees

Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.

For nursing placements, a funded nursing care (FNC) payment is made for the nursing elements of care. This is in addition to the fee which local authority's fund. Historically

this FNC payment has been set at a rate which has been applied universally across all Health Boards in Wales. Across the Western Bay region, it is ABMU Health Board which funds the nursing components for a nursing home placement.

In future, a greater number of service users may opt to manage their own care arrangements via a Direct Payment. Service Users receiving a direct payment will procure services directly from providers in the same way as self-funders.

Also looking to the future, and building on the strong collaboration between the Health Board and Local Authority partners, future provision could include formal partnership arrangements such as pooled budgets.

Not surprisingly, our consultation process has identified that fees are a very important issue to providers. In the current financial climate, this is a very challenging and potentially divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.

6.4.11 Self-Funders

In England it has been estimated that the percentage of people entering residential care each year who do not receive any funding assistance from the Local Authority (self-funders) is 44.9% (Institute of Public Care 2011). There is no such data available for Wales. The IPC writes that all self-funders pose a potential risk for local authorities when they exhaust their resources and require funding in the future.

Data in relation to people self-funding their own care across Western Bay has not been consistently collected. It is not currently available although should this information become available in the future it will be shared with providers. Often the first contact is when an individual requires assistance with funding because they have reached the threshold of savings which is currently less than £24,000.

Information and advice could be given to self-funders and signposting to appropriately qualified financial advisors will help individuals make better decisions about funding their future residential care needs through generation of reliable income such as equity release.

6.4.12 Third Sector Support for Care Homes

Age Cymru have funding for their 'Safeguarding older people regional independent advocacy service' until March 2016 primarily working to protect people's rights and secure their entitlements. The service offers provision for people including providing support finding the right service living in residential care or to raise concerns if a person feels the way they are being treated is not appropriate.

The total number of referrals has been identified as 254 of which 185 of clients were aged 65+ (69 referrals aged 50-64). Regional breakdown as follows:

- Bridgend – Total referrals 24 of which 18 clients aged 65+
- Neath – Total referrals 41 of which 28 clients aged 65+
- Swansea – Total referrals 189 of which 139 for clients aged 65+

The Alzheimer's Society run a similar service for Advocacy services for people living with dementia, and a befriending service for people living with dementia at risk of social

isolation. The advocacy service involves speaking out about people's views, wishes and rights and that advocacy does not involve making decisions in the 'best interest' of people with dementia, or making decisions on their behalf. Whilst the Alzheimer's Society volunteer befrienders provide support for people with dementia to continue with participation in leisure and social activities when they may no longer be able to do so unsupported. There are no specific figures available for such services provided to people living in a care home. In the Older Person's Commissioner's "A Place to Call Home" report, one of the requirements outlined focused on advocacy and ensuring these services are accessible for older people in Care Homes. There are also additional duties highlighted in the Social Services and Wellbeing (Wales) Act (2014) which was implemented in April 2016.

6.4.13 Dementia and Complex Care

Presently, ABMU processes on average 185 continuing care applications per annum, approximately 20% of which (35) relate to very complex, high cost dementia nursing care. Due to the limited number of providers of this type of service in the local market, we are experiencing reduced choice, high costs and longer hospital stays due to lack of beds. We would seek to work with new and existing care home providers in developing greater choice, reduced costs and more timely hospital discharge options in meeting this currently unmet need.

Consultation has identified the potential for "dementia villages" to provide individuals and their carers with more choice about the environment in which they live. Such developments may be challenging to achieve and require sophisticated partnerships between commissioners and providers; however, we endorse this approach.

7. Key Messages

On the basis of our analysis of national and local policy, best practice, population information and market intelligence, we can draw out a number of key messages which will direct our future approach to commissioning care home services.

- The number of placements into residential care is falling. This situation conflicts with the projections of an ever increasing ageing population profile.
- The availability of alternative forms of care which enable people to remain independent for longer in their own homes are resulting in admissions to residential care increasingly being individuals with complex or multiple care needs.
- The level of vacancies in those homes providing specialist and/or dementia nursing care is much lower than for residential care for older people. There is also anecdotal evidence that where homes are dual registered they are maintaining their occupancy levels by focussing on the provision of more specialist care.
- The development of the new model of intermediate care will further reduce the level of placements to care homes. Those admitted will be users with complex needs that cannot be met in the community.
- The increasing use of extra care housing is further reducing the need for residential care for older people.
- A model of co-ordinated healthcare needs to be developed to meet the needs of care home residents
- There is lack of respite beds in residential, nursing and specialist care homes.
- A significant proportion of placements is made in emergency situations and is not planned. This should be addressed through the provision of more step up/step down beds for assessment to allow for time for a package of care to be implemented so that the resident can move back home, if deemed suitable.
- End of life care – there is inconsistency or difficulty with providers' ability to provide care at this stage of the resident's lives.

Generally we expect:

- The need for more specialist care will continue increasing as service users' needs become more complex and demanding and this will require the market to respond by providing differing types of care that meet service users changing needs.
- With the incidence of dementia increasing rapidly in the age 85+ population and with others in the same population group having multiple and complex needs the focus will need to be on providing services that meet such needs.
- Given the alternative support mechanisms in place, and being developed, the need for residential care facilities for older people will continue to reduce although not disappear completely which could have a significant impact on demand for such beds in future.

8. Our Approach in the Future

Our future approach to the commissioning of care home services should ensure that person-centred care is at the heart of the service. Significant change is required to achieve the objectives of this strategy with care home managers well placed to understand the needs of the local community and provide leadership and work collaboratively with people that use services alongside their families and carers.

There should be a culture of actively promoting choice and control, where the staff has access to a development programme of robust quality assurance tools which contribute to achieving effective positive outcomes. It should also ensure that people who use services have access to information and advice, including advocacy to make informed choices.

Commissioners of health and social care will work with the Care Home market through collaborative working and engagement with people that use services to develop alternative models e.g. extra care, and increase models where there are gaps e.g. nursing and dementia care beds. The service specifications for care homes will include the Regional Quality Framework and other relevant and appropriate frameworks.

8.1 Workforce

As the demographic projections and analysis shows, our expected ageing population will affect the type and length of care that is needed for older people in the future. Care homes across Western Bay will have to be mindful of this shift when developing the services they offer, environment they provide and workforce they recruit.

8.1.1 Residential and Nursing Care Homes

The workforce in the care home sector has historically faced difficulties in terms of recruitment, retention and employee satisfaction. Analysis of the demographic projections and looking forward at usage of care homes result in an expectation that in the future when individuals make the decision to enter a residential home these people will be more ill with complex needs. With this shift will come more complex challenges for care assistants and registered nursing staff. Consideration will also need to be given to the government's commitment to pay the living wage to all adults over the age of 25, starting at £7.20 an hour from April 2016 and how this will impact on a workforce that is primarily paid at minimum wage.

In the Older People's Commissioner's Report, 'A Place to Call Home' the importance of workforce in the care home sector has been highlighted:

'Care staff play an essential role in whether or not residents have a good quality of life. The pressures faced by care staff in fulfilling this role, however, should not be underestimated as working with emotionally vulnerable, cognitively impaired and frail older people, often for very low pay, is emotionally, mentally and physically challenging and demanding.'

This statement has been supported nationally as it is also acknowledged that residential care homes are shifting towards the traditional nursing care model and nursing care homes are shifting towards Community Hospitals. Therefore, the complexity of the work for care home staff including unqualified care assistants and qualified registered nurses is increasing without the correlation of training and increased remuneration adapting at

the same rate. Additionally, the Regulations and Inspections of Social Care (Wales) Act (2016) sets out a comprehensive system for the development and regulation of the workforce which will require registration of adult residential care workers by 2022 before they can work in the care sector. This will ensure all residential care workers are appropriately trained to deliver high quality care in a role that is both demanding and challenging.

Through the development of new models of care, workforce planning will need to be a high priority on the agenda on how the current workforce can adapt and be retained with the changes projected for utilisation of care homes. Improved training opportunities, progression opportunities and a more attractive employment package will be needed from the independent sector to improve retention and quality of life not just for the care home residents but for the workforce as a whole.

8.1.2 Dementia and Complex Care

In line with national trends, it is likely that the trigger point for admission into residential and nursing homes will continue to rise and that care home services will increasingly focus on supporting people with more complex needs. For example, the projected increase of older people with dementia, together with the need to shift resources from hospital to community based services is likely to result in an increased demand for the provision of specialist dementia care in care homes.

Adequate minimum training should be provided for all staff, with additional value based training to include support for staff to deal with the different types of residents they will be caring for and their differing and complex needs, whilst ensuring that person centred care is not lost. Mandatory training has been identified by the Care Council for Wales in the guise of the Social Care Induction Framework.²⁰ Additionally, all staff will need to work towards the Code of Professional Practise for Social Care published by the Care Council for Wales²¹

In terms of best practice across Western Bay, NPTCBC currently run a rolling 12 week Introduction to Care including workshops focused on delivering dignity, safeguarding and a 6 week focus on Dementia Care ensuring attendees are aware of the vital importance of care being person centred and holistic. This training is open to anyone and in particular to unemployed people who have an interest in the care sector. Outcomes are excellent with 90% of people completing the course striving towards a career in the care sector.

In the Bridgend area, BCBC provides dementia training free of charge to all care providers in the local authority area. The 'Dementia Training Team' delivers a 10 module structured training package and is available to all care homes.

In Swansea, a bespoke management and leadership programme was developed for care home managers. They also have a regular programme of training including safeguarding and DOLS and dementia awareness and are piloting a QCF level 3 in dementia training which will be rolled out across Swansea if successful. As part of the OPC Report 'A Place to Call Home?' the Welsh Government is writing a national plan to ensure the future supply of high quality care homes is tailored to the population need.

²⁰ <http://www.ccwales.org.uk/resources-for-the-social-care-induction-framework/>.

²¹ <http://www.ccwales.org.uk/code-of-professional-practise/>.

9. Our Commissioning Intentions

On the basis of the analysis and conclusions described above, the Western Bay Health and Social Care Partnership has identified a series of key strategic intentions:

- **Build trust and strengthen partnership** – This strategy identifies challenges both for commissioners and providers, not least from demographic change and scarcity of resources. However it also identifies fundamentally shared values and aspirations. We intend to build on this and work collaboratively with citizens and providers to shape a care home market that responds robustly and creatively to these challenges
- **Ensure quality** – We, together with all those with whom we have consulted are clear that care home services must be provided at a high, yet realistic level of quality. We intend to work with regulators and providers to achieve this.
- **Build and communicate an accurate understanding of future demand for services** – We recognise that there are currently challenges in meeting the needs of people who choose to live in a care home and there are shortfalls in capacity. We aim to develop our knowledge to future capacity requirements in the light of demographic trends and new service models and work with care home providers to plan capacity on the basis of this.
- **Work together to develop and support a sustainable and motivated workforce.** – The committed people that work hard to provide care and support to the residents of care homes are at the centre of our strategy. We have identified difficulties in maintaining a strong workforce and it is clear that the only way to address these issues is together in strong partnership.
- **Build a fair and sustainable care home market supported by reasonable fee levels** – This is an important issue to providers. In the current financial climate, it is a very challenging and potentially divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.
- **Ensure care homes fit within and are supported by a well organised local health and social care system.** – Our “What Matters To Me” service model, strongly reinforced by the feedback we have received during consultation clearly shows that care homes must increasingly work as part of, and supported by a strong health and social care system.

These intentions relate to our original objectives, as described in section 1.2. However they have evolved during the development of this strategy and in particular, having considered and responded to the responses we have received during the consultation for this document.

Following publication of this strategy, Western Bay partner organisations will develop implementation plans which are based on these six key strategic intentions. These can be found as **Appendix 11.8, 11.9 and 11.10**. Generally, and across the Western Bay Region, we will seek to:

- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.
- Work with regulators to develop new person centred and flexible models of care which reduce peoples need to move between establishments as their needs change.

- Support private care home managers and owners to meet regulations stipulated by the Older People’s Commissioner, Social Services and Wellbeing (Wales) Act (2014), NICE guidelines including Medicines Management guidance and the Regulations and Inspection (Wales) Act (2016).
- Support care home providers to deliver the Active Offer as required in “More than Just Words”.
- Reduce the burden of bureaucracy on care home providers focussing instead on individual outcomes.
- Work in collaboration with key stakeholders e.g. CSSIW.
- Publish a market position statement and work engage with current and potential new providers.
- Improve the quality of provision via the Regional Quality Framework and in turn deliver person centred outcomes for everyone in residential care.
- Build relationships and trust with providers to enhance understanding of the operation of the market and how to help providers respond to ongoing changes in demand.
- Develop options for commissioning and contracting to improve sustainability of care homes whilst continuing to improve value for money and taking a strategic approach.
- Draw up new terms and conditions and service specifications in contracts to ensure they are fit for purpose and will meet the needs of the personalisation agenda.
- Work closely with providers to improve sustainability of the workforce. In particular to include an analysis of skills and training requirements, analysis of gaps and recruitment challenges as well as gaps and opportunities for role and career development.
- Continue to build strong collaboration between the Health Board and Local Authority partners to include formal partnership arrangements such as pooled budgets.
- Continue to review, at a minimum of every three years, population ageing and demography to anticipate required changes to the market in line with the Social Services & Wellbeing Act’s Population Assessment.
- Where possible and appropriate, collect service quality and performance data in a consistent format across the Western Bay region sharing best practice.
- Encourage new innovative providers into the region to meet demand and support care home providers in the innovations they want to take forward.
- Ensure that people who are considering a care home placement can make choices based on the provision of accessible and clear information.
- Ensure care plan documentation is available to care homes at an early stage
- Work with providers to consider approaches to capital investment in support of new service developments which align with the Western Bay strategic direction.
- Ensure assessment and care planning practice engages with care home providers to support choice and easy referral and allocation where necessary.
- Ensure community health and social care practitioners work effectively with the staff and residents of care homes in their communities.

9.1 Moving Towards Outcomes

Through consultation with providers, an outcomes framework will be developed along with the outputs that require recording to meet minimum standards. An outcomes-focused approach shifts the focus from activities to reviewing results and from how a service operates to the results or outcomes it achieves. It will also provide greater focus on person centred working that promotes choice, dignity and quality of life. Services will need to be redesigned to be more prescriptive to people's needs with outcomes based assessment and review within residential settings becoming standard practice. The critical outcomes that commissioners will want to see delivered include:

- Personal Outcomes
 - Quality of life
 - Quality of care
 - Person centred
 - Choice

- Market Outcomes
 - More choice and different models of care
 - Flexible provision where changes in health won't always mean moving
 - Planning for the future
 - Stimulate provider sustainability
 - Commission a sustainable business being clear on what is needed
 - Work with secondary care to improve the flow of people from hospital into care homes
 - Value for money

- Workforce Outcomes
 - Make the care sector a viable career choice with more training opportunities
 - Improving leadership and staffing levels

9.2 Monitoring the Strategy

The strategy represents a medium term plan which will be implemented over the next ten years. Monitoring of the strategy will be undertaken through the Western Bay Community Services Planning and Delivery Board on an annual basis, to check its effectiveness and to amend or update both the evidence base and the outcomes framework. The following will be reported to the Board:

- Effective use of resources
- How outcomes have improved
- How the local market has developed
- Value for money

In order to achieve a robust monitoring system the following information will need to be recorded by each Western Bay partner.

- Admissions and discharge information, collated monthly and according to category of care.

- Detailed occupancy and vacancy data which for best practise would be collected monthly although quarterly would be sufficient. This data needs to clearly distinguish between different bed types if it is to demonstrate changing demand for differing bed types over time.
- The age profile of residents by differing bed types. This will allow projections of the impact of demographic change on the need for differing beds to be developed.
- The average length of stay broken down by types of home and category of care.
- Delayed Transfers of Care to identify the primary reasons including whether the bed type required is not available in the local authority area an individual wishes to live.
- Reasons for home closures and the types of bed lost. It needs to be recognised that quality issues can be due to funding levels and an inability to attract and retain appropriately qualified staff. Equally, it may be simply due to a lack of demand for the types of bed provided.
- The number of extra care housing units established in any one year which can then be compared against the changing vacancy levels of various bed types.
- Information from all providers, if data is restricted to those providers that contract with the local authority key trends may be missed.
- Information regarding fee levels charged to the local authorities, private funders and third party agreement fees, there is a need to understand the provider's costs and how differing parties contribute to these costs.

The success of this commissioning strategy will be demonstrated by:

- More older people living independently and supported at home and in their own communities.
- Reduced percentage of unnecessary emergency admissions to hospitals and delayed transfers of care.
- Reduced percentage of people entering residential/nursing care particularly when in a crisis and a reduced average length of stay in nursing care homes.
- A greater understanding and meeting of service users expectations.
- Consistent delivery of specified high standards for service provision.
- Achievement of value for money and the savings with each partners budgets.
- Development of a culture that helps older people make full use of their potential, protects them from harm and ensures dignity and respect.
- Full engagement of older people, residents and their families and independent providers in the delivery and shaping of services.
- Current and new legislation and best practice is implemented effectively.

10. Consultation

This strategy has now been subject to a formal 12 week/90 day consultation period. This period began on the 6th May and concluded on the 3rd August. This was done through:

- Consultation event which took place on the 15th July and was attended by a range of stakeholders including Local Authority, Health Board and Third Sector staff, care home providers, older people's councils and carers.
- E-survey published online via a variety of forums
- Direct emails and phone calls feeding back views

The feedback we received and our detailed responses to this can be found in **Appendix 11.7**.

In general we feel that our consultation identified the following themes:

- General endorsement for our strategy and its aims
- Endorsement of our key values which are generally shared and provide the basis for strong partnership
- The need to build a sustainable care home market supported by reasonable fee levels.
- The need to build and support a sustainable and motivated workforce.
- A recognition of the value of a co-produced and clearly understood definition of "quality". Our work to develop a Regional Quality Framework is endorsed.
- A clear appetite from care homes to work in new and innovative ways
- A recognition of the need for care homes to work within and supported by a strong and well integrated health and social care system.

11. Appendices

11.1 Bridgend, Neath Port Talbot and Swansea Care and Support Services Directory (2015/2016)



Bridgend-Neath-Port
-Talbot-Swansea-Dire

11.2 Western Bay Market Position Statement (2015)



Western Bay Care
Homes Market Positio

11.3 Western Bay Regional Quality Framework (2015)



RQF - 09.03.16.pdf

11.4 Western Bay 'What Matters To Me' Model (2015)



What Matters to Me
Model - FINAL.docx

11.5 Western Bay Intermediate Care Business Case (2014)



\$CAB-140514-REP-S
S-CM.docx.pdf

11.6 Glossary of Care Home Terms



WB Care Home
Strategy Glossary and

11.7 Outcomes and responses to consultation



FINAL WB Care
Home Strategy - Resp

11.8 Bridgend County Borough Council and Abertawe Bro Morgannwg University Health Board Implementation Plan



BRIDGEND - Western
Bay Care Home Comm

11.9 Neath Port Talbot County Borough Council and Abertawe Bro Morgannwg University Health Board Implementation Plan



NPT - Western Bay
Care Home Commissic

11.10 City & County of Swansea Council and Abertawe Bro Morgannwg University Health Board Implementation Plan



SWANSEA - Western
Bay Care Home Comm

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Commissioning Strategy for Care Homes for Older People

Neath Port Talbot County Borough Council Implementation Plan

2016-2019



1. Introduction

This implementation plan has been prepared by Neath Port Talbot Adult Social Care Services following the publication of the Western Bay Commissioning Strategy for Care Homes for Older People. It describes the actions and activities that that we will be undertaking in response to the key priorities identified in this strategy.

2. Objectives and Priorities

The overall objectives Western Bay aims to achieve through implementation of this strategy are:

- Better access to care home services most suitable to people's needs
- Increased choice for service users
- Consistent high levels of quality standards for service users
- Services that offer value for money
- An effective and sustainable care home market
- Attract high quality care home providers to the Western Bay area.

