



## **SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD**

*Immediately Following Scrutiny Committee on  
THURSDAY, 2 NOVEMBER 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 Board held on the 5 October 2017 (*Pages 3 - 4*)
4. To receive the Forward Work Programme 17/18 (*Pages 5 - 8*)

### **To receive the Report of the Head of Commissioning & Support Services**

5. Vacant Land at Dan Y Bryn Care Home, Pontardawe (*Pages 9 - 12*)
6. Western Bay Commissioning Strategy for Care Homes for Older People 2016 - 2025 (*Pages 13 - 126*)

### **To receive the Report of the Head of Social Work Services**

7. Partnership Agreement for Western Bay Programme Infrastructure (*Pages 127 - 136*)
8. Extension of Section 33 National Health Service (Wales) Act 2006 - Agreement for Community Equipment Service (*Pages 137 - 140*)

9. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Statutory Instrument 2001 No2290 (as amended)

**S.Phillips**  
**Chief Executive**

**Civic Centre**  
**Port Talbot**

**26 October 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).*

**EXECUTIVE DECISION RECORD**

**CABINET BOARD - 5 OCTOBER 2017**

**SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD**

**Cabinet Board Members:**

Councillors: A.R.Lockyer (Chairperson) and P.A.Rees

**Officers in Attendance:**

N. Jarman, J.Hodges, A.Andrews and J.Woodman-Ralph

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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 WELLBEING CABINET BOARD HELD ON THE 7 SEPTEMBER, 2017**

Noted by the Committee

3. **HILLSIDE SECURE CHILDREN'S HOME PLACEMENT FEES 2017-18**

**Decision:**

That the report be noted.

4. **COMMUNITY RESOURCE TEAM ANNUAL REPORT 2016/17**

**Decision:**

That the report be noted.

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

Noted by Committee

6. **ACCESS TO MEETINGS**

**Decision:**

That pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001 No. 2290, the public be excluded for the following items of business which involved the likely disclosure of exempt information as defined in Paragraph 13 of Part 4 of Schedule 12A to the Local Government Act 1972.

7. **MANAGER'S REPORT, HILLSIDE SECURE CHILDREN'S HOME (EXEMPT UNDER PARAGRAPH 13)**

**Decision:**

That the report be noted.

8. **MANAGER'S REPORT, HILLSIDE SECURE CHILDREN'S HOME: WITH SPECIFIC REFERENCE TO THE INSPECTION REPORT OF JUNE 2017 AND OCTOBER 2017 (EXEMPT UNDER PARAGRAPH 13)**

**Decision:**

That the report be noted.

**CHAIRPERSON**

Social Care, Health and Wellbeing Cabinet Committee

**2017/2018 FORWARD WORK PLAN (DRAFT)**

**SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD**

<b>DATE</b>	<b>Agenda Items</b>	<b>Type (Decision, Monitoring or Information)</b>	<b>Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)</b>	<b>Contact Officer/ Head of Service</b>
<b>30 NOV</b>	Western Bay Youth Offending Board Quarter1 Data Report	Monitoring	Quarterly	Caroline Dyer
	Quarter 2 Performance Report (17/18) ( Adult and Children's)	Monitoring	Quarterly	David Harding/ Mike Potts
	Complaints & Representations Annual Report 2016 -17	Monitoring	Annual	Angela Thomas/ Leighton Jones
	Business Plan (Directorate)	Decision	Annual	Angela Thomas/ Andrew Jarrett/ Rob Hopkins
	Contract - Carmarthenshire	Decision	Topical	Andy Griffiths
	Participation and Engagement Report	Information	Topical	Andrew Jarrett

**Social Care, Health and Wellbeing Cabinet Committee**

<b>DATE</b>	<b>Agenda Items</b>	<b>Type (Decision, Monitoring or Information)</b>	<b>Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)</b>	<b>Contact Officer/ Head of Service</b>
<b>11 Jan 18</b>	Children’s Services Staff Survey	Information	Annual	K.Jones
	Adult Staff Survey	Information	Annual	Angela Thomas/ Rob Hopkins
	Direct Services Update	Information	Topical	Angela Thomas/ Steve Adie
	Carers Information & Consultation Strategy Annual Progress Report	Information	Annual	Andrew Jarrett

**Social Care, Health and Wellbeing Cabinet Committee**

<b>DATE</b> <b><u>2018</u></b>	<b>Agenda Items</b>	<b>Type</b> <b>(Decision, Monitoring or Information)</b>	<b>Rotation</b> <b>(Topical, Annual, Biannual, Quarterly, Monthly)</b>	<b>Contact Officer/ Head of Service</b>
<b>8 FEB 18</b>	Update on Looked After Children Strategy	Monitoring	Annual	A.Jarrett
	Hillside Managers Report	Monitoring	6 Monthly	Alison Davies/ Andrew Jarrett
	Hillside (The Children Home Wales)	Monitoring	6 Monthly	Alison Davies/ Andrew Jarrett

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## NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

### SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

#### Report of the Head of Commissioning & Support Services - Angela Thomas

2<sup>nd</sup> November 2017

#### MATTER FOR DECISION

#### WARD(S) AFFECTED: PONTARDAWE

#### VACANT LAND AT DAN Y BRYN CARE HOME, PONTARDAWE

#### Purpose of Report

- 1 To obtain Members approval to declare land at the Dan Y Bryn Care Home surplus to requirements to enable colleagues within Property & Regeneration to pursue a capital receipt.

#### Executive Summary

- 2 That the identified land at Dan Y Bryn Care Home is declared surplus to requirements to enable the Council to pursue a capital receipt.

#### Background

- 3 Historically, the land edged black on the enclosed plan is considered part of the Dan Y Bryn Care Home site. However, the land has never been used as part of the operational care home and has remained vacant land.
- 4 It is recommended that the land is declared surplus to requirements and the Property & Regeneration section be allowed to pursue negotiations with interested parties.

#### Financial Impact

- 5 The Council will receive a market value capital receipt and any potential purchaser will also pay the Council's professional fees.

## **Equality Impact Assessment**

- 6 A Screening Assessment has been undertaken to assist the Authority in discharging its Public Sector Equality Duty under the Equality Act 2010. After completing the assessment, it has been determined that this function does not require an Equality Impact Assessment.

## **Workforce Impact**

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

## **Legal Impact**

- 8 There are no legal impacts associated with this report.

## **Risk Management**

- 9 There are no risk management issues associated with this report.

## **Consultation**

- 10 The Local Member for the Pontardawe ward has been consulted.

## **Sustainability**

- 11 The disposal of the property will bring forward a positive use to a vacant site and will provide the Council with a capital receipt and remove any future maintenance responsibility for the land.

## **Recommendations**

- 12 It is recommended that Members approve the identified land at Dan Y Bryn Care Home as surplus to requirements to enable the Council to pursue a capital receipt.

## **Reasons for Proposed Decision**

- 13 To declare vacant land surplus to requirements and to enable Council to pursue a capital receipt.

## **Implementation of Decision**

15 The decision will be implemented after a 3 day call in period.

## **Appendices**

16 See attached plan – Appendix 1