In order to achieve these objectives, the following key strategic areas have been identified for the 10 year period of this Strategy:

1. Build trust and strengthen partnership
2. Ensure quality.
3. Build and communicate an accurate understanding of future demand for services
4. Work together to develop and support a sustainable and motivated workforce.
5. Build a fair and sustainable care home market supported by reasonable fee levels
6. Ensure care homes fit within and are supported by a well organised local health and social care system

3. Our Implementation Plan

Strategic Area 1: Build trust and strengthen partnership			
Outcomes	<ul style="list-style-type: none"> • Supports innovation • Improves quality • Attracts high quality care home providers to the Western Bay area • Providers better able to plan and develop to meet changing needs • Positive climate for addressing workforce and financial challenges 		
Objective/Activity	Milestones	Responsible	Timescale
Publish and consult on Market Position Statement	<ul style="list-style-type: none"> • Engage with providers • Draft MPS • Agree and publish • Engage with providers 	LA Commissioning Team	October 2016 Ongoing
Publish and Consult on NPT Local Commissioning Strategy	<ul style="list-style-type: none"> • Draft Commissioning Strategy 	LA Commissioning Team	November 2017
To build further on the Provider Forums which have been successfully re-launched.	<ul style="list-style-type: none"> • Terms of Reference have been reviewed • New style Provider Forums have been launched as a result of workshops with providers. • Continue to consult and improve provider meetings going forward in 2017. • Provide appropriate presentations, advice and information. 	LA Commissioning Team/Providers	April 2017 Completed

Consider opportunities for commissioning a Social Enterprise to operate, govern and manage Trem Y Glyn.	<ul style="list-style-type: none"> Identify and engage with Social enterprise organisation. Continue to consult with potential interested parties. Provide advice and information to prospective providers. 	LA Commissioning Team	March 2017/19

Strategic Area 2: Ensure quality			
Outcomes	<ul style="list-style-type: none"> Consistent high levels of quality standards for service users Increased choice for service users Attract high quality care home providers to the Western Bay area. 		
Objective/Activity	Milestones	Responsible	Timescale
Implement joint health and social care monitoring using the RQF	<ul style="list-style-type: none"> Review procedures for use of the RQF Review reporting mechanisms to LA & UHB Instigate joint monitoring meetings 	Contracting Officer/ Lead Nurse LTC LA & UHB	January 2017 Completed

Develop a tool for the 15 step challenge in the care home setting	<ul style="list-style-type: none"> Care Homes sub-group to develop the tool and methodology 	Contracting Officer/ Lead Nurse LTC LA & UHB	March 2017 Ongoing work to be completed by WASAB
Continue to implement an enhanced payment system based on the Regional Quality Framework	<ul style="list-style-type: none"> Implementation of the RQF since January 2016 All care homes have been benchmarked against the Bronze standard. Ongoing consultations with providers on how the monitoring team can best support care homes to raise standards and meet the next award. 	LA Commissioning Team/Providers	2016/17 Completed
Early indicators in place that identifies concerns at care homes. Provide more choice via Direct Payments	<ul style="list-style-type: none"> Processes in place to identify and respond to early indicators of concerns in care homes Encourage individuals to have a Direct Payment 	LA Commissioning Team/ LA Quality Reviewing Officers/UHB	2016/17 Completed DP Ongoing
Annual review and accreditation of Care Home services including border homes.	<ul style="list-style-type: none"> All Home to be accredited annually 	LA Commissioning Team	Annually Completed for 2016 New process began for 2017
Strategic Area 3: Build and communicate an accurate understanding of future demand for services			
Outcomes	<ul style="list-style-type: none"> Better access to care home services most suitable to people's needs Improved outcomes for citizens Reduced waiting lists and "blockages" elsewhere in the health and social care system 		

Objective/Activity	Milestones	Responsible	Timescale
Consider opportunities to enhance integration with ABMU in the commissioning of long-term care services	<ul style="list-style-type: none"> • Task/finish group • Proposals to appropriate governance body 	LA/UHB	2016/17 Ongoing
Continue to engage with service providers regarding future population need and suitable service provision	<ul style="list-style-type: none"> • Consult with providers about future demand. • Share the Market Position Statement with providers. • Actively review commissioned services 	LA Commissioning Team/ UHB Long Term Care Team/Providers	2016/17 Ongoing discussions
Review reablement and interim provision in care homes	<ul style="list-style-type: none"> • Based on demand actively seek new services to commission. • Review the step up/down bed provision • Review the Reablement bed provision <p>Care homes are providing emergency short term placements in NPT</p>		2016/17 Ongoing

Strategic Area 4: Work together to develop and support a sustainable and motivated workforce			
Outcomes	<ul style="list-style-type: none"> • Improved recruitment and retention • A well trained and motivated workforce • Improved outcomes and satisfaction for citizens and their families • 		
Objective/Activity	Milestones	Responsible	Timescale
Review and implement ABMU Interface Nurse Posts	<ul style="list-style-type: none"> • Complete pilot • Complete review • Implement recommendations 	Head of Nursing and Lead Nurse Long Term Care UHB	April 2017 ABMU
Co-produce a Nurse Recruitment Protocol - work together with care home sector to develop a sustainable approach to recruitment and retention	<ul style="list-style-type: none"> • Recruit task/finish group • Complete draft Nurse Recruitment Protocol • Complete consultation • Sign off 	Head of Nursing and Lead Nurse Long Term Care UHB	Sept 2018 ABMU
Work across the ABMUHB footprint to develop a proactive approach to clinical support for care homes.	<ul style="list-style-type: none"> • Draft Terms of Reference • Agree meeting dates • Implement 4 x Clinical Support group meetings • Review 	Head of Nursing and Lead Nurse Long Term Care UHB	April 2018 ABMU

	<ul style="list-style-type: none"> • Report 		
<p>Maintain and enhance training opportunities made available to care home providers. Identify training needs on an individual basis during monitoring</p>	<ul style="list-style-type: none"> • Review care home training opportunities • Publish care home training programme • Approved list of external training providers 	<p>LA Commissioning Team/ LA Training Department</p>	<p>2016/17 Completed</p>

Strategic Area 5: Build a fair and sustainable care home market supported by reasonable fee levels

<p align="center">Outcomes</p>	<ul style="list-style-type: none"> • Better access to care home services most suitable to people's needs • Increased choice for service users • Services that offer value for money • An effective and sustainable care home market • Attract high quality care home providers to the Western Bay area 		
<p align="center">Objective/Activity</p>	<p align="center">Milestones</p>	<p align="center">Responsible</p>	<p align="center">Timescale</p>
<p>Implement Care Homes Pooled Budget</p>	<ul style="list-style-type: none"> • Draft S33 agreement • Complete consultation • Sign off 	<p align="center">Head of Nursing/Head of Adult Services LA & UHB</p>	<p align="center">April 2018 Priority for 2017</p>
<p>Continue with ongoing review of the commercial model used by service providers</p> <p>Review the open book exercise</p>	<ul style="list-style-type: none"> • Review Care home fees by Open Book Method • Review concessionary payment award March 2017 • Annual review and accreditation of care Home Services including border homes. • Consider Direct Payments to fund choice of care in care homes. 	<p align="center">LA Commissioning Team/ LA Finance</p>	<p align="center">2017/18/19 Priority for 2017</p>

Strategic Area 6: Ensure care homes fit within and are supported by a well organised local health and social care system

<p>Outcomes</p>	<ul style="list-style-type: none"> • Improved outcomes for services users • Improved stability of placements • Reduced waiting lists and “blockages” elsewhere in the health and social care system • Improved staff morale in care homes 		
<p>Objective/Activity</p>	<p>Milestones</p>	<p>Responsible</p>	<p>Timescale</p>
<p>Review and implement ABMU Interface Nurse Posts</p>	<ul style="list-style-type: none"> • Complete pilot • Complete review • Implement recommendations 	<p>Head of Nursing UHB</p>	<p>ABMU</p>
<p>Review assessment procedures for individuals in hospital moving to care home placements</p>	<ul style="list-style-type: none"> • Task & Finish group • Complete review • Agree recommendations 	<p>Heads of Nursing UHB</p>	<p>ABMU</p>
<p>Review of process relating specifically to delays in discharge from hospitals.</p>	<ul style="list-style-type: none"> • Complete review • Agree recommendations 	<p>Heads of Nursing UHB</p>	<p>ABMU</p>
<p>Implement revised Directly Enhanced Service</p>		<p>Heads of Primary Care and Planning UHB</p>	<p>ABMU</p>

<p>Care homes have named care management assigned to individuals and care homes. Care homes have named nurse assessors</p>	<ul style="list-style-type: none"> • Continue to work closely with ABMU for Joint Monitoring • Ensure Reablement beds are used effectively • Consider ways to reduce DTOC • Review the current joint contract with ABMU 	<p>LA/UHB</p>	<p>2016/17 Completed</p>
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No	Theme	Question	Comment	Activity	Response	Adjustment
1	Alternative provision	Choice	Very little choice for respite care, both residential and nursing	Event	Noted	Insertion to 6.4.5
2	Alternative provision	Choice	Block purchasing respite beds reduces the limited choice available	Event	Noted	Insertion to 6.4.5
3	Alternative provision	Choice	Introduce care beds in sheltered housing so that if peoples needs increase they don't need to move	Event	Noted. This relates to Extra Care Housing.	Insertion to 6.4.4
4	Alternative provision	Choice	Availability of step up and step down beds within a single care home to give individuals and families time to discuss/make arrangements/organise equipment/choose care home – families need time to digest	Event	Noted	Already included in 6.4.6. Retitled
5	Alternative provision	Quality	Home adaptations for carers to sleep	Event	Noted - not within the scope of this strategy	
6	Alternative provision	Choice	Step down process to give people more time to make more informed choices	Event	Noted	Already included in 6.4.6. Retitled
7	Alternative provision	Value	Respite is more time consuming and costly. Staffing at an appropriate level can be difficult.	Event	Noted	Insertion to 6.4.5
8	Alternative provision	Choice	Day care in care homes provides people with taster sessions – needs to be properly funded.	Event	Agreed	New section 6.4.8
9	Alternative provision	Choice	Need to help people help themselves and more options to be available e.g. step down beds, day care, respite.	Event	Agreed	Already included in 6.4.6. Retitled
10	Alternative provision	Choice	Alternate staffing/equipment is sometimes the issue e.g. with the availability to give IV antibiotics in the home. ACT supports with this (rapid response, 4 hour response from Community Resource Teams)	Event	Noted	
11	Alternative provision	Choice	Dementia villages should be considered to add to choice	Event	Noted	See Section 6.4.12
Page 2	Alternative provision	Choice	Try before you buy to make a clear and informed choice e.g. respite and day care available in homes to ease transition/help potential residents have fears dispelled/make informed choice.	Event	Noted	
23	Alternative provision	Choice	Health Board – responsibility in developing flexible bed options	Event	Noted	
03						
14	Alternative provision	Choice	Sheltered housing isn't sheltered housing any longer – wardens aren't 24 hour and people need that safety net to keep them living there for longer.	Event	Noted - we need to make sure there are a flexible range of options for accommodation with support including Extra Care Housing.	See Section 6.4.4
15	Alternative provision	Choice	Health and social care support available in people's own homes to delay admission to long term care home placement particularly needed at night e.g. night sitters.	Event	Noted - not within the scope of this strategy	
16	Alternative provision	Choice	Capitalise on preventative services - telecare, pressure mats, befriending services	Event	Noted	
17	Communication	Quality	Lacking information about availability in central point of access	Event	Not clear. However this relates to the availability of a single point of access within each LA area and is not within the scope of this strategy.	
18	Communication	Quality	The 'category of care' the person is assigned to is not known until later in the process stopping people from making decisions about available options	Event	Noted	
19	Communication	Quality	General information about the process of choosing a care home is lacking e.g. a simple fact sheet or clear information about different types of beds	Event	Agreed	Addition to commissioning intentions

20	Communication	Choice	Educate people to make early choices on care homes	Event	Noted	Addition to commissioning intentions
21	Communication	Choice	Care plan that travels with the person from (own/care) home to home.	Event	Care plans are already expected to do this.	
22	Communication	Choice	Choice of places to live where residents are treated "normally" e.g. by going down the pub if that's what they like doing, having shared rooms for married couples.	Event	Noted - links to Regional Quality Framework	
23	Communication	Choice	List of care homes available for older people and their families with clear information on what the care homes provide and their recent vacancies etc.	Event	Agreed	Addition to commissioning intentions
24	Communication	Choice	Brochures for different care homes available to patients and families remembering that not everyone is computer literate.	Event	Agreed	Addition to commissioning intentions
25	Communication	Choice	Ensure Family Information Services are up to date with most recent information.	Event	Agreed	Addition to commissioning intentions
26	Communication	Choice	Support care homes - ensure robust care plan available early and up to date	Event	Noted	Addition to commissioning intentions
27	Communication	Choice	Support care homes - allow better access to patients for care home manager	Event	Comment not clear	
28	Communication	Choice	Improve communication with care homes/families and LA/Health Board staff – more joined up working	Event	Agreed	Already in commissioning intentions
29	Communication	Choice	Highlight individuals' favourite foods and if they need assistance with eating	Event	Noted	
30	Communication	Choice	Lack of information and communication on alternative services e.g. "shared lives scheme".	Event	Noted	Addition to commissioning intentions re provision of information
31	Communication	Value	Value for money is different for different individuals – must be VFM for them!	Event	Noted	
32	Communication	Value	Joined up planning requirement	Event	Noted	Already in commissioning intentions
33	Communication	Quality	What is quality? It's different to different people, subjective measures. Is it the service user's choice?	Event	Noted. The Regional Quality Framework seeks to define commonly agreed quality standards.	
34	Communication	Quality	Reputation	Event	Comment not clear	
35	Communication	Quality	Lack of engagement across sectors to resolve issues having effect on quality	Event	Noted	
36	Communication	Quality	Important to recognise the journey of the individual and their families	Event	Noted	
37	Communication	Quality	Individuals preferences are respected and not ignored – "What Matters To Me" questions are asked to gather individuals' likes and dislikes as a starting point that can be revisited and reviewed	Event	Noted	
38	Communication	Quality	Activity programmes that are individualised – some people just want a chat, some want activities e.g. bingo, some want help in practising their faith etc.	Event	Noted. These issues should be covered in more detail in service specifications and the Regional Quality Framework.	
39	Communication	Quality	Tailoring services to fit need/Person-centred – multi-skilled staff	Event	Noted	
40	Communication	Quality	Highlight what families can do to help/provide support	Event	Noted	

41	Communication	Quality	RQF – capture real life experience of residents, families and carers?	Event	Agreed - RQF aims to capture this.	
42	Communication	Quality	Engage with carer – share what residents have done whilst they have been away, include and involve them	Event	Noted	
43	Communication	Quality	Shared understanding of quality – service user/professionals/commissioners/family etc.	Event	Agreed. The Regional Quality Framework seeks to define commonly agreed quality standards.	
44	Communication	Quality	Communication – if quality of information to care homes from hospitals and social workers is improved it would also drive up overall quality of service – care home managers would like to see relationships being built up across service	Event	Agreed	Addition to commissioning intentions re provision of information
45	Communication	Quality	Provider meetings really helpful for sharing best practice and information	Event	Noted. WB LAs commit to building on this - already a commissioning intention.	
46	Communication	Quality	Complaints procedure needs to be clear – including relatives and residents meetings	Event	Noted. Effective complaints procedure is included in the development of the Regional Quality Framework.	
47	Cost	Quality	Gwalia homes Vs other homes in Neath Port Talbot – significant cost difference	Event	Noted. Commercial issue	
48	Cost	Quality	Low fees make it difficult to build a business case for more provision	Event	Noted. WB Partners are committed to working towards a sustainable care home market.	
Page 206	Cost	Quality	Huge cost for care homes in training staff – with no guarantee of retention, staff can move on	Event	Noted. WB Partners are committed to addressing this issue.	See specific commissioning intention.
205	Cost	Quality	National financial impact – no housing benefit	Event	Comment not clear but financial challenges are noted.	
51	Cost	Quality	Affordability of the public purse – how does this meet the needs of the future?	Event	Noted. The Commissioning Strategy seeks to address the issue of meeting future need.	
52	Cost	Quality	Spending life savings on being able to access the care home you want	Event	Noted	
53	Cost	Quality	Not for profit options – can be more costly	Event	Noted	
54	Cost	Quality	Barriers for providers entering the market - availability of capital	Event	Noted	
55	Cost	Quality	Clarification of voluntary contributions	Event	Noted	
56	Cost	Choice	Un-level playing field – distribution of resources to invest in the sector – some providers are given finances to build and develop premises – where others will not be given funds from banks due to lack of stability of the sector and costs attributed e.g. living wage	Event	Noted. Specific circumstances and comparisons cannot be addressed in this strategy, but WB is committed to working in equal partnership with providers across the sector.	
57	Cost	Choice	Choice is often dependent on cost and affordability – this needs to be fair as lack of resources can impact on the choice made by individuals requiring care and their families	Event	Noted.	
58	Cost	Value	Discourage block contracts	Event	Noted. We will work collaboratively with providers to develop a range of commissioning options to the meet the demands of our market.	

59	Cost	Value	Financial climate difficult	Event	Noted. WB Partners are committed to working towards a sustainable care home market. See key strategic intentions.	
60	Cost	Value	Clarification of voluntary contributions – on booklets for care homes identify which require “top-up”.	Event	Noted. This should be included in the provision of good quality information to support choice.	New strategic objective added.
61	Cost	Value	How do you define value for money when you are paying two different fees for the same services?	Event	Noted. Specific circumstances and comparisons cannot be addressed in this strategy, but WB is committed to working in equal partnership with providers across the sector.	
62	Cost	Value	Living wage	Event	Not specific but the challenge of supporting a sustainable and committed workforce is recognised.	
63	Cost	Value	Wage percentage increases/pension costs etc.	Event	Not specific but the challenge of supporting a sustainable and committed workforce is recognised.	
Page 4 206	Cost	Value	Funded nursing care £140 per week - not enough to provide good quality nursing care	Event	Noted. WB Partners are committed to working towards a sustainable care home market. See key strategic intentions.	
65	Cost	Quality	Investment in service and training of the sector can lead to a positive view of the caring profession which resonates through the residential home sector...encourages career pathway through care sector in the wider community/forging a career in the care sector will receive family support. Link to job centre for support.	Event	Noted. WB Partners are committed to developing and promoting a sustainable workforce. Key strategic intention.	
66	Cost	Quality	Task orientated staff due to resources e.g. washing, cleaning, feeding. Chatting to residents about their lives, interests etc. is just as important but limited resource to allow the staff to spend quality time with residents.	Event	Noted. WB Partners are committed to developing and promoting a sustainable workforce. Key strategic intention.	
67	Cost	Quality	Cost implications on excellent quality e.g. staff time/recruitment and retention of good staff	Event	Noted. WB Partners are committed to developing and promoting a sustainable workforce. Key strategic intention.	
68	Cost	Choice	Time pressure on choice when admission to care home is from a hospital bed – urgency to move people on	Event	Noted	New strategic objective
69	Cost	Choice	As there is a lack of nursing beds across Western Bay, appropriate placements sometimes need to be identified out of county. This process increases length of hospital stay.	Event	Agreed. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	

70	Geography	Quality	Location of care homes available relating to usual place of residence – local availability and transport available	Event	Noted. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	
71	Geography	Choice	Geographical divides – locations of some homes limits choice	Event	Noted. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	
72	Geography	Quality	Location of care home extremely important to some people to link with family/friends/visitors	Event	Noted. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	
73	Infrastructure	Quality	Design of rooms in care homes even in purpose built homes e.g. no lifts	Event	Noted although not entirely clear. This relates to the key strategic objective of supporting care homes to meet regulatory standards.	
74	Infrastructure	Choice	Not only care but also the environment needs investment	Event	Noted. Financial challenges are noted. WB Partners are committed to working towards a sustainable care home market.	
75	Infrastructure	Choice	Environment in care home is calmer and cosier than hospitals	Event	Noted	
76	Infrastructure	Value	Other costs for care home providers – heating/maintenance/contracts/food	Event	Noted. Financial challenges are noted. WB Partners are committed to working towards a sustainable care home market.	
77	Infrastructure	Choice	Anxiety towards the long term use of the buildings of some care homes when prospective residents visit them when there are rumours or long term plans	Event	Comment not clear but respect the need for commissioners and providers to have a clear understanding of future commissioning intentions.	
78	Leadership	Quality	Risk adverse approach in hospitals – could patients try and go home if this wasn't the case – different behaviour in hospitals compared to if at home.	Event	Noted	
79	Leadership	Choice	Leadership is key!	Event	Agreed.	
80	Leadership	Value	RQF – achievable but cost is the issue in meeting each criteria	Event	Noted.	
81	Leadership	Quality	Move away from form filling and move towards achieve each individual resident's personal outcomes	Event	Noted.	New strategic intention re: reducing the burden of bureaucracy.
82	Leadership	Quality	Celebrate good practice and good care e.g. Magic Moments in Care Homes	Event	Noted. It is expected that the implementation of the RQF facilitates celebrating good practice.	
83	Leadership	Quality	Take time to recognise positive feedback, not just negative.	Event	Noted. It is expected that the implementation of the RQF facilitates this.	

84	Leadership	Quality	Provision to share best practice	Event	Not clear. However our commitment to the Regional Quality Framework, together with the promotion of partnership through, for example, provider forums will enable us to share good practice.	
85	Leadership	Quality	Acknowledgement made of the benefits of having a structured quality system against which services are measured e.g. RQF	Event	Agreed. We regard this comment as an endorsement of our work developing a RQF	
86	Leadership	Quality	Quality led by the care home manager	Event	Noted	
87	Legislation	Quality	Individuals' care needs changing e.g. receiving a diagnosis of dementia whilst in a care home – need flexibility to be able to keep people in their existing placement if made before diagnosis BUT registration limits the flexibility	Event	Agreed	New strategic intention
88	Legislation	Quality	Need more fluidity with registration – availability depends a lot on recruiting qualified staff	Event	Agreed	New strategic intention
89	Legislation	Quality	Recommendation of dual registered homes i.e. residential and nursing so residents don't have to move if their needs change.	Event	Agreed	New strategic intention
90	Legislation	Quality	Barriers for providers entering the market - minimum standards	Event	Noted although not clear	
91	Legislation	Quality	Barriers for providers entering the market - regulations	Event	Noted although not clear	
92	Legislation	Choice	Care standards policy can be restrictive – care standards staffing is an issue because people have complex needs	Event	Noted	
Page 203	Legislation	Value	Government funding/grants/needed to help reduce costs.	Event	Noted but outside the scope of this strategy. However the need to support easy access to capital funding is noted.	New Strategic intention
93	Legislation	Value	Pooled resources	Event	Not clear	
94	Legislation	Quality	CSSIW Inspections	Event	Not clear	
95	Legislation	Quality	CSSIW regulations help to set a standard	Event	Not clear. CSSIW regulations are standards.	
96	Legislation	Quality	Improvement in quality observed for inspections – ensure this raise in level is continued	Event	Noted	
97	Legislation	Quality	Raise wider awareness of ratings e.g. CSSIW reports/RQF	Event	Noted	
98	Cost	Quality	Evidence of profit	Event	Not clear.	
99						
100	Sector	Quality	Variance of availability of care home services across different areas of Neath Port Talbot	Event	Noted. The availability of sufficient care home capacity to ensure adequate choice of good quality care homes is a key objective of this strategy.	
101	Sector	Quality	Requirement to map care home provision	Event	We feel that Section 6 of our document achieves this.	
102	Sector	Quality	Difficult to increase provision of care homes across Western Bay due to the instability of the sector	Event	Noted. This strategy seeks to promote a more stable care home market across the Western bay region	
103	Sector	Quality	Availability of spare capacity rather than full utilisation e.g. occupation.	Event	We are looking to develop a care home market that meets needs.	
104	Sector	Quality	Difficult to increase provision & choice when forecasts show a reduction in need e.g. residential beds	Event	We are looking to develop a care home market that meets needs.	

105	Sector	Quality	Need to update terminology and stop using EMI (elderly mental infirm)	Event	Agreed - we do not use this language in this strategy.	
106	Sector	Quality	Placements are for shorter periods of time now compared to historically	Event	Agreed	
107	Sector	Quality	Attraction of market	Event	Not clear	
108	Sector	Quality	More availability of information to promote choice – not just based on whether there are vacancies in a particular home	Event	Agreed	New strategic intention
109	Sector	Choice	Demand and supply of care homes has direct effect on choice	Event	Agreed	
110	Sector	Choice	Do we need homes with a combination of NHS & Private Sector?	Event	The mix of funding sources in care homes will be the subject of ongoing discussion between commissioners and providers in the Western Bay area	
111	Sector	Choice	Choosing to live in residential care should be seen as a positive choice	Event	Agreed	
112	Sector	Choice	Need to show providers confidence in the market leading to eventual stability in the market	Event	Agreed	
113	Sector	Value	Top up fees are inevitable to make a sustainable business model	Event	Agreed that an appropriate use of 'third party contributions' can be beneficial for providers - when delivered in accordance with guidance such as that provided by the Older Person Commissioner	
114	Sector	Value	Realistic – better value for money may not mean cheaper	Event	Agreed	
115	Sector	Value	Share resources across providers	Event	Agreed	
116	Sector	Quality	Care homes need to be a community in its own right and to be part of the wider community – link to schools, colleges etc. for events and visitors	Event	Agreed	
117	Sector	Quality	Sector needs to be forward thinking i.e. for tomorrow's generation of older people	Event	Agreed	
118	Sector	Quality	Basic quality – we expect to be fed and watered in a home that is warm and comfortable.	Event	WB RQF seeks more than this basic level of quality.	
119	Sector	Quality	Quality decisions include - best interests, environment e.g. bright/light/space for visitors/outside space	Event	Noted - included in the RQF	
120	Sector	Quality	More emphasis on care over environment – 5* accommodation doesn't always mean good care	Event	Noted. RQF seeks to set acceptable standards for both care and the physical environment. We do not accept that one needs to be traded off against the other.	
121	Sector	Quality	KEY – care homes are people's homes	Event	Agreed	
122	Specialist Care	Quality	Lack of availability for older adult mental health placements (with a direct effect on safety), especially nursing/dementia care as people are living at home for longer	Event	Agreed. Section 6.4.13 notes this.	
123	Specialist Care	Quality	Lack of availability for specialist placements e.g. for people living with Huntington's	Event	Noted - although this strategy relates to Western Bay commissioners commissioning approach for older people, the requirement for placements for those with specialist complex needs is noted in Section 6.4.13	

124	Specialist Care	Quality	Specialist bed availability – delay in funding decisions – patient experiences	Event	Noted	
125	Specialist Care	Quality	Lack of homes for life and provision for end of life care	Event	Agreed. This issue is noted in Section 6.4.7	
126	Specialist Care	Choice	Limited choice available across dementia care services	Event	Agreed. Section 6.4.13 recognises this.	
127	Specialist Care	Choice	More difficult to get funding for dementia care services	Event	Agreed. Section 6.4.13 recognises this.	
128	Specialist Care	Choice	Needs of early onset dementia – patients in care homes are an issue on respite and placements	Event	Agreed but out of the scope of this strategy	
129	Specialist Care	Value	Standards incur costs that are passed onto relative – moving care is expensive	Event	The challenge of balancing quality care with affordable costs is noted.	
130	Specialist Care	Quality	End of life care – when a care home rings 999 for an individual to go to hospital at the end of their life, the individual would invariably rather remain at home – recently discussed at Unscheduled Care Commissioning Board. Good practice needed to be shared for end of life care.	Event	Noted.	
131	Specialist Care	Quality	Dietetic support – being offered what they need when they want it	Event	Agreed	
132	Specialist Care	Quality	Access to specialist services when needed and closer links to be established	Event	Agreed	
133	Staff	Quality	Difficulty recruiting trained nurses – need improved access to recruit	Event	Agree. This is noted in Section 6.4.3 and a specific strategic intention relates to this.	
134	Staff	Quality	Delay in social workers being allocated to individuals to progress with the process	Event	Noted.	Yes strategic intention
135	Staff	Quality	Support workers for families in this situation	Event	Not clear	
136	Staff	Quality	Lack of night sitters is the main reason for placements	Event	Noted	
137	Staff	Quality	Nurses in hospital wards are very busy so no one to talk to – need liaison link with family	Event	Noted	
138	Staff	Quality	Early identification of who will need assistance on discharge and not just when they get well	Event	Noted	
139	Staff	Quality	Barriers for providers entering the market - availability of suitably qualified staff	Event	Noted. We have specific strategic intentions relating to working with prospective new providers and taking a collaborative approach to workforce.	
140	Staff	Quality	Utilise workforce appropriately - skills/empowerment/shared responsibility between health and social care/retrain workforce to meet needs	Event	Agreed - strategic intentions relating to a collaborative approach to workforce.	
141	Staff	Value	Cost of staffing	Event	Not clear	
142	Staff	Value	Collaborative training approach can save money	Event	Agreed. Already a strategic intention	
143	Staff	Value	Flexibility of workforce	Event	Not clear	
144	Staff	Quality	Increased staff levels and better pay = better quality	Event	Agree	
145	Staff	Quality	Staff treated well and with respect as they work very hard – whilst skills can be difficult to quantify	Event	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
146	Staff	Quality	First year staff are in post - very important to ensure levels of quality delivered – 6 to 10 months' probation	Event	Noted	

147	Staff	Quality	Registration of care workers a good thing – see it as a profession? Cost of registration?	Event	Noted	
148	Staff	Quality	Funding for training for over 25s (Level 2) have little assistance but may have life skills to deliver exceptional care.	Event	Not clear	
149	Staff	Quality	Poor quality – poor records e.g. food charts missing	Event	Not clear	
150	Staff	Quality	Staff caring/friendly/interested	Event	Noted	
151	Staff	Quality	Education (e.g. NVQs) can be a barrier	Event	Noted.	New strategic intention
152	Staff	Quality	Link social workers to individual homes?	Event	Noted.	
153	Staff	Quality	Importance of trust	Event	Agree - WB partners are seeking to build and demonstrate trust.	
154	Staff	Quality	Staffing at night ratios – uniformity needed	Event	Staffing levels need to be based on service user need and therefore cannot be uniform.	
155	Staff	Quality	Training needs to be consistent across homes with one standard approach – standard assessment centres for QCF/NVQs – and needs to be high quality	Event	Agreed - strategic intentions relating to a collaborative approach to workforce.	New strategic intention
156	Staff	Quality	Requirement for more qualified nurses – could nursing assistants be introduced for some of the nursing tasks e.g. medication	Event	Noted - opportunities for development of skills across whole workforce should be explored	
Page 2 157	Staff	Quality	Importance of Welsh Language and its importance in people's lives – true for many different cultures	Event	Agree. We are committed to meeting our duties and responsibilities under the Welsh Language (Wales) Measure and supporting others with their language choices	Additional section
158	Staff	Quality	Team work important and innovative approach taken to keep things 'fresh'	Event	Noted	
159	Sector	Availability	1 stop shop	Survey	Not clear	
160	Communication	Availability	A central coordination hub / management hub organising services in a systematic manner.	Survey	Noted.	
161	Cost	Value	Affordable care for the future	Survey	Not clear	
162	Communication	Quality	Better outreach services engaging with the elderly and their families before someone actually needs to go into a home. Reduce the stigma attached to residential homes, reach out to a younger audience, invite people in to see the homes when they are fit and well enough to make informed choices.	Survey	Noted	
163	Alternative provision	Availability	Better provision during working years to allow saving for retirement and care if required, better distribution of the budget between NHS and community care	Survey	Noted. Beyond the scope of this strategy	
164	Alternative provision	Availability	Care homes like Arwelfa in Croeserw, Cymmer must stay open	Survey	Noted. Individual circumstances cannot be considered within the scope of this strategy	
165	Infrastructure	Quality	Consistently high standards in truly caring environment at reasonable cost that the majority can afford	Survey	Noted as an aspiration.	
166	Specialist Care	Availability	Enough specialist beds i.e. dementia care for challenging behaviour (currently lack of)	Survey	Agreed. Section 6.4.13 notes this.	
167	Cost	Availability	Extra funding	Survey	Not clear	
168	Sector	Availability	Finance / Accessibility / audit and monitor of standards / consistency of care.	Survey	Not clear	
169	Communication	Choice	Forward planning with potential residents - involve us in the design stage when we are fit and well	Survey	Noted.	

170	Cost	Value	Funding for individuals, local authorities and providers to ensure that the service provided can be delivered at a cost that can be afforded	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
171	Cost	Value	Funding takes into account the increasing costs to smaller homes	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
172	Legislation	Value	Joint NHS and Social Services budget	Survey	Agreed. WB partners will be required to develop pooled budgets as a requirement of the SS&WB Act for care home placements by April 2018	
173	Sector	Availability	More care homes needed	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	
174	Communication	Quality	More emphasis on person centred planning to fit the service to person rather than person to service	Survey	Noted - this is being picked up as we develop our approach to assessing need reflecting the requirements of the SSWB Act.	
175	Communication	Choice	More information needs to be made available and the information to be easily accessed	Survey	Agree	New strategic intention
176	Cost	Value	Standardisation of costs for admission into homes	Survey	Not entirely clear.	

177	Sector	Availability	Sufficient flexible/spare capacity to be retained within the homes to support changing demands	Survey	Keeping "spare capacity" would be an individual business decision for care home managers.	
178	Infrastructure	Availability	A mix of modern, affordable and accessible care home places	Survey	Noted	
179	Infrastructure	Quality	Access to information, use of IT e.g. Skype where families are unable to visit.	Survey	Noted.	
180	Communication	Choice	Advocacy where appropriate to support individuals and families - stop the railroading of "professionals know best"	Survey	Noted. The provision of information, advice and advocacy is a requirement of the SSWB Act.	
181	Communication	Choice	More and better information available	Survey	Noted	New strategic intention
182	Sector	Availability	Care homes are allowed to differentiate themselves and not become one size fits all	Survey	Noted	
183	Cost	Value	Better financial support for care homes to pay decent wages and have decent staffing levels	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels.	
184	Communication	Choice	Good access to all easily comparable information available in one place for a suitable broker or helper to present choices to potential residents	Survey	Noted	New strategic intention
185	Communication	Choice	Good quality choices of home services and care homes available. Information that categorises and gives a quality mark for each service or grade. Gives what areas they specialise in so carers and families can make informed choices.	Survey	Noted.	New strategic intention
186	Sector	Availability	In Bridgend, more care homes for local residents	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	
187	Sector	Quality	Local provision is best - if consistent quality across the region then issue of 'choice' becomes less important	Survey	This relates to the common Regional Quality Framework	
188	Geography	Availability	Location should be paramount, ensuring that all homes that are likely to meet patients' needs are acknowledged to the person or advocate.	Survey	Noted	
189	Sector	Availability	More care homes for the ageing population	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	
190	Legislation	Quality	More transparency. The care homes website for example, differs from CSSIW statements.	Survey	Not entirely clear, but the provision of accessible and good quality information is a new strategic intention.	
191	Sector	Availability	Stop closing the available care homes	Survey	WB partners recognise that the decommissioning of care homes is likely to be difficult for individuals and communities. We are committed to commissioning and, where necessary, remodelling services to meet the needs of communities and individuals.	
192	Geography	Availability	Sufficient care homes across the areas served, at least one per ward/neighbourhood	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	

193	Alternative provision	Quality	Better outreach services engaging with the elderly and their families before someone actually needs to go into a home.	Survey	Noted - not within the scope of this strategy, but part of our overall "What Matters to Me" model.	
194	Sector	Quality	Reduce the stigma attached to residential homes, reach out to a younger audience	Survey	Noted	
195	Communication	Quality	Invite people in to see the homes when they are fit and well enough to make informed choices	Survey	Noted	
196	Communication	Quality	Be consistent. Be honest. And speak to all staff and residents not just the chosen few.	Survey	WB partners are committed to working with care home residents, providers and stakeholders in an open, honest and transparent way which is reflected in our RQF..	
197	Sector	Quality	Be research based, and up to date. Boot out old fashioned ways of working.	Survey	Noted	
198	Staff	Quality	Better trained managers and staff	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
199	Infrastructure	Quality	Good standard premises	Survey	Not clear	
200	Communication	Quality	Care homes should be located in a community setting with lots of community input	Survey	Agree	
201	Sector	Quality	Care Standards Act 2000 - Should this question really be needed or has no progress taken place in 16 years??	Survey	Not clear	
202	Sector	Quality	Flexibility and partnership working - trust. Positive risk taking.	Survey	Noted - WB partners are committed to building trust	
203	Cost	Value	Funding needs to increase to reflect the costs that care homes have to pay for staff and other costs	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
204	Legislation	Quality	Good legislation to stop abuse in care homes	Survey	Not clear	
205	Legislation	Quality	Higher standards and be inspected regularly	Survey	Agreed.	
206	Staff	Quality	Highly trained staff selected through robust recruitment processes, multi-agency support available at all times	Survey	Noted	

207	Staff	Quality	Human kindness	Survey	Agree that this is a fundamental quality that should be nurtured in all care home environments	
208	Staff	Quality	Invest in staff/resources for caring staff	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
209	Legislation	Quality	Need to have set standards in all care homes with relevant reviews and validation	Survey	This relates to our Regional Quality Framework	
210	Staff	Quality	Onsite OT, Physio services, GP's appointment room, Rehab rooms with equipment so people are not bussed about when they have an appointment.	Survey	Noted	
211	Legislation	Quality	RQF in place and workforce development to support all frontline staff	Survey	Agree. This reflects our strategic intentions	
212	Legislation	Quality	Unannounced inspections, easier for families to complain and raise concerns	Survey	Agreed.	
213	Legislation	Quality	Very rigorous inspection	Survey	Agreed.	
214	Staff	Quality	First class staff training	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
215	Staff	Quality	A career / pay scale that values the importance and helps improve status of all care home staff	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
216	Staff	Quality	Well-trained staff, working in a person-centred way. E.g. for patients with hearing loss - 70% of people over 70 have a hearing loss - this requires excellent communication skills and high levels of deaf awareness	Survey	Noted.	
217	Legislation	Quality	A shared understanding and agreement on how to evidence the standards - quality means different things to different people	Survey	This relates to our Regional Quality Framework	
218	Legislation	Quality	Better regulation, set a standard in services and accommodation that all residential care homes have to achieve not just the private sector but public sector services.	Survey	This relates to our Regional Quality Framework which we will apply equally across the sector	
219	Legislation	Quality	Care Standards Act 2000 - Should this question really be needed or has no progress taken place in 16 years?? What has the Care Council for Wales achieved with regard to a register for care staff?? Over 10 years ago this register was meant to have been implemented. If the Care Council is not fit for purpose why is it still funded	Survey	Beyond the scope of the Western Bay Commissioning Strategy	

220	Cost	Value	An understanding of what good value for money is - good quality is better value in the longer term - not cheapest is best	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.
221	Legislation	Quality	Better monitoring and set standards that homes have to achieve year in year out. No point achieving a standard if the home is judged against this standard every three years or so.	Survey	Noted.
222	Cost	Value	Councils need to take into account that good value for money means supporting funding for statutory increases in costs such as the increase in wages, pensions and increased training.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.
223	Sector	Value	Do not commission with failing care homes	Survey	Noted
224	Sector	Value	Do not privatise. In house is the best value for money	Survey	Noted

225	Cost	Value	Ensure funding for the provision of residential care is sufficient to meet increasing expectations of all stakeholders.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.
226	Legislation	Value	Good inspection regime	Survey	Not entirely clear although of course we are seeking to have a strong quality monitoring process in partnership with CSSiW.
227	Staff	Value	Good value for money does not mean good quality services. Look at the standards of training and support provided to care staff rather than price	Survey	Agree. These are key elements of the RQF.
228	Sector	Value	Level playing field in terms of fees paid across the regional market place	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.

229	Cost	Value	More finance available so that tenders are based on quality standards and not solely on the cheapest tenderer.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
230	Legislation	Quality	Regular review and monitoring of the services being provided	Survey	Agreed - we are looking to build on a strong quality monitoring process we have in partnership with CSSiW	
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231	Cost	Value	Sufficient financial resources (!), used effectively, strictly monitored	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
232	Cost	Value	This may end up with poor quality homes.	Survey	Not clear	
233	Cost	Value	Vale for money does not necessarily mean quality. E.g. Cheap in continence product are a waste of resources, don't hold urines and degrade skin. But a decent product that has barriers protection built in. Tena, although expensive, will save money on continence care and skin damage.	Survey	Noted	

234	Cost	Choice	More finance available	Survey	Noted. We are in a period of unprecedented pressure on resources, however, Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
Page 215	Alternative provision	Choice	All of the health service provisions that the elderly have to go to their GP or outpatients department for appointments. A rehab gymnasium, GP surgery on appointment, it's not just about having the hairdresser in every other Friday its about attending to the mental and physical health of residents without the fear of being a burden if you have to be taken to appointments by staff which takes all of your independence away	Survey	Noted.	
Page 216	Sector	Choice	Allow for the ageing population and not expect the lower earning sector to miss out	Survey	This is not our intention.	
237	Sector	Choice	Ask the people living there what they need. E.g. someone to take them out shopping etc.	Survey	Our Regional Quality Framework places emphasis on the individual preferences and choices of care home residents i.e. person-centred approaches.	
238	Communication	Choice	Ask the people who use services and who care for the person. They are the experts. They know what the person likes to do or what engages him/her best. Think outside the box for suggestions, not the normal or what has been offered previously. People like simple things that actually cost very little to implement.	Survey	Noted.	
239	Cost	Choice	Consider block funding to ensure some financial security for providers. Consider alternative ways of contracting for them	Survey	Agree - already a strategic intention.	
240	Communication	Choice	Consult with residents and families to discover what THEY would like, source best providers, promote volunteer activities from within the community, universal access for all	Survey	Noted.	
241	Staff	Choice	Expand current chaplaincy provision in hospitals to Care Homes - this could incorporate current provision from local faith groups.	Survey	Noted.	
242	Staff	Choice	Follow the Cardiff and Vale elderly care services way of working. Care home nurses can refer direct to SALT, CMHT audio, dentist etc. without going through the GP which wastes time - respect nurses knowledge.	Survey	Noted	
243	Staff	Quality	Good quality trained staff ,specialist units , all homes that we commission from have to show training records etc. of all staff	Survey	This relates to our Regional Quality Framework	

244	Cost	Value	Look at funding - it is difficult for smaller homes to offer wider services and maintain good staffing levels.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
245	Sector	Value	More in-house services being made available, so any savings from this can be utilised elsewhere in the care system.	Survey	Noted.	
Page 220	Alternative provision	Quality	More flexible day services and short stay/respite opportunities; work with providers to share good practice and identify where spare capacity is best utilised; better connection with local community activities; encourage inter-generational knowledge exchange through links with schools (see Hairy Bikers 'Old School' programme)	Survey	Noted.	New Section 6.4.8 re: Day Services
	Staff	Quality	More peripatetic services offered like occupational health, nursing, podiatry, chiropody	Survey	Noted. We will seek to develop the relationship between care homes and community health and social care services.	
	Specialist Care	Availability	More specialist beds for people at end stage of dementia	Survey	Noted.	
	Cost	Availability	Resource needs to be looked at along with additional homes in the first place	Survey	Not clear	
250	Alternative provision	Value	Stop looking at traditional care homes, people can be supported in their own homes with assistive technology which in the long term is more cost effective	Survey	The overall Western Bay "What Matters to Me" Model emphasises the promotion of independence and the provision of flexible support to help people stay at home for as long as possible. However, we expect that people will still need/choose to live in a care home and we want to make sure this choice is equally available to all of our older population. This is the scope of this particular strategic document.	
251	Communication	Quality	Tell us what services they are looking for and ask us for ways to provide them. Also allow care homes to deliver the services that are person centred to the residents in their home, even if the councils do not rate them, the residents do	Survey	Noted.	
252	Communication	Quality	Work to find out what people really want in a care home for when they are older - we are a diverse community - care homes need to reflect this	Survey	Noted.	

253	Sector	Availability	Work very closely with the independent sector to agree joint strategies on delivery	Survey	This is what WB partners are committed to doing through the development of this strategy.	
254	Cost	Availability	Better funding (e.g. funding for older people is a fraction of that for people with functional mental health problems and learning disabilities yet the needs can still be as great if not more)	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
255	Cost	Value	Care home providers take a risk with their own money that they invest in the homes they buy. As with all business the return for this risk should be good value for money, so the price paid should cover the costs of running a decent service and a profit. Councils should recognise that they need to support private homes with placements and provide a list of those looking for placements to the homes. They should also speed up the assessments of those who need residential care. Also we have 3 staff working for us whose parents have been assessed as only needing a few visits whereas they need full time support. This incorrect assessment although cheaper to the council is causing families excess pressure and allowing too many vacancies to occur in homes.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
256	Cost	Value	Cheaper tax, cheaper essential services Welsh Assembly and Central Government should reduce the overheads for care homes that provide high quality care and services to the elderly. Inspected regularly by COMPETENT inspectors will drive up the standards of care provision in this country.	Survey	Noted but this issue is outside the control of the WB partnership.	
257	Legislation	Quality	Emphasise the quality of life of the area, highlight the standards we are seeking to achieve	Survey	This relates to our Regional Quality Framework	
258	Staff	Quality	Ensuring positive links with community services to support the care needs of patients via staff training , end of life care issues, advanced care planning - collaborative working to support patients and services.	Survey	Noted	New strategic intention relating to links with community services

259	Sector	Quality	Foster good working relationships with existing providers, promote existing good practice and resources, to make it clear that Western Bay expects, and will only settle for the best!	Survey	This relates to our Regional Quality Framework and our intention to foster stronger working relationships between commissioners and providers across the care home sector.	
260	Cost	Value	I think a number of care home providers would be keen to explore new opportunities but have to remain financially viable. For investment to be made up front in terms of the physical environment; up skilling staff; additional specialist equipment etc. providers need to have some certainty there will be future business and placements made.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
261	Sector	Availability	Keep the care homes open.	Survey	Noted. Western Bay partners certainly wish to support the care home market and continue to access beds where these are of suitable quality and continue to meet need at a reasonable price.	
262	Sector	Availability	Make it attractive to investors in new care home providers. Get them involved.	Survey	Noted	New strategic intention re Market position Statement
263	Communication	Quality	Make them aware of the excellent collaborative working Western Bay Community Services offer	Survey	Noted	

264	Staff	Value	Pay a decent rate so that they can get good quality well trained staff	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
263	Communication	Availability	Providers engagement days, workforce development programmes, community engagement days, facilitated exchange of good practice	Survey	Agreed. Strategic intention regarding building relationships with providers	
266	Communication	Availability	Set out clearly what you want - co-operative approaches with groups of care home users, families, staff and providers is an attractive option	Survey	Noted	
Page 223 267	Legislation	Quality	Set firm guidelines into the way care should be provided to all clients, and consistent, independent spot checks / audit made routinely.	Survey	This relates to our Regional Quality Framework	
268	Cost	Availability	The council to provide financial incentives.	Survey	This would require closer analysis and discussion. However, Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
269	Sector	Quality	The problem will not be solved by encouraging new care home providers to move to the area, it is about solving issues with the ones you have and encouraging existing providers to invest in existing homes and developing new homes or more innovative ways to deliver services which meet the needs of an ageing population	Survey	Noted.	

270	Sector	Value	They are eager to expand in Bridgend as we have a severe deficit - but they will not do so without the large element of risk being accounted for i.e. resources (block purchasing for example)	Survey	The issue of shortfalls in capacity is understood. Otherwise the comment is not clear.
271	Sector	Availability	Value for money	Survey	Not clear
272	Staff	Quality	You need to get the GPs on side. Get each practice to take on one home rather than many. It would improve care, in two ways. 1. Weed out the poor GP practices who are obstructive, and 2. Deliver a better service. The surgery could hold weekly clinics, rather than the ad hoc mess we have to deal with.	Survey	Noted. Engagement with Primary Care Services part of development of strategy
273	Staff	Quality	ALL staff - NVQs in Care (or similar), generic Western Bay induction training and CPD; more qualified nurses	Survey	Noted
274	Sector	Quality	https://www.jrf.org.uk/report/care-provision-fit-future-climate	Survey	Noted and thanks.
275	Communication	Choice	No mention of patient advocacy and processes that are required for patients who lack capacity.	Survey	Agreed - Information, Advice and Advocacy Services are currently being developed across the Western Bay Region in response to the SSWB Wales Act and are also included in the RQF.
276	Infrastructure	Choice	Place for family	Survey	Not clear although we recognise it is important for residents to maintain close links with their families.
277	Infrastructure	Quality	The safety of elderly residents from fire and poor old unsuitable converted care accommodation	Survey	Noted.
278	Sector	Quality	The strategy covers these areas fully.	Survey	Thank you for your endorsement.
279	Sector	Quality	Treat old people with great respect	Survey	Agree this is a very important value statement and it lies at the heart of our regional Quality Framework.
280	Sector	Choice	Yes - do not mark homes down if residents do not choose things inspectors would like to see	Survey	Noted.
281	Legislation	Quality	You need to see beyond the surface and behind closed doors. For instance, eat the food.	Survey	Noted.
282	Staff	Value	How providers are to care for people with more complex needs who need a higher staffing ratio.	Survey	Not clear although recognise the challenge
283	Cost	Quality	No-one should miss out on any aspect of quality care due to financial	Survey	Agree
284	Cost	Choice	Standardising costs as patients often can't have their first choice due to not being able to fund.	Survey	Noted.

285	Cost	Value	The budget must meet the expectations of care.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.
286	Cost	Value	The importance for some homes the issue of 'top up fees'	Survey	Agreed that an appropriate use of third-party contributions can be beneficial for providers - when delivered in accordance with guidance such as that provided by the Older Person's Commissioner.
287	Legislation	Cost	There are very little incentives for care providers to provide and achieve high standards of care	Survey	Noted. This relates to our Regional Quality Framework
288	Staff	Cost	This needs to increase to cover statutory wage costs	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.
289	Cost	Value	Why should people who are self-funding have to pay more?	Survey	Noted. WB partners will explore this issue in partnership with providers.
290	Sector	Quality	A very well written, detailed strategy	Survey	Thank you for your endorsement.

291	Sector	Cross cutting	Covers all key areas related to care homes, Choice is important however ensuring choice can be met, capacity and best interest principles to be considered. Acknowledging when ACP and end of life principles should be considered? Use of standardises frailty score (Rookwood) to red flag key levels of management i.e. levels of 7-9 may indicate this need. Creating more links with secondary care and CRT teams to provide quality teaching sessions or for NH staff to link into around all aspects of care - this principle is reflected in the document with the dementia training team.	Survey	Helpful point. We have added a new strategic intention regarding strengthening links with community health and social care services.
292	Legislation	Quality	Gold, Silver, Bronze and fail, should be awards on the door like the food standards agency scores. You must work on the floor and see what goes on. Don't just talk to the managers.	Survey	Noted.
293	Legislation	Quality	I have visited many local authority and private care homes in Wales over the past 7 years and the quality and standards vary from poor-good-excellent there has to be a minimum standard set not only for the care provision and the services on offer but for the overall fabric of the building. Why do we still have care homes over 2-3 floors isolating people if the lift fails, putting people at risk if there is a fire. Introduce new standards that assistance and money saving incentives will come with easily accessible care homes that are over 1 or 2 floors but are designed without lifts, stair lifts etc. This will assist the elderly to walk with their chosen aid or self-propel their wheel chair and access the home they live in without the fear of "putting you out".	Survey	This relates to our Regional Quality Framework. In the context of this strategy, it is not appropriate to comment on individual situations, however if they are of concern, they should be noted to the appropriate CSSiW offices and Council Contacting Teams.
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294	Cost	Value	It is a good idea to reduce your costs. We have reduced our costs as much as we can. To progress we need to see an increase in rates paid and for inspectors to be more person-centred as residents differ from home to home and one size fits all inspections do not work.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.
295	Sector	Quality	Local Implementation Plans need to ensure full engagement with providers, carers and cared-for to build in the flexibility that will be required.	Survey	Noted. Local implementation plans are being developed subsequent to the publication of this strategy. Local authorities are responsible for the social and personal care components of a care home placement.

296	Communication	Choice	No-one wants to put their loved ones into the care system / care home, however it is essential that when this happens, the family are made to feel that they have done their very best and that the best possible care has been taken, and that there is sufficient choice. I believe that engaging and communicating effectively with the family will benefit all parties.	Survey	Agree	
297	Cost	Value	Not a race to the cheapest ,	Survey	Agree. WB partners seek in their commissioning to achieve a reasonable yet exacting balance between quality and affordable price.	
298	Communication	Quality	Please publish the results of this consultation soon and do repeat this process regularly	Survey	Agreed. The results if the consultation will be published alongside the strategy	
299	Communication	Quality	Principles appear well-thought out. Important to get this right for ageing population.	Survey	Thank you for your endorsement.	
300	Sector	Availability	There is a severe deficit position in Bridgend and urgent action is required to put interim measures in place as well as the longer terms strategy.	Survey	The issue of shortfalls in capacity is well understood by commissioners.	
301	Alternative provision	Availability	We have good care home facilities, we are jeopardising. Care in the community can only go so far, there comes a time people need 24 hr care. That should be in their local community, with other residents that they know	Survey	Agree. This strategy seeks to achieve that objective.	
302	Alternative provision	Availability	Yes. To support more people to be independent at home, people will need better access to the right support and assistive equipment. Remembering that 70% of 70 year olds have a hearing loss, this will require new pathways to ensure that people are aware of equipment that can help them live at home safely e.g. adapted telephones, visual doorbells, TV listening devices, visual fire alarms and other communication devices that can prevent isolation for people with hearing loss. The increased focus on complex needs will need more highly trained staff able to support people for example that have dementia and hearing loss. Taking a few simple steps to address a person's hearing loss can then make it easier to communicate and support the person more effectively. Our research (Joined Up, 2013) shows that ensuring people with dementia receive a timely diagnosis, benefit from digital hearing aids, and receive communication support and assistive technology while living in their community would reduce residential care home placement by 28%.	Survey	Very helpful point. Alongside the development of this strategy, Western Bay partners are seeking to implement the "What Matters to Me" service model which promotes independence and supports people to remain at home for as long as possible.	
303	Legislation	Quality	You need to change Regulations & Inspections Bill to Act	Email	Done. Thank you.	
304	Staff	Quality	The Committee expressed concerns over the nursing staffing issues reported for care homes in that Agency staff were being used to fill the gaps at a likely higher cost. The Committee commented that this needed addressing as a priority and proposed looking towards improving the pay for permanent staff to try and recruit and retain more, instead of paying the higher cost of Agency nurses. The Committee requested that these concerns be fed back to the Western Bay Group in general as Members felt that this was not just a Health Board issue as the Partners within Western Bay should be looking at addressing this together.	Scrutiny	Noted	

305	Sector	Availability	The Committee recommend that the figures for the numbers of self-funders be gathered as is done in England, in order to determine the extent of the risk to the Authority in terms of the resources required for future funding for Care for Older People.	Scrutiny	We recognise the importance of this information. During the establishment of a pooled fund for care homes required by 2018, this information will be collected as part of the scoping exercise. This will allow us to have a full and true picture of future resources required.	
306	Communication	Cross cutting	The Committee requested that they receive the responses to the public consultation once they have been analysed and sorted.	Scrutiny	Agreed. The results if the consultation will be published alongside the strategy	
307	Communication	Quality	The Committee requested that the Commissioning Strategy be revisited at an appropriate time when the performance measurements for the region have been developed and finalised and there has been some reporting against them. Members agreed that this would also provide the Committee with the opportunity to consider the responses to the consultation in detail and specifically, the responses and receptiveness of Care Home Providers to the proposed increase in complex needs and dementia care beds.	Scrutiny	Agreed	

Equality Impact Assessment (EIA) Report

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to equality.

Please refer to the 'EIA Report Form Guidance' while completing this form. If you need further support please contact acesstoservices@swansea.gov.uk.

Where do you work?
Service Area: Western Bay – Community Services – Care Home Commissioning for Older People
Directorate: People/Social Services/Adult Services

(a) This EIA is being completed for a...

Service/ Function <input type="checkbox"/>	Policy/ Procedure <input type="checkbox"/>	Project <input type="checkbox"/>	Strategy <input checked="" type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input type="checkbox"/>
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(b) Please name and describe below...

Western Bay – Community Services – Care Home Commissioning for Older People

The four partners of the Western Bay Programme (City and County of Swansea, Neath Port Talbot County Borough Council, Bridgend County Borough Council and Abertawe Bro Morgannwg University Health Board), have worked together to develop the Western Bay Commissioning Strategy for Care Homes for Older People (aged 65 and over) to ensure a sustainable range of high quality care home placements are available to meet the needs of older people across the region. This commissioning strategy takes into account the change in demographics of the area e.g. the rise in an ageing population, the national and local context including legislation that must be adhered to and market characteristics of the Western Bay area particularly the services now accessible in the community to allow older people to live more independent, healthy lives in their own homes for longer. The strategy outlines the expectation that this will lead to more people with complex needs requiring care home placements for shorter periods. It is also the expectation that there will be an increase in people who have dementia and/or nursing care needs and a reduction in traditional residential care beds as people live more independent lives, in their own homes for longer.

(c) It was initially screened for relevance to Equality and Diversity on....08/01/2016

(d) It was found to be relevant to...

Children/young people (0-18)..... <input type="checkbox"/>	Religion or (non-)belief <input checked="" type="checkbox"/>
Any other age group (18+) <input checked="" type="checkbox"/>	Sex <input type="checkbox"/>
Disability <input checked="" type="checkbox"/>	Sexual orientation <input checked="" type="checkbox"/>
Gender reassignment <input type="checkbox"/>	Welsh language <input checked="" type="checkbox"/>
Marriage & civil partnership <input checked="" type="checkbox"/>	Poverty/social exclusion <input checked="" type="checkbox"/>
Pregnancy and maternity <input type="checkbox"/>	Carers (inc. young carers) <input checked="" type="checkbox"/>
Race <input checked="" type="checkbox"/>	Community cohesion <input checked="" type="checkbox"/>

(e) Lead Officer

Name: Jessica Fitzpatrick
Job title: Project Coordinator

(f) Approved by Head of Service

Name: Sara Harvey
Date: December 2016

Section 1 – Aims (See guidance):

Briefly describe the aims of the initiative:

What are the aims?

Following the signoff by all four partner organisations of the Western Bay collaborative “Delivering Improved Community Services” in 2013 and the identification of the strategic consequences for the care home sector in the intermediate tier business case in 2014, an urgent requirement was recognised to identify the role of a scalable, sustainable, and resilient care home sector. This model would need to be capable of providing high quality services for our most frail and vulnerable people. It was agreed that this would be developed on a regional basis building on collaboration that had already commenced.

A Western Bay Market Position Statement (MPS) to establish a baseline of the care home market across the region was concluded in May 2015 and its key messages highlighted the increasing ageing population, the increase of support in the community and its direct impact on older people living more independent lives for longer in their own homes. The conclusions of the Western Bay MPS have informed the development of the Western Bay Care Home Commissioning Strategy for Older People and the MPS’ conclusions directly correlate with the findings, the approach for the future and our commissioning intentions for this market and the people who use these services going forward.

The strategy’s objective is to deliver better access to care homes, improved choice for individuals with high quality and value for money care home services that are sustainable for our future population. The document outlines the shift in demographics across Western Bay, with an increase in the ageing population and how this, along with an increase in community services, will impact on our services and requirements from care home providers. Throughout the development process, colleagues from each local authority area, professional group and partners reported consistent market findings, issues and barriers across the board and these have been reflected throughout the document.

The key messages from the Care Home Commissioning Strategy outline:

- The fundamental objectives are to provide better access and improved choice for service users and families regarding care homes. These will be of consistent high quality providing value for money that is sustainable for our future population.
- Shift our care home market towards catering more appropriately for an ageing population and work with providers that have a flexible and innovative approach to meet the demand this shift will result in.
- Acknowledgement that residential beds will always be required, although with an increase in community support the increase in our ageing population will not result in an increase in residential beds. Due to this increase of community based services, it is anticipated that care homes will be required to provide more specialist, complex care for shorter periods of time for older people instead of an increase in traditional residential care that in isolation the increase in life expectancy would indicate.

Our three key commissioning priorities outlined in the strategy are to:

- Develop strong relationships with existing care home providers to support them to meet the changing needs of our population with consistent high quality services
- Work strategically with new care home providers to develop a sustainable range of care home facilities across the region
- Where care home services are not in line with our strategic approach and/or are not of adequate quality, we will seek to decommission these.

At present, in some areas across Western Bay, care home placements are provided and care homes are managed by the Local Authority area they are based in. The forward plan of continuing to provide this is dependent on the local authority e.g. although Neath Port Talbot no longer own any residential care homes, Swansea still own, manage and run 6.

Who has responsibility?

Western Bay Care Home Commissioning Subgroup, Western Bay Community Services Planning and Delivery Board, Western Bay Programme Team, Western Bay Leadership Group and Western Bay Regional Partnership Board
Project Managers – Jessica Fitzpatrick (Project Coordinator), Western Bay
Community Services and Care Home Commissioning Project Lead – Vicky Warner, Nurse Director
Primary and Community Delivery Unit, ABMU
Project Sponsor – Alex Howells, Chief Operating Officer, ABMU
Cabinet Members in x3 Local Authority areas
Local Authority colleagues (in particular Social Services) including Contracting and Commissioning Officers, Residential Care, Day Care, Intermediate Care, Home Care
Health Board colleagues including Long Term Leads, Intermediate Care, etc.
Third Sector
Independent Providers
Welsh Government support for legislation
CSSIW

Who are the stakeholders?

The public/residents across Western Bay (e.g. service users, patients, carers, family members, people wanting information and advice on residential care services)
Social Services, Health Board and integrated staff working in CCoS, NPTCBC, BCBC and ABMU
General Practitioners
Mental Health Services
Third Sector providers of services including advocacy
Cabinet Members in each of the 3 LA's
Care providers encompassing both community and residential care
The public/residents outside Western Bay that live in residential homes across the Western Bay region, the public/residents' families and services that are provided to these people from their county of origin.

Section 2 - Information about Service Users (See guidance):

Please tick what information you know about your service users and provide details/evidence of how this information is collected.

Children/young people (0-18).....	<input type="checkbox"/>	Carers (inc. young carers)	<input checked="" type="checkbox"/>
Any other age group (18+)	<input checked="" type="checkbox"/>	Race	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	Religion or (non-)belief	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Sex	<input type="checkbox"/>
Marriage & civil partnership.....	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	Welsh language	<input type="checkbox"/>

What information do you know about your service users and how is this information collected?

Extensive service user information including information on protected characteristics is collected, on admission, by both independent and Local Authority owned care homes. Additionally extensive information has been gathered from each of the LA's and ABMU in relation to older people over the age of 65 who live in care homes in the Western Bay area and who receive Local Authority funding or Funded Nursing Care. This information is used to monitor and evaluate all aspects of the service and can be given in more detail if required.

(<http://www.daffodilcymru.org.uk/>) and displays the following:

Over the next 10 years (2015 – 2025) it is expected that the composition of the population across Wales will change:

- The total population of people over the age of 65 across Wales is expected to grow from 626,300 to 734,450; an **increase of 17%**
- More significantly, it is expected that the population of people over the age of 80 years to grow from 166,230 to 223,270; an **increase of 34%**
- Across Western Bay the total population of people over the age of 65 is expected to grow from 103,140 to 120,260; an **increase of 17%**
- Whilst the population of people over the age of 80 years will grow from 27,430 to 35,870; an **increase of 30%**
- At the same time, adults of working age (18 – 64) will increase only slightly from 319,720 to 320,070 which is an increase of less than 1%
- Over the next 15 years, the number of people over the age of 65 years with dementia is expected to grow by 51% from 42,322 to 64,087.
- Additionally over the next 10 years, the number of people over the age of 65 years receiving community based services is expected to rise from 8300 in 2015 to 10,548 in 2025 which is an increase of 27%.

This clearly highlights the need to tailor and revolutionise existing services across Western Bay to meet the needs of an increasing population of older people. Data is also being reviewed as part of the Population Assessment required by the Social Services & Wellbeing (Wales) Act which will include information on the aforementioned protected characteristics.

Any Actions Required?

- Due to the change in registration of residential beds, the CSSIW register care home beds as residential or nursing. They no longer use the registration category 'EMI' and further work is required to identify the number of dementia care beds available in care homes in Western Bay, and accurate vacancy reports. Work has commenced on this via the Health Board who have employed fixed term 'Dementia Coordinators' to assess the number of people identified as living with dementia by GPs compared to those living with dementia in care home placements.
- Data regarding self-funders whose contract is with an independent care home provider is not available but would be useful in the future – this would require direct contact with, in the main, independent providers which they are not legally obliged to provide the Local Authorities and/or Health Board with.
- In response to the Older People's Commissioner's report 'A Place to Call Home', the use of antipsychotics is currently being investigated to gain an understanding of the prevalence and use of this medication.
- Additionally in response to the Older People's Commissioner's report 'A Place to Call Home', a pilot project is underway to establish the importance of spirituality to older people moving to care homes from hospital. A further aspect of the pilot is to facilitate the linkages between communities and faith centres based in these communities and care homes in the areas they are based.
- Review data reflected in the Population Assessment as required by the Social Services & Wellbeing (Wales) Act to establish further knowledge on the characteristics of older people living in care homes.

Please consider the possible impact on the different protected characteristics. This could be based on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18)	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any other age group (18+)	→ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	→ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage & civil partnership	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and maternity	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Welsh language	→ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carers (inc. young carers)	→ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about your answers above, please explain in detail why this is the case.

As mentioned in the previous sections, the strategy has been developed specifically as part of the Western Bay Community Services Programme and focuses on older people (aged 65 and over) and will therefore directly impact this group of people first and foremost. However, included in the strategy, is the increase of community services available to be delivered in each person's home, and therefore will have significant impact on carers as well as service users. Additionally, due to the focus of this piece of work we do not anticipate any positive or negative effects on children/young people or in relation to pregnancy/maternity.

Also, as the strategy outlines, the increase of services in the community aims to maintain individuals' independence for longer in the community, this should, in turn, have a direct positive effect on older people with disabilities and their carers.

Additional investigation is required for service users living in care homes in some situations in relation to the protected characteristics of gender reassignment, marriage/civil partnership and sexual orientation. Additional investigation on the impact of race, religion and the use of Welsh language is also necessary to be conducted. This can be done via the development of the regional Population Assessment required by the Social Services & Wellbeing (Wales) Act by April 2018.

What consultation and engagement has been undertaken (e.g. with the public and/or members of protected groups) to support your view? Please provide details below.

The public consultation started on May 6th for 90 days on the Western Bay Care Home Commissioning Strategy and will close on the 3rd August. This period enabled us to launch an e-survey on the Western Bay website linking with the four statutory organisations and Community Voluntary Councils to cascade it to their teams. Its publication on the Western Bay and partners internet sites also enabled members of the public to respond. The consultation has been appropriately publicised in order for anyone who wishes to have the opportunity to contribute – for example, the details have been included in the quarterly Western Bay newsletter and has been tweeted by the statutory organisations and CVCs. A consultation event was planned and took place on the 15th July. Attendees at the event included Local Authority and Health Board colleagues, representatives from the housing and training sector as well as care home providers, members of various older people's groups, volunteers and carers. Feedback via phone call and email directly to the Project Manager has also yielded comments and suggestions for amendments to the final document.

Indications from the feedback from the survey and event reflect a consistency with the conclusions made in the strategy, particularly the increase in community based services for people to live in their own homes for longer, the current limitations in capacity for people needing specialist care and the shortages of qualified staff that will be required to plug the current gap in nursing/specialist care. This reflects recognition that there is a shift occurring in the care home sector for older people.

Any actions required (to mitigate adverse impact or to address identified gaps in knowledge).

- Development of a robust 'customer feedback' mechanism that records and acts on service user and carer comments and a 'stakeholder feedback' mechanism to capture ideas from referrers, Health and Social Services staff as well as the third and independent sectors is in progress. This is being developed in partnership with embedding of the Western Bay Regional Quality Framework and will be reviewed to establish if it can include questions on protected characteristics.
- Data on the other protected characteristics needs to be collected and the effects of the changes on these groups needs to be assessed.
- Further investigation required on those protected characteristics identified in previous section.

Section 4 - Other Impacts:

Please consider how the initiative might address the following issues.

You could base this on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

Foster good relations between different groups	Advance equality of opportunity between different groups
Elimination of discrimination, harassment and victimisation	Reduction of social exclusion and poverty

(Please see the specific Section 4 Guidance for definitions on the above)

Please explain any possible impact on each of the above.

What work have you already done to improve any of the above?

Foster good relations between different groups – Since the beginning of the service re-modelling initiated due to the significant investment received from Welsh Government for Intermediate Care nationally in April 2014, there has been a unified approach to providing care and support to the residents across the region by staff from the Health Board, Local Authorities via Social Services and the Third Sector.

This new approach has led to an improvement in relations between all the providers as they are located in the same place geographically and therefore able to communicate more easily. This is also true for professionals from these organisations and departments in relation to the care home sector where social services staff e.g. contracting officers (Local Authority) are based in the same building as the long term leads (Health Board).

This has been fed back informally across the Western Bay region and an independent longitudinal evaluation of Intermediate Care and its services of which residential reablement is a component of, is in the process of being developed with a report expected by the end of April 2016.

At a number of meetings, workshops and events a common message has been received from all professionals of similar issues and next steps required which have improved both understanding of the service across the region and improved working relationships. Additionally, by implementing the recommendations of the care home strategy it is hoped that this will result in improved relationships between independent providers, Health Board, Local Authorities, Third Sector and service users, carers and families when more appropriate services are available either in the community or from the residential care home sector.

Reduction of social exclusion – The Care Home strategy acknowledges the importance of the increase of community services across Western Bay and the outcomes this will have for our service users. We expect this activity to promote independence for older people thus enriching lives and promoting closer communities as people live in their own homes within their own communities for longer. If a residential placement is deemed appropriate, there is a focus on ensuring the care home is part of the community they are living in e.g. maintain links to family, friends, religious institutions, schools etc.

The requirement in the Social Services & Wellbeing (Wales) Act and in the Older People's Commissioner's report 'A Place to Call Home' clearly outlines the need for advocacy to be available to older people and specifically available to those living in care homes. The strategy acknowledges this requirement and will be included in the implementation plans for each Local Authority area once the strategy is consulted on and finalised.

The Western Bay Community Services project has brought together practitioners, managers and Third Sector providers and advocates at meetings and workshops whilst

developing this strategy in order to develop a shared understanding and collaborative approach to developing good practice.

Ongoing involvement and contribution from all stakeholders has been taken into account whilst developing the Western Bay Care Home Commissioning Strategy from the Local Authorities, Health Board and Third Sector all featuring as part of the membership of the Care Home Commissioning Task & Finish Group and Community Services Planning and Delivery Board that oversees the care homes work stream within Community Services.

Is the initiative likely to impact on Community Cohesion? Please provide details.

This Agreement is likely to have a positive effect on community cohesion as the strategy acknowledges the importance of care homes being part of the community. Further, the focus throughout the strategy of strengthening community services to enable older people (including those with dementia) to remain at home and participate within their own communities and remain independent for as long as is possible thus reducing the length of stay at care homes will, hopefully, also have a positive effect on community cohesion.

How will the initiative meet the needs of Welsh speakers and learners?

Implementation plans of the strategy will also be developed following final sign off after the public consultation is concluded (the date of which will depend on when the four partners confirm that the public consultation can proceed). These implementation plans will be delivered on a local basis by each of the 3 Local Authorities and ABMU Localities and will be developed with due regard to their local implementation of the Welsh Language Standards, including the 'Active Offer'.

Consideration in the future will need to be given to older people, particularly people with dementia, living in care homes whose first language is Welsh. Research has clearly indicated that a number of people living with dementia revert back to their first language which is particularly relevant for people in Wales.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

- Further work will be required to assess the number of older people in care homes across Western Bay whose preferred language of communication is Welsh. Further work will also be required to ascertain the number of carers that are able to communicate in Welsh and what training is available if this number is insufficient. This work is initially being undertaken on a wider basis as part of the Population Assessment required by the Social Services & Wellbeing (Wales) Act and will be reviewed once the current information available is extracted.

Section 5 - United Nations Convention on the Rights of the Child (UNCRC):

In this section, we need to consider whether the initiative has any direct or indirect impact on children. Many initiatives have an indirect impact on children and you will need to consider whether the impact is positive or negative in relation to both children's rights and their best interests

Please visit <http://staffnet/eia> to read the UNCRC guidance before completing this section.

Will the initiative have any impact (direct or indirect) on children and young people? If not, please briefly explain why not and proceed to Section 6.

We would suggest the Western Bay Care Home Commissioning Strategy will not have any impact on children and young people as the service is specifically designed and delivered to provide services to older people aged 65 and over. In the situation where a child or young person was caring for an older person aged 65 or over, this initiative would have a positive effect on their caring responsibilities in providing support to the adult to ensure they are able to live a more independent life with improved wellbeing therefore requiring less support from their carer or having the opportunity to make an informed choice on residential care for an older person, rather than in a crisis.

Is the initiative designed / planned in the best interests of children and young people? Please explain your answer.

Best interests of the child (Article 3): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

This initiative is specifically designed to improve the health and wellbeing of older people, particularly those living in residential homes, over the age of 65. However this could have a positive impact on children and young people if they are responsible for caring for an older person where community services are available to them to prevent a residential admission or where residential care is identified as suitable, improved choice and consistent quality will be available to older people and the decision will not have to be made in a crisis.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

N/A

Section 6 - Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor this initiative:

Monitoring arrangements:

As the strategy is a long term (10 year) vision, the document will be formally reviewed every three years via the Western Bay Care Home Commissioning Subgroup. Additionally it will be monitored on a more regular basis at the Subgroup meetings. Further, the Care Homes Subgroup reports to the Western Bay Community Services Planning and Delivery Board, the Western Bay Leadership Group and the Western Bay Regional Partnership Board. The full Community Services Governance Structure can be provided if required.

Governance arrangements will be reviewed on an annual basis.

Actions: N/A

Section 7 – Outcomes:

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to the guidance for further information on this section).

- Outcome 1: Continue the initiative – no concern
- Outcome 2: Adjust the initiative – low level of concern
- Outcome 3: Justify the initiative – moderate level of concern
- Outcome 4: Stop and refer the initiative – high level of concern.

For outcome 3, please provide the justification below:

For outcome 4, detail the next steps / areas of concern below and refer to your Head of Service / Director for further advice:

N/A

Section 8 - Publication arrangements:

On completion, please follow this 3-step procedure:

1. Send this EIA report and action plan to the Access to Services Team for feedback and approval – accesstoservices@swansea.gov.uk
2. Make any necessary amendments/additions.
3. Provide the final version of this report to the team for publication, including email approval of the EIA from your Head of Service. The EIA will be published on the Council's website - this is a legal requirement.

Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress
<p>Due to the change in registration of residential beds, the CSSIW register care home beds as residential or nursing. They no longer use the registration category 'EMI' and further work is required to identify the number of dementia care beds available in care homes in Western Bay, and accurate vacancy reports.</p>	<p>Liaise with Care Home Commissioning T&F Group collectively</p>	<p>Evaluation from Dementia Coordinators is expected in April 2016. Further work to be completed once awareness of the content of this report</p>	<p>Number of older people living with dementia in care homes across the Western Bay area will be available at a point in time.</p>	<p>Work has commenced on this via the Health Board who have employed fixed term 'Dementia Coordinators' to assess the number of people identified as living with dementia by GPs compared to those living with dementia in care home placements.</p>
<p>Data regarding self-funders whose contract is with an independent care home provider is not available but would be useful in the future – this would require direct contact with, in the main, independent providers which they are not legally obliged to provide the Local Authorities and/or Health Board with.</p>	<p>Liaise with Care Home Commissioning Subgroup</p>	<p>Investigate numbers during the public consultation</p>	<p>Number of people self-funding in the care homes across Western Bay region will be available and broken down by type of placement i.e. residential or nursing and number of self-funders living in care homes with dementia.</p>	<p>Not yet progressed</p>
<p>In response to the Older People's Commissioner's report 'A Place to Call Home', the use of</p>	<p>Medicines Management Team in the ABMU Health Board – Subgroup of</p>	<p>Ongoing until December 2016 due to the complexities of the data and analysis to be</p>	<p>Number of people taking antipsychotic medication living in care homes will be</p>	<p>Subgroup established with membership and Terms of Reference agreed. Discussion</p>

antipsychotics is currently being investigated to gain an understanding of the prevalence and use of this medication.	the Care Homes Commissioning T&F Group.	completed	known at a point in time. Investigation will then be undertaken as to the reasoning behind prescription of the medicines.	and monitoring at monthly Care Homes T&F Group
Review data reflected in the Population Assessment as required by the Social Services & Wellbeing (Wales) Act to establish further knowledge on the characteristics of older people living in care homes.				
Additionally in response to the Older People's Commissioner's report 'A Place to Call Home', a pilot project is underway to establish the importance of spirituality to older people moving to care homes from hospital. A further aspect of the pilot is to facilitate the linkages between communities and faith centres based in these communities and care homes in the areas they are based.	Liaise with Care Home Commissioning Subgroup and ABMU Chaplaincy Team	Ongoing to March 2017 – reviewed on a monthly basis at Care Home Commissioning Subgroup meetings	We will have established the number of people spoken to and the number of people confirming that spirituality is important to them in the pilot area. We will also have feedback on the faith centres in the pilot area that link with care homes and feedback from residents as to if they have benefited.	Pilot project plan in place in selected area – awaiting ethics approval to progress.
Development of a robust 'customer feedback' mechanism that records and acts on service user and carer comments and a	Liaise with contracting officers across the Western Bay region via the Care Homes Commissioning Task &	Initially by May 2016 to establish whether existing mechanism in place	Robust customer feedback form will be produced and used during contract monitoring and on an	To be progressed once the strategy is in the consultation phase.

<p>'stakeholder feedback' mechanism to capture ideas from referrers, Health and Social Services staff as well as the third and independent sectors is in progress. This is being developed in partnership with embedding of the Western Bay Regional Quality Framework and will be reviewed to establish if it can include questions on protected characteristics.</p>	<p>Finish Group to establish existing feedback mechanisms.</p>		<p>ad hoc basis.</p>	
<p>Data on the other protected characteristics needs to be collected and the effects of the changes on these groups needs to be assessed. Further investigation required on those protected characteristics identified in previous section.</p>	<p>This will be investigated during the public consultation of the strategy.</p>	<p>Public consultation to commence as soon as x4 partnership organisations agree for it to go forward.</p>	<p>Awareness of the impact on protected characteristics of people living in care homes.</p>	<p>To be progressed when the public consultation is initiated.</p>
<p>Further work will be required to assess the number of older people in care homes across Western Bay whose preferred language of communication is Welsh. Further work will also be required to ascertain the number of carers that are able to communicate in</p>	<p>This will be investigated during the public consultation of the strategy and as part of the Population Assessment required by the Social Services & Wellbeing (Wales) Act.</p>	<p>Public consultation to commence as soon as x4 partnership organisations agree for it to go forward. The Population Assessment is required by April 2017.</p>	<p>The availability of the data to inform us of the number of people living in care homes that speak Welsh and the availability of the data of the number of carers that speak Welsh.</p>	<p>To be progressed when the public consultation is initiated and during the production of the Population Assessment.</p>

<p>Welsh and what training is available if this number is insufficient. This work is initially being undertaken on a wider basis as part of the Population Assessment required by the Social Services & Wellbeing (Wales) Act and will be reviewed once the current information available is extracted.</p>				
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*** Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**

SOCIAL CARE, HEALTH AND WELL BEING CABINET BOARD

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES

– A. THOMAS

7th September 2017

SECTION C – MATTER FOR MONITORING

WARD(S) AFFECTED: ALL

TITLE OF REPORT

CHILDREN AND YOUNG PEOPLE SERVICES – 1ST QUARTER (2017-18) PERFORMANCE REPORT

Purpose of Report

The purpose of the attached documentation is to advise Members of Performance Management Information within Children and Young People Services (CYPS), for the 1st Quarter Period (April 2017 – June 2017); the Monthly Key Priority Indicator Information (June 2017) and Complaints Data (April 2017 – June 2017).

Executive Summary

A new set of statutory Welsh Government Indicators for CYPS were introduced for 2016-17 and are contained in this report. Comparison data for these Performance Indicators will become available over time. In addition, this report contains the CYPS Key Performance Indicators, which were previously agreed by Members at the Children, Young People and Education (CYPE) Committee on 28th July 2016.

Background

1. Following agreement by Members at CYPE on 28th July 2016, the Quarterly Performance Monitoring Report has been revised, enabling Members to monitor and challenge more specific areas of performance within CYPs. The report also takes into account a change in reporting obligations to Welsh Government in terms of the statutory performance indicators.

Financial Impact

2. Not applicable.

Equality Impact Assessment

3. None Required

Workforce Impacts

4. Not applicable

Legal Impacts

5. This progress report is prepared under:
 - i) Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".
 - ii) Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

6. Not applicable

Consultation

7. No requirement to consult

Recommendations

8. Members monitor performance contained within this report

Reasons for Proposed Decision

9. Matter for monitoring. No decision required

Implementation of Decision

10. Not Applicable

List of Appendices

- 11.

Section 1 - Performance Management Information within Children and Young People Services for the Period (April 2017– June 2017).

Section 2 – Monthly Key Priority Performance Indicator Information (position as at June 2017)

Section 3 – Complaints and Compliments Data (April 2017 – June 2017)

Section 4 – Overview of Quarter 1 Quality Assurance Audits (April 2017 – June 2017)

List of Background Papers

None

Officer Contact

David Harding - Performance Management Team

Telephone: 01639 685942

Email: d.harding@npt.gov.uk

Section 1: Quarterly Performance Management Data and Performance Key

2017-2018 – Quarter 1 Performance (1st April 2017 – 30th June 2017)

Note: The following references are included in the table. Explanations for these are as follows:

(PAM) Public Accountability Measures – a revised set of national indicators for 2017/18. Following feedback from authorities the revised performance measurement framework was ratified at the Welsh Local Government Association (WLGA) Council on 31 March 2017. These measures provide an overview of local government performance and how it contributes to the national well-being goals. This information is required and reported nationally, validated, and published annually.

All Wales - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2015/2016 i.e. an overall performance indicator value for Wales.

(Local) Local Performance Indicator set by the Council and also includes former national data sets (such as former National Strategic Indicators or Service Improvement Data – SID's) that continue to be collected and reported locally.

	Performance Key
😊	Maximum Performance
↑	Performance has improved
↔	Performance has been maintained
v	Performance is within 5% of previous year's performance
↓	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
–	No comparable data (data not suitable for comparison / no data available for comparison)
	No All Wales data available for comparison.

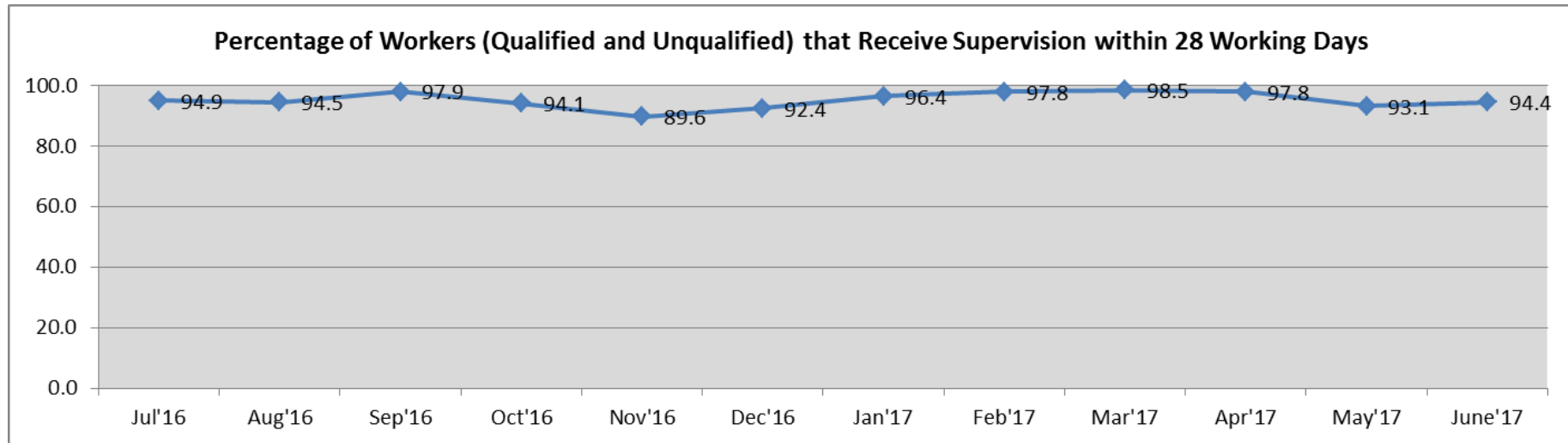
Social Care – Children’s Services

No	PI Reference	PI Description	2015/16 Actual	2016/17 Actual	All Wales 2015/16	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
1	PI 24	The percentage of assessments completed for children within 42 days from point of referral	n/a - new	97.6% (1197 out of 1226)		99.2% (363 out of 366)	96.9% (247 out of 255)	▼
2	PI 25	The percentage of children supported to live with their family	n/a - new	60.9% (598 out of 982)		65.0% (742 out of 1141)	61.4% (613 out of 998)	▼
Page 248	PI 26	The percentage of Looked After Children returned home from care during the year	n/a - new	14.8% (78 out of 527)		Populated by Welsh Government Annually		—
	PI 27	The percentage of re-registrations of children on the local authority Child Protection Register	n/a - new	7.8% (18 out of 230)		13.5% (7 out of 52)	4.2% (3 out of 71)	↑
5	PI 28	The average length of time (in days) for all children who were on the Child Protection Register during the year	n/a - new	233.1 days		222.2 days	318.2 days	↓
6	PI 29a	The percentage of children receiving the core subject indicators at key stage 2	n/a - new	59.2% (29 out of 49)		Populated by Welsh Government Annually		—
7	PI29b	The percentage of children receiving the core subject indicators at key stage 4	n/a - new	17.5% (10 out of 57)		Populated by Welsh Government Annually		—
8	PI 30	The percentage of children seen by a dentist within 3 months of becoming looked after	n/a - new	8.8% (3 out of 34)		Reported Annually		—
9	PI 31	The percentage of Looked After Children at 31 st March registered with a GP within 10 working days of the start of their placement	99.3%	99.5% (183 out of 184)		Reported Annually		—

10	PI 32	The percentage of children looked after at 31 March who has experienced one or more change of school, during a period or periods of being looked after, which were not due to transitional arrangements, in the 12 months to 31 March.	9.4%	10.2% (22 out of 215)	11.9%	Reported Annually	—
11	PI 33 (PAM)	The percentage of children looked after on 31 March who has had three or more placements during the year.	8.8%	4.4% (17 out of 384)	9.8%	Populated by Welsh Government Annually	—
12a	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 12 months after leaving care	n/a - new	63.0% (29 out of 46)		Reported Annually	—
12b	PI 34	The percentage of all care leavers who are in education, training or employment continuously for 24 months after leaving care	n/a - new	44.8% (13 out of 29)		Reported Annually	
Page 249	PI 35	The percentage of care leavers who have experienced homelessness during the year	n/a - new	1.1% (3 out of 271)		Reported Annually	—

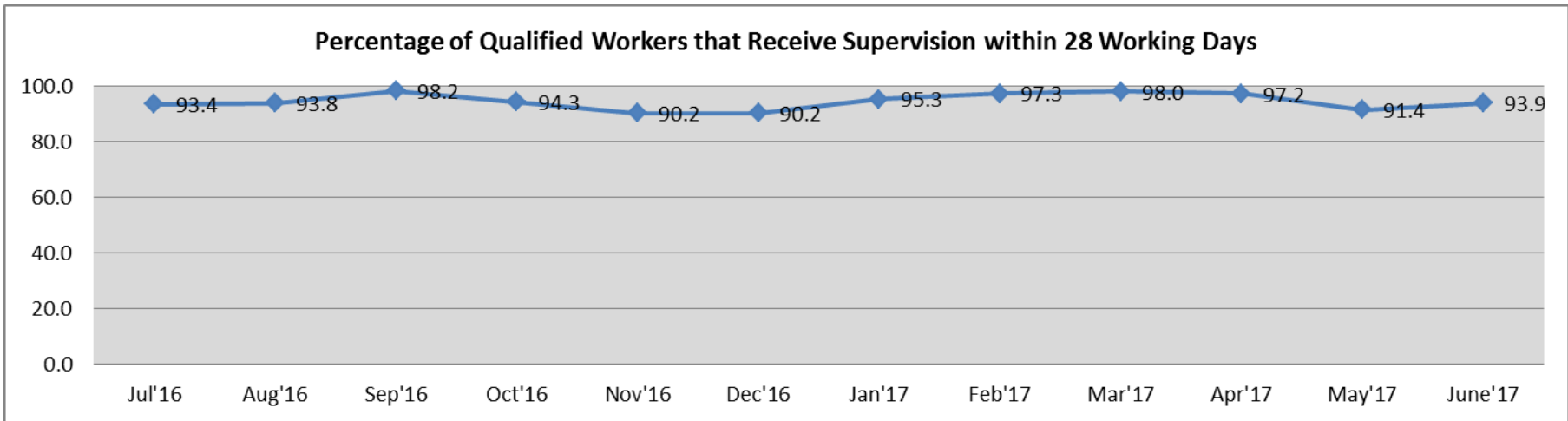
Section 2 - Key Priority Performance Indicators June 2017

- **Priority Indicator 1 – Staff Supervision Rates**

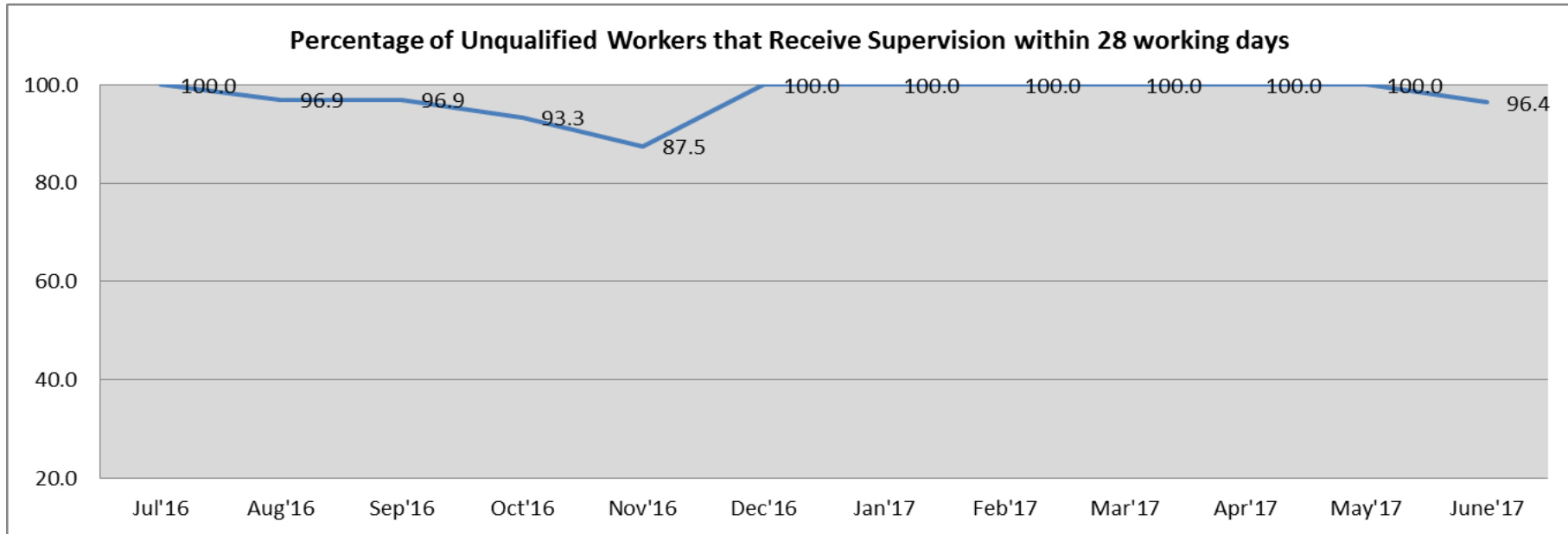


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	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The % of Qualified and Unqualified Workers that receive Supervision within 28 working days	94.9	94.5	97.9	94.1	89.6	92.4	96.4	97.8	98.5	97.8	93.1	94.4
Number of workers due Supervision	136	145	143	135	144	145	140	139	134	135	145	142
Of which, were undertaken in 28 working days	129	137	140	127	129	134	135	136	132	132	135	134



	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Qualified Workers that receive Supervision within 28 working days	93.4	93.8	98.2	94.3	90.2	90.2	95.3	97.3	98	97.2	91.4	93.9
Number of workers due Supervision	106	113	111	105	112	112	107	110	98	107	116	114
Of which, were undertaken in 28 working days	99	106	109	99	101	101	102	107	101	104	106	107



	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	June 2017
Performance Indicator/Measure	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
The percentage of Unqualified Workers that receive Supervision within 28 working days	100	96.9	96.9	93.3	87.5	100	100	100	100	100	100	96.4
Number of workers due Supervision	30	32	32	30	32	33	33	29	31	28	29	28
Of which, were undertaken in 28 working days	30	31	31	28	28	33	33	29	31	28	29	27

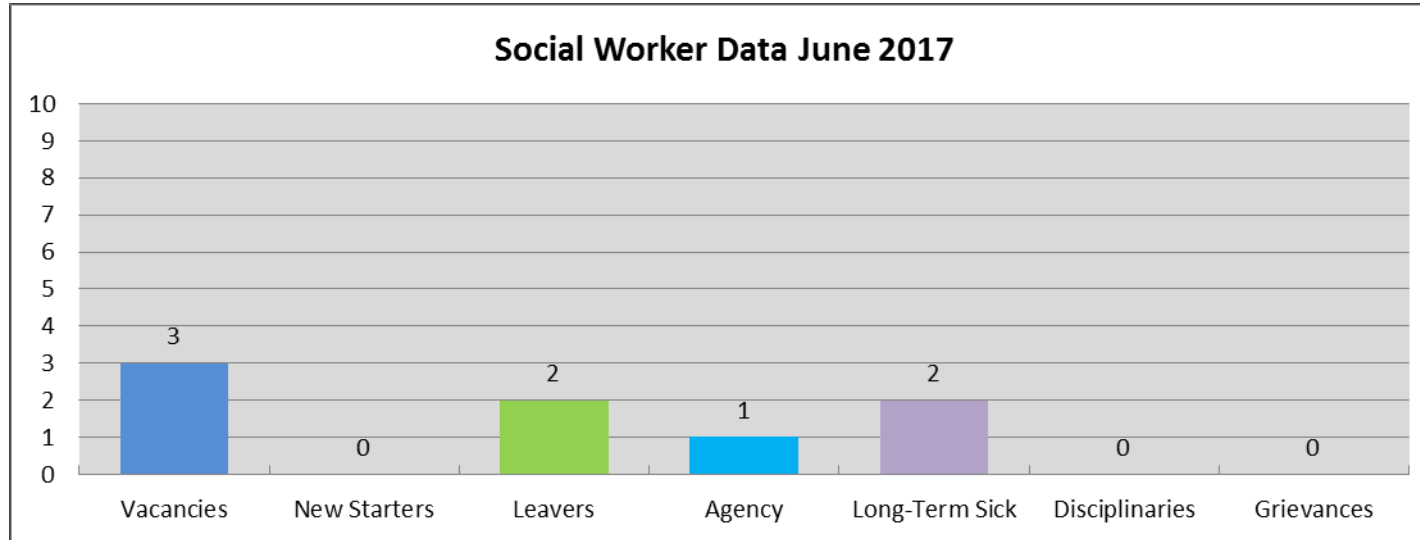
- **Priority Indicator 2 – Average Number of Cases held by Qualified Workers across the Service**

As at 30th June 2017	Workers, including Deputy Team Managers					
Team	Available Hours	FTE Equivalent	Team Caseload	Highest Worker Caseload	Lowest Worker Caseload	Average Caseload per Worker
Cwrt Sart	395.0	10.7	112	17	2	10.5
Disability Team	485.5	13.1	196	21	1	14.9
LAC Team	420.0	11.4	159	18	6	14.0
Llangatwg	437.0	11.8	155	16	8	13.1
Sandfields	360.0	9.7	127	19	7	13.1
Route 16	271.0	7.3	51	24	6	7.0
Dyffryn	358.0	9.7	108	17	2	11.2
Intake	425.5	11.5	99	15	1	8.6
Totals	3,152.00	85.2	1007			
Average Caseload - CYPS				18.4	4.1	11.8

Please Note:

1. The above figures include cases held by Deputy Team Managers and Part-Time Workers.
2. The 'Available Hours' do not include staff absences e.g. Sickness, Maternity, Placement, unless cover is being provided.

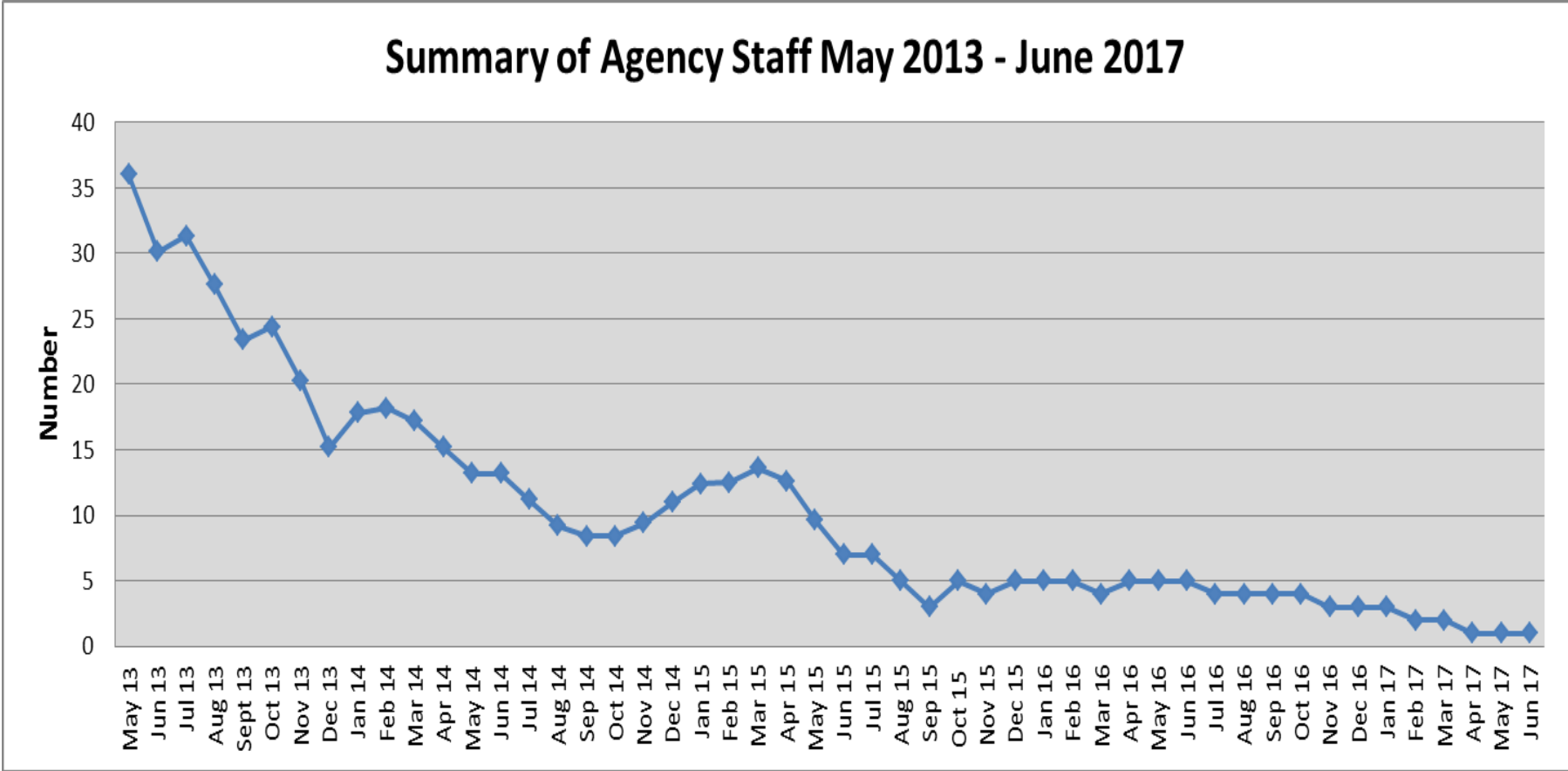
- **Priority Indicator 3 – The Number of Social Worker Vacancies (including number of starters/leavers/agency staff/long-term sickness), Disciplinarys and Grievances across the Service**



	Team Manager	Deputy Manager	Social Worker	Peripatetic Social Worker	IRO	Consultant Social Worker	Support Worker	Total
Vacancies	1		2					3
New Starters								0
Leavers			2					2
Agency					1			1
Long-Term Sick			1	1				2
Disciplinarys								0
Grievances								0

Agency: - 1 – Conference and Review Service – covering maternity

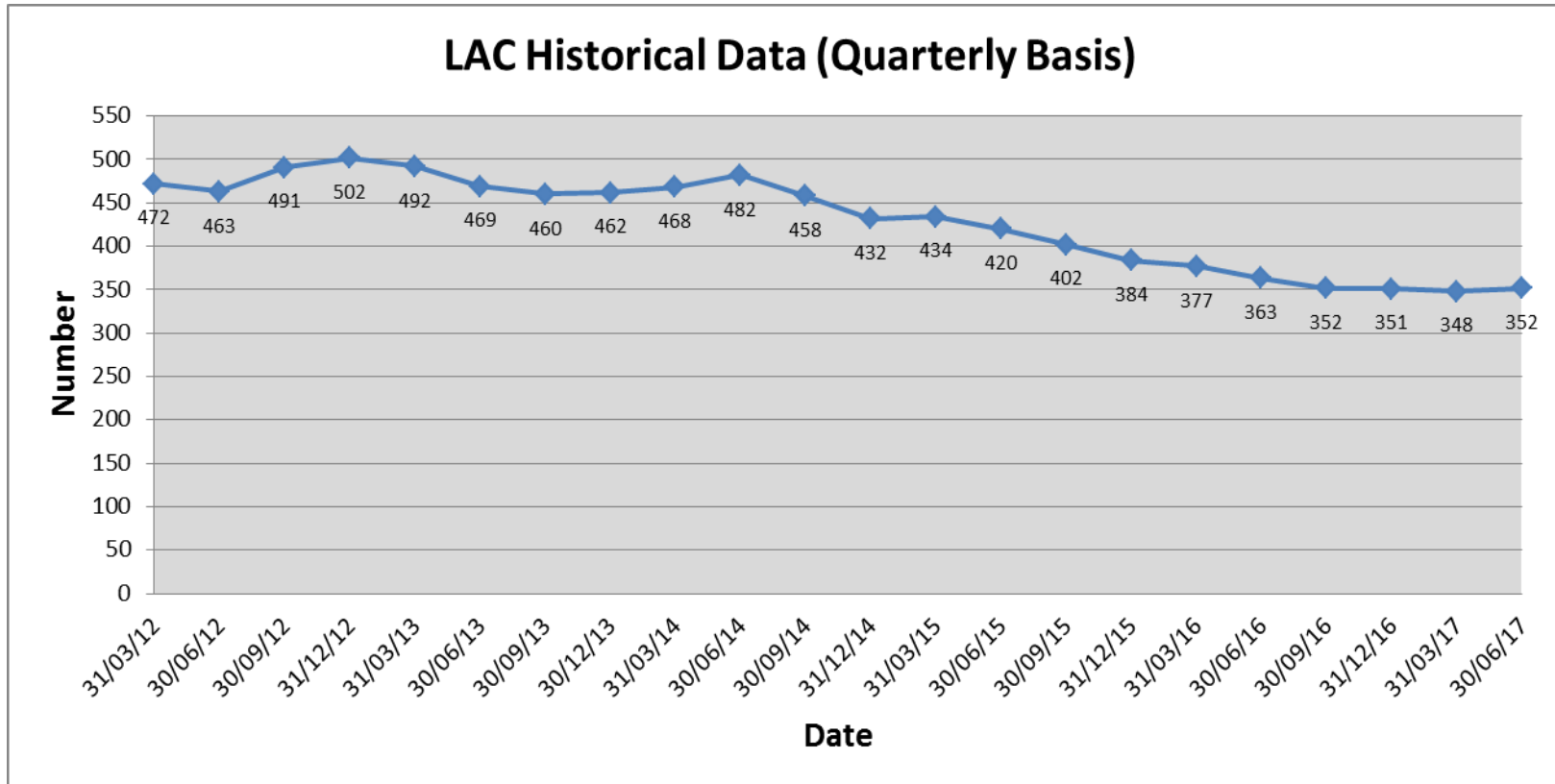
Summary of Agency Staff across the Service May 2013 – June 2017



- **Priority Indicator 4 – Thematic reports on the findings of Case file Audits (reported quarterly)**

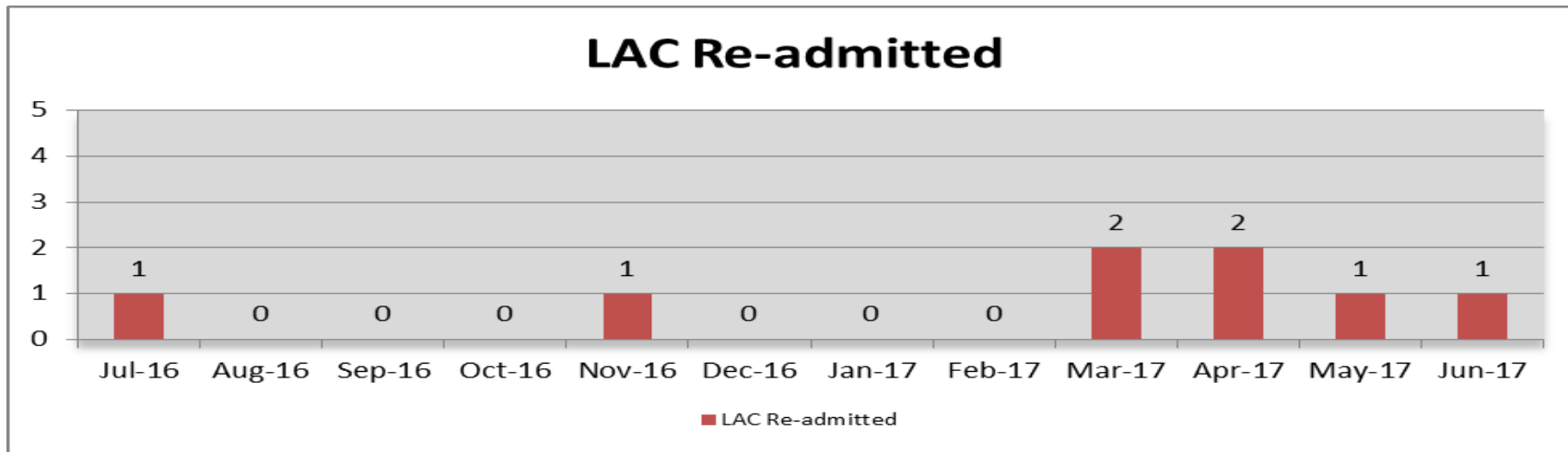
There is an audit programme in place which facilitates the scrutiny of various aspects of activity within Children and Young People Services. A summary of the Audit activity undertaken during the period 1st April – 30th June 2017 is provided in **Section 4** of this report.

- **Priority Indicator 5 – Number of Looked After Children (Quarterly)**



LAC as at 30/06/17 = 352

- **Priority Indicator 6 – The Number of children who have been discharged from care and subsequently re-admitted within a 12 month period.**



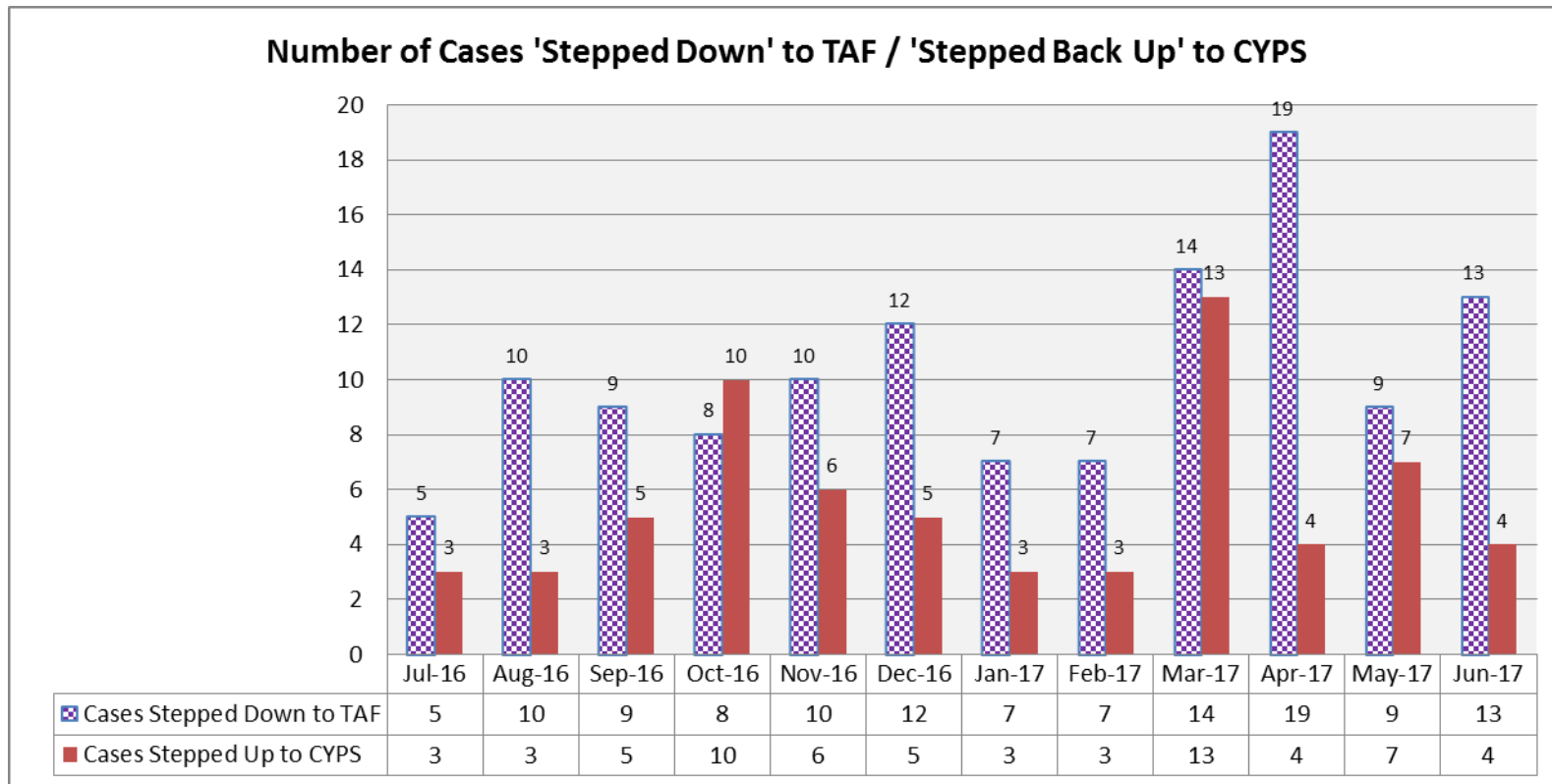
Date	Number Re-admitted
July 2016	1
August 2016	0
September 2016	0
October 2016	0
November 2016	1
December 2016	0
January 2017	0
February 2017	0
March 2017	2
April 2017	2

May 2017	1
June 2017	1

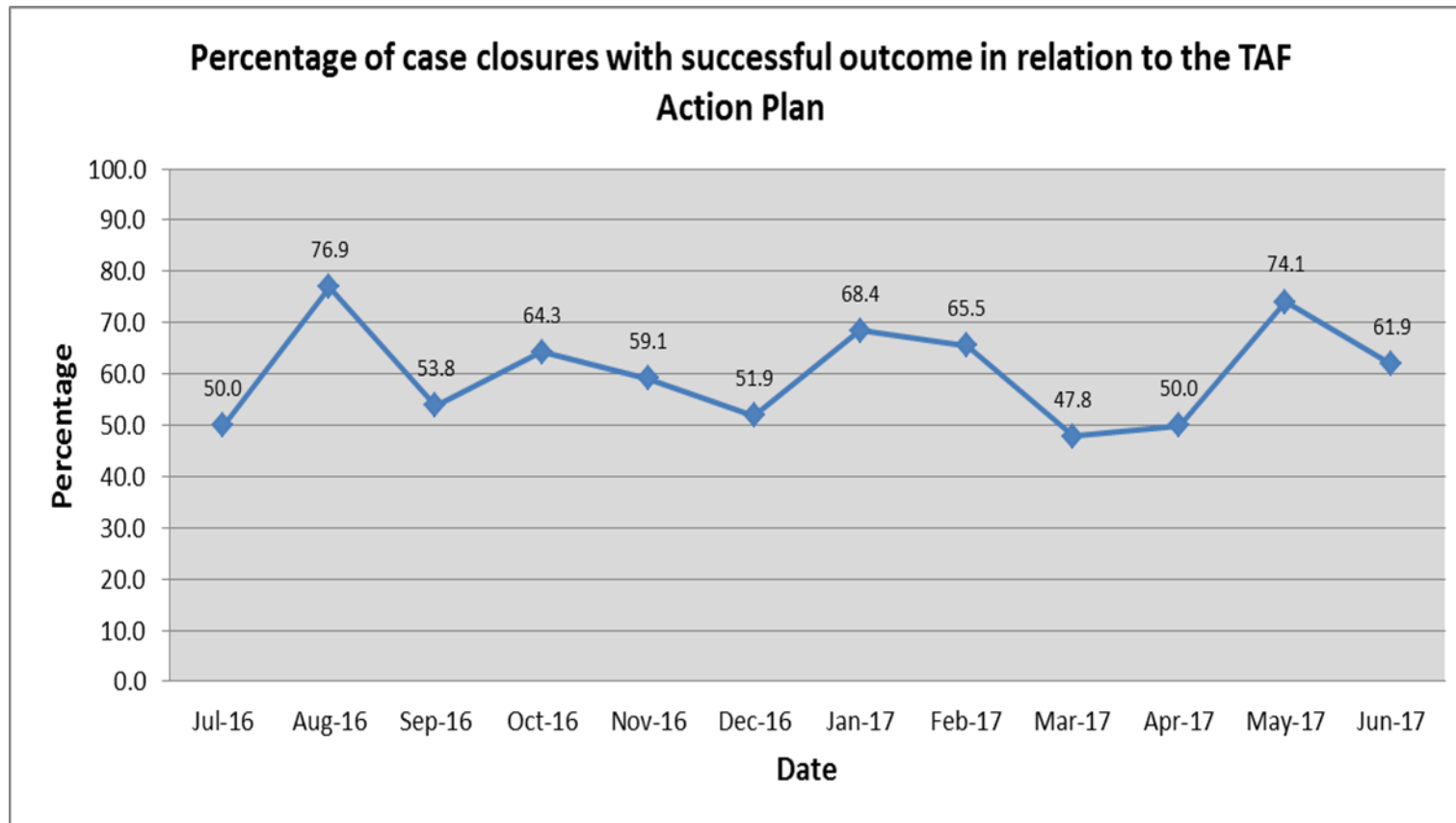
Reason for June 2017 re-admission into care within 12 months of being discharged: -

Child "A" was admitted as an emergency after going missing and being considered at serious risk. Child "A"s parents were unable to ensure Child "A"s safety if returned to the care of either parent. The parents agreed that Child "A" could be accommodated.

- **Priority Indicator 7 – The Number of Cases ‘Stepped Down / Stepped Up’ between Team Around the Family (TAF) and CYPS**



- **Priority Indicator 8 – The percentage of Team Around the Family cases that were closed due to the achievement of a successful outcome in relation to the plan: –**



Section 3: Compliments and Complaints – Social Services, Health & Housing – Children’s Services ONLY
2017-2018 – Quarter 1 (1st April 2017 – 30th June 2017) – Cumulative data

	Performance Key
↑	Improvement : Reduction in Complaints / Increase in Compliments
↔	No change in the number of Complaints / Compliments
v	Increase in Complaints but within 5% / Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more / Reduction in Compliments by 5% or more of previous year.

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№	PI Description	Full Year 2016/17	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
1	<u>Total Complaints - Stage 1</u>	19	9	4	↑
	a - Complaints - Stage 1 upheld	7	2	1	
	b - Complaints - Stage 1 <u>not</u> upheld	4	1	0	
	c - Complaints - Stage 1 partially upheld	2	1	0	

d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	6	5	3
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No	PI Description	Full Year 2016/17	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
2	<u>Total Complaints - Stage 2</u>	2	1	1	↔
	a - Complaints - Stage 2 upheld	0	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	1	1	1	
	c - Complaints - Stage 2 partially upheld	1	0	0	
3	<u>Total - Ombudsman investigations</u>	0	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	-	
4	Number of Compliments	23	4	4	↔
	Narrative Stage 1 – there has been a significant decrease in the number of complaints received during the 1 st quarter 2017/18 (when compared to 2016/17) from 9 to 4 ; during the first quarter no complaints were received during April, which would account for the decrease in the numbers. The Complaints Team will continue to monitor future quarters to ascertain any trends.				

Stage 2 – levels remain the same as the previous year at **1** during the 1st quarter; there continues to be a stronger emphasis on a speedier resolution at ‘local’ and ‘Stage 1’ levels.

Compliments – the number of compliments have remained at similar levels too; the Complaints Team will continue to raise the profile for the need to report such incidences.

Section 4 – Quality Assurance Audit Overview Report (April 2017 – June 2017)

Quality Assurance Audits Quarter 1 – Audit Overview Report

Quality Assurance Audits

Quality Assurance Audits take place on a monthly basis within Children and Young People Services. This report gives an overview of the thematic audits undertaken in quarter 1, what is working well, what we will improve and by what methods.

An audit sub group meets weekly to monitor progress and create thematic audit tools for use each month. Each tool devised is circulated and ratified at the Children’s Services Managers Group prior to audits being completed. Audit days take place once a month in the Quays IT room with team managers collectively auditing and analysing themes arising.

At the end of each audit day attendees are asked to fill out a basic feedback form which rates aspects of the day itself and the audit tool used, along with suggestions for improvements and any general comments. Feedback from auditors attending the audit day has been very positive over the 1st quarter in relation to the venue, facilities and audit tools used.

Audits Completed

During this quarter there have been four thematic audits completed.

Audit Theme	Month Completed	Cases Audited
Single contact received in a 6 month period by the Disability Team that resulted in no further action	April 2017	45

Strategy Meetings	May 2017	31
Principal Officer Supervision Audit *	June 2017	16
Looked After Children Admissions	June 2017	38

* The Principal Officer Supervision Audit is the third such audit undertaken of this type however this was the first audit jointly completed by Principal Officers from Children's and Adults Services and included both Children Services and Adult Services supervision files.

During this quarter in addition to the above thematic audits we have also undertaken a further two audits with social workers from across the different teams in Children and Young People Services. In these audits the focus is on the audit experience gained by the attending social worker. Over the last 12 months we have implemented across the service outcome focused plans in line with the Social Services and Wellbeing Act 2017, we took the opportunity to have social workers audit the new plans created across the service. We have found that the process of looking at a number of different plans written by different social workers/support workers has provided them with a unique viewpoint of understanding what an effective plan looks like as well as auditing plans which they felt could be improved. Every social worker who has attended one of these sessions feels that as a result of these peer reviews their own practice will improve.

What are we doing well?

We've identified through the audit process what is working well from an audit perspective and highlighted many good working practices evident across the Social Services IT System.

In the Single contact received in a 6 month period by the Disability Team that resulted in no further action audit we found that:

- All decisions were made within one working day of the contact being received.
- Evidence of clear decision making in 100% of the cases audited.
- In 73% of the cases audited the parents/carers views were considered

In the Strategy Meetings audit we found that:

- The audit revealed that in almost all cases (97%) the concerns that led to the strategy meeting were set out within the notes of the meeting, this evidences that all agencies are aware of the department's safeguarding concerns
- The audit also revealed that in 97% of the cases audited all agencies shared information which demonstrates effective multi-agency working

- The notes of the strategy meetings were clear and easy to follow in 90% of the cases audited
- The actions arising from the strategy meeting were mostly all clearly agreed with timeframes for completion along with identifying who or what agency was responsible for each action
- The decision to continue or conclude the child protection process was clear in 81% of the cases audited.

In the Principal Officer Supervision audit we found that:

- 69% of staff files across Children's and Adults Services that were audited had a supervision agreement on file dated within 6 months, 100% of Children Services had a current agreement in place, it is important to remember that the two supervision policies differ in that the requirement in Adult Services is that it is reviewed annually not six monthly
- In three quarters of the supervision files each part of the personal supervision section was completed with clear actions identified
- In all of the staff files audited in Adult Services, each supervision record was signed and dated by the supervisor and the supervisee
- Regular supervisions are taking place across the service and has provided good management oversight although there were some isolated examples of supervisions not being held within 28 days without clear explanation in the supervision document
- All supervision records are being stored safely and securely by team managers
- There were some very good exemplars of staff supervisions within the audit sample, it would be useful for these good examples to be anonymised and circulated to team managers

In the Looked After Children Admissions audit we found that:

- Auditors felt that the completed Placement Referral Records contained detailed and relevant case information
- Placement meetings were regularly happening within 7 days of the placement commencing
- Good evidence of a vast amount of work being undertaken and recorded on the system by the case managing teams
- In 74% of the cases audited the child/young person's wishes and feelings were heard and recorded
- In over two thirds of the cases that went to resource panel it was evident that planned work took place in the timescales agreed

What will we improve?

1. We will streamline and improve the communication and decision making on cases with multiple siblings and where the SPOC and Disability Team are both involved
2. Changes made to the SPOC screening system to be replicated across to the Disability team screens
3. We will consider if we need to change the referral form to ensure that the child/young person's wishes and feelings are established
4. We will ensure that all team managers and deputy managers have information on the statutory timeframes in relation to strategy discussions/meetings
5. We will amend and improve the strategy meeting document to ensure all relevant information is contained within the narrative
6. We will amend the strategy meeting audit tool to take into account when the strategy meeting minutes were circulated
7. We will devise a supervision policy that covers Childrens and Adults services as a whole, this policy will set out the principles, standards and templates for use in supervision
8. We will reinforce to team managers the importance of personal supervision information being recorded in detail as the emphasis is usually on the case supervisions
9. The Principal Officer Supervision Audit tool will be revised so that it is equally balanced to audit both Adult and Childrens Services staff files
10. We will ensure that the decision making around a child/young person being admitted to care is evident specifically when relating to emergency placements
11. Resource panel minutes will be updated immediately following panel to ensure that the information and decision making is displayed on the system as soon as possible
12. When admitting children/young people to care we will provide full information on efforts made to ascertain if there were any family/friends available to care for the child/young person
13. We will enhance the information recorded on the Resource Panel system to be able to provide more statistics on the cases that are being discussed

How will we do this?

- Through developing the IT system to reflect and record the information we want to evidence
- By changing, communicating and reinforcing to staff processes and procedures to follow
- By holding training sessions for staff on specific areas of the system where new processes have been introduced

- By direct feedback on individual cases to the responsible team manager and case worker
- By looking at the way we encourage engagement and participation of children, young people and their parents/carers
- Through circulation of audit tools to all practitioners to enable them to have an understanding of the areas auditors are looking at which will become evident in future audits on the same topic
- By discussing and ratifying proposed changes and improvements through the Practice Improvement Group which is attended by a representative from all teams
- By circulating the thematic audit reports to all staff for their information
- By having a transparent quality assurance audit process in place which is responsive to suggestion and change

What have we learnt?

In this first quarter from each of the audits undertaken we have identified clear areas in each of the audit themes that we will improve, work is being undertaken to achieve this and will be guided by the Quality Assurance Group. The Quality Assurance Group is responsible for allocating lead officers to complete actions and for reviewing the progress of these actions. We have evidenced in the completed audit tools on individual cases good working practices and embedded principles within the service.

The single contact received in a 6 month period by the Disability Team that resulted in no further action we looked at similar parameters as the audit undertaken within the Single Point of Contact team in September 2016. Primarily in this audit we identified that changes we were making to improve the service when screening referrals were not necessarily being replicated across to the Disability Team who also make decisions on contacts. We have now implemented processes to ensure that the screening managers within Disability have the same facilities as SPOC when screening contacts. The audit revealed that all contacts received by the Disability team were screened within one working day and that all of the cases audited demonstrated clear decision making in the managers section.

The Strategy Meeting Audit looked at the content and quality of the strategy meetings held across the service. Although the audit highlighted areas to improve it must be noted that the standard of the strategy meetings was high and any identified actions were to raise the standard even higher. There were some examples of excellent multi-agency collaboration evidenced in the audit along with clear decision making and actions emanating from the meetings.

The Principal Officer Supervision audit was the third audit of this type undertaken, but was the first audit to include senior managers from across Children's and Adults Services auditing supervision files from the two services. The resounding theme emanating from this audit is to unify the supervision policies and revise the templates used. This audit will be repeated again in the next quarter where progress on actions identified will be revisited.

The Looked After Children Admissions Audit looked at the admissions to care for the first six months of the year to identify any trends or indicators requiring further analysis. This audit revealed good evidence of work being undertaken with the child and their families, with significant information being recorded at various stages of the case on the child's record. We will improve on the information contained within various areas of the system to ensure that it is easily accessible to social work teams and managers.

To promote reflective learning within the service, the good practice and areas for improvement identified within each audit and the individual case file audit forms will be shared with the appropriate Team Managers and the workers involved in the case, this is done either on a 1:1 basis or through group sessions.

Next Steps?

Our effective auditing process is identifying key themes on good practice and areas we will improve, post audit we have mechanisms in place for following through on actions identified. Actions identified from each audit are transferred to an audit action register whereby individual actions are discussed and agreed at each Quality Assurance Group, this allows us to monitor desired outcomes and progress. This gives a transparent view on the service, what we recognise is working well, what we will improve, how we will do it and when it will be in place. All audit tools and reports are disseminated to the teams within Children and Young People Services, this provides staff with information on good practice and areas for improvement, it also provides a visual audit tool for staff that can be referenced in the everyday tasks completed.

Quality and Audit Coordinator – Mel Weaver

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health & Wellbeing Cabinet Board

7th September 2017

REPORT OF THE HEAD OF COMMISSIONING AND SUPPORT SERVICES – A. Thomas

Matter for Monitoring

Wards Affected: ALL

Report Title

Quarterly Performance Management Data 2017/18 - Quarter 1 Performance (1st April 2017 – 30th June 2017).

Purpose of the Report

To report performance management data for Quarter 1 (1st April 2017 to 30th June 2017) for Social Services, Health & Housing Directorate. This will enable the Social Care, Health and Wellbeing Cabinet Board and Scrutiny Members to discharge their functions in relation to performance management.

Background

Failure to produce a compliant report within the timescales can lead to non-compliance with our Constitution. Also failure to have robust performance monitoring arrangements could result in poor performance going undetected.

Financial Impact

No financial impact.

Equality Impact Assessment

This report is not subject to an Equality Impact Assessment.

Workforce Impacts

No workforce impact.

Legal Impacts

This Report is prepared under Section 15(3) of the Local Government (Wales) Measure 2009 and discharges the Council's duties under sections 2(1), 3(2), 8(7) and 13(1).

This progress report is prepared under:

The Local Government (Wales) Measure 2009 and discharges the Council's duties to "make arrangements to secure continuous improvement in the exercise of its functions".

The Neath Port Talbot County Borough Council Constitution requires each cabinet committee to monitor quarterly budgets and performance in securing continuous improvement of all the functions within its purview.

Risk Management

Failure to produce this report could result in undetected poor performance throughout Adult Social Care, Health and Housing.

Consultation

No requirement to consult.

Recommendations

Members monitor performance contained within this report.

Reasons for Proposed Decision

Matter for monitoring. No decision required.

Implementation of Decision

No decision required.

Appendices

Appendix 1 - Quarterly Performance Management Data 2017/18 Quarter 1 Performance (1st April 2017 – 30th June 2017).

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Quarterly Performance Management Data 2017/18 – Quarter 1 Performance (1st April 2017– 30th June 2017)

Report Contents:

Section 1: Key Points

Section 2: Quarterly Performance Management Data and Performance Key

Section 3: Compliments & Complaints

Section 1: Key Points

Adults Services:

There has been improvement in performance in areas such as assessments and care plans, delayed transfers of care and the amount of citizens requiring services. This can be attributed to an increase in preventative services offered, particularly our Reablement service and our Rapid Response Homecare team. In the areas of performance where improvements are needed, action plans and various working groups are in place to address these issues.

Homelessness:

The previously reported 2016/17 year end data were generally found to be under-reported by the Service's Database and so has now been corrected within the data tables within this report. In this context, the data for this quarter again appear generally low so ICT colleagues have been asked to look at this issue, as result data will not be reported until quarter 2.

Section 2: Quarterly Performance Management Data and Performance key







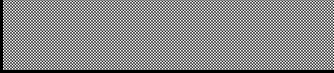
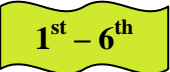
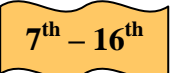
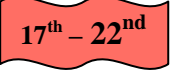
2017/18 – Quarter 1 Performance (1st April 2017 – 30th June 2017)

Note: The following references are included in the table. Explanations for these are as follows:

(PAM) Public Accountability Measures - a revised set of national indicators for 2017/18. Following feedback from authorities the revised performance measurement framework was ratified at the WLGA (Welsh Local Government Association) Council on 31 March 2017. These measures provide an overview of local government performance and how it contributes to the national well-being goals. This information is required and reported nationally, validated and published annually.

All Wales - The data shown in this column is the figure calculated using the base data supplied by all authorities for 2016/17 i.e. an overall performance indicator value for Wales.

(Local) - Local Performance Indicator set by the Council and also includes former national data sets (such as former National Strategic Indicators or Service Improvement Data – SID's) that continue to be collected and reported locally.

	Performance Key
	Maximum Performance
	Performance has improved
	Performance has been maintained
	Performance is within 5% of previous years performance
	Performance has declined by 5% or more on previous year's performance - Where performance has declined by 5% or more for the period in comparison to the previous year, an explanation is provided directly below the relevant performance indicator.
	No comparable data (data not suitable for comparison / no data available for comparison)
	No All Wales data available for comparison.
	2016/17 NPT performance in upper quartile (top six of 22 local authorities) in comparison with All Wales national published measures (PAM's).
	2016/17 NPT performance in mid quartiles (7 th – 16 th) in comparison with All Wales national published measures (PAM's).
	2016/17 NPT performance in lower quartile (17 th – 22 nd) in comparison with All Wales national published measures (PAM's).

1. Social Care – Adult Services

No	PI Reference	PI Description	NPT Actual 2015/16	NPT Actual 2016/17	All Wales 2016/17	NPT Quarter 1 2016/17	NPT Quarter 1 2017/18	Direction of Improvement	
1	PAM/024	Percentage of adults satisfied with their care and support	N/a New						
<i>This measure will be taken from the Adult and Carer's citizen survey for 2017-18 which will not be available until Q4.</i>									
2	PAM/025	The rate of people kept in hospital while waiting for social care per 1,000 population aged 75+	4.36	3.88		1.51	0.32	↑	
Page 2784	PAM/026	Percentage of carers that feel supported	N/a New						
	<i>This measure will be taken from the Adult and Carer's citizen survey for 2017/18 which will not be available until Q4.</i>								
	PI/1	No. of adults who received advice or assistance from the information, advice and assistance service during the year	N/a New	2,342		931	727	↓	
<i>This PI looks at how many proportionate assessments in relation to service users and carers are received between two dates. The 2016-17 Q1 figure also included general enquiries received. Subsequent guidance from WG has now confirmed that enquiries are not to be included in this count therefore Q1 2017-18 has resulted in a decrease.</i>									
5	PI/2	No. of assessments of need for care and support undertaken during the year;	N/a New	1,548		178	207	↑	
6	PI/2(i)	<i>Of which, the number of assessments that led to a care and support plan</i>	N/a New	1,206		137	169	↑	
7	PI/3	No. of assessments of need for support for carers undertaken during	N/a New	355		96	78	↓	

		the year;						
8	PI/3(i)	Of which; the number of assessments that led to a support plan	N/a New	16		9	2	↓
<i>Efforts are being made by social workers to identify carers at the time of service user assessment.</i>								
9	PI/4	No. of carer assessments that were refused by carers during the year	N/a New	73		28	15	↑
10	PI/5	No. of assessments of need for care and support for adults undertaken during the year whilst in the secure estate;	N/a New	0		0	0	↔
11	PI/5(i)	Of which; the number of assessments that led to a care and support plan	N/a New	0		0	0	↔
Page 279	PI/6	No. of requests for re-assessment of need for care and support and need for support made by and adult during the year	N/a New	a) In the secure estate	0	N/a	0	↔
				b) All other adults and carers	0		0	↔
13	PI/6(i)	Of which, the number of re-assessment undertaken on;	N/a New	a) In the secure estate	0		0	↔
				b) All other adults and carers	0		0	↔
14	PI/6(ii)	Of which; the number of re-assessments that led to a care and support plan or a support plan on;	N/a New	a) In the secure estate	0		0	↔
				b) All other adults and carers	0		0	↔
15	PI/7	No. of care and support plans and support plans that were reviewed	N/a New	2,004		402	245	↓

		during the year.						
16	PI/7(i)	Of which; the number of plans that were reviewed within timescale	N/a New	1,050		158	139	↓
<i>Plans are in place to improve the performance of this PI which seeks to streamline current processes and maximise workforce output.</i>								
16	PI/8	No. of requests for review of care and support plans and support plans for carers before agreed timescales made by an adult during the year	N/a New	9			0	—
17	PI/8 (i)	Of which, the number of reviews undertaken	N/a New	9		N/a	0	—
Page 280	PI/9	No. of adults who received a service provided through a social enterprise, co-operative user led or third sector organisation during the year	N/a New	0			0	—
	19	PI/10	No. of adults who received care and support who were in employment during the year	N/a New	16		5	2
20	PI/11	No. of adults with a care and support plan who received adult social care during the year e.g. Homecare, Day Care, Respite, Reablement, Adaptations, Direct Payments, Adult Care Homes, Telecare etc.	N/a New	2,567		2,604	2,501	↑
21	PI/12	No. of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year	N/a New	46		1	40	↑
22	PI/13	No. of adults who paid a flat rate charge for care and support or support for carers during the year	N/a New	2,033		1,563	1,810	↑

23	PI/14	No. of adults who were charged for care and support or support for carers during the year	N/a New	2,262		2,214	2,162	↔	
24	Measure 19	The rate of delayed transfers if care for social care reasons per 1,000 population aged 75 or over	4.36	3.88		1.51	0.32	↑	
25	Measure 20a	The percentage of adults who completed a period of Reablement and have a reduced package of care and support 6 months later	N/a New	N/a	N/a	N/a	0.59% (1 of 17)	—	
26	Measure 20b	The percentage of adults who completed a period of Reablement and have no package of support 6 months later	N/a New				41% (7 of 17)	—	
Page 281	Measure 21	The average length of time in calendar days, adults (aged 65 or over) are supported in residential care homes	N/a New	819 (477 of 390,757)			761 (455 of 346,172)	↑	
	Measure 22	Average age of adults entering residential care homes	N/a New	83 (184 of 15,290)			83 (55 of 2,813)	↔	
29	Measure 23	The percentage of adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months	N/a New	Systems being developed to capture this data			Unable to report until Q3	Systems being developed to capture this data	—

8. Homelessness

No	PI Reference	PI Description	NPT Actual 2015/16	NPT Actual 2016/17	All Wales 2016/17	NPT Quarter 1 2016/17	NPT Quarter 1 2017/18	Direction of Improvement
	PAM/012 (PAM)	Percentage of households successfully prevented from becoming homeless	52.2%	55% (196 of 359)		Data not reported until quarter 3	Reported Quarter 2	—
	HOS/003 (Local)	The percentage of households for which homelessness was successfully relieved	45.7%	42% (180 of 425)	41%			—
	HOS/004 (Local)	The percentage of those households for which a final duty was successfully discharged	54.5%	65% (63 of 97)	81%			—
	HOS/005 (Local)	The overall percentage of successful outcomes for assisted households	45.8%	50% (439 of 881)	54%			—
Page 282	<p>Note:</p> <ul style="list-style-type: none"> The number of private rented tenancies made available by the Housing Options Service that were suitable and likely to be available for at least 6 months has been deleted because it is becoming less relevant over time, in the context of the increasingly preventative focus of the Homelessness Service's activity. The percentage of households for which homelessness was successfully prevented) has been re-classified as PAM/012 above. The percentage of all potentially homeless households for whom homelessness was prevented for at least 6 months) has been deleted in favour of the PAM/012 because it is a National measure of the same activity (albeit calculated differently). 							

Section 3: Compliments and Complaints – Social Services, Health & Housing – (ADULT & BUSINESS SUPPORT SERVICES ONLY). 2017/18 – Quarter 1 (1st April 2017 to 30th June 2017) – Cumulative data

	Performance Key
↑	Improvement : Reduction in Complaints / Increase in Compliments
↔	No change in the number of Complaints / Compliments
v	Increase in Complaints but within 5% / Reduction in Compliments but within 5% of previous year.
↓	Increase in Complaints by 5% or more / Reduction in Compliments by 5% or more of previous year.

Page 283	PI Description	Full Year	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
	<u>Total Complaints - Stage 1</u>	37	10	3	↑
	a - Complaints - Stage 1 upheld	14	2	1	
	b - Complaints - Stage 1 <u>not</u> upheld	10	1	1	
	c - Complaints - Stage 1 partially upheld	2	1	0	
d - Complaints - Stage 1 other (incl. neither upheld/not upheld; withdrawn; passed to other agency; on-going)	11	6	1		

No	PI Description	Full Year 2016/17	Quarter 1 2016/17	Quarter 1 2017/18	Direction of Improvement
2	<u>Total Complaints - Stage 2</u>	2	0	1	↓
	a - Complaints - Stage 2 upheld	1	0	0	
	b - Complaints - Stage 2 <u>not</u> upheld	0	0	0	
	c- Complaints - Stage 2 partially upheld	1	0	1	
Page 284	<u>Total - Ombudsman investigations</u>	0	0	0	↔
	a - Complaints - Ombudsman investigations upheld	-	-	-	
	b - Complaints - Ombudsman investigations <u>not</u> upheld	-	-	-	
4	Number of Compliments	25	1	13	↑
	<p>Narrative: Stage 1 – there has been a significant decrease in the number of complaints received during the 1st quarter 2017/18 (when compared to 2016/17) from 10 to 3; during the first quarter no complaints were received during April, which would account for the decrease in the numbers. The Complaints Team will continue to monitor future quarters to ascertain any trends. Stage 2 – there has been an increase on the previous year to 1 (from 0) during the 1st quarter; despite this there continues to be a stronger emphasis on a speedier resolution at 'local' and 'Stage 1' levels. Compliments – the number of compliments has increased; this can be attributed to an improvement in reporting from services receiving praise and thanks. The Complaints Team will continue to raise the profile for the need to report such incidences.</p>				

By virtue of paragraph(s) 14 of Part 4 of Schedule 12A of the Local Government Act 1972.

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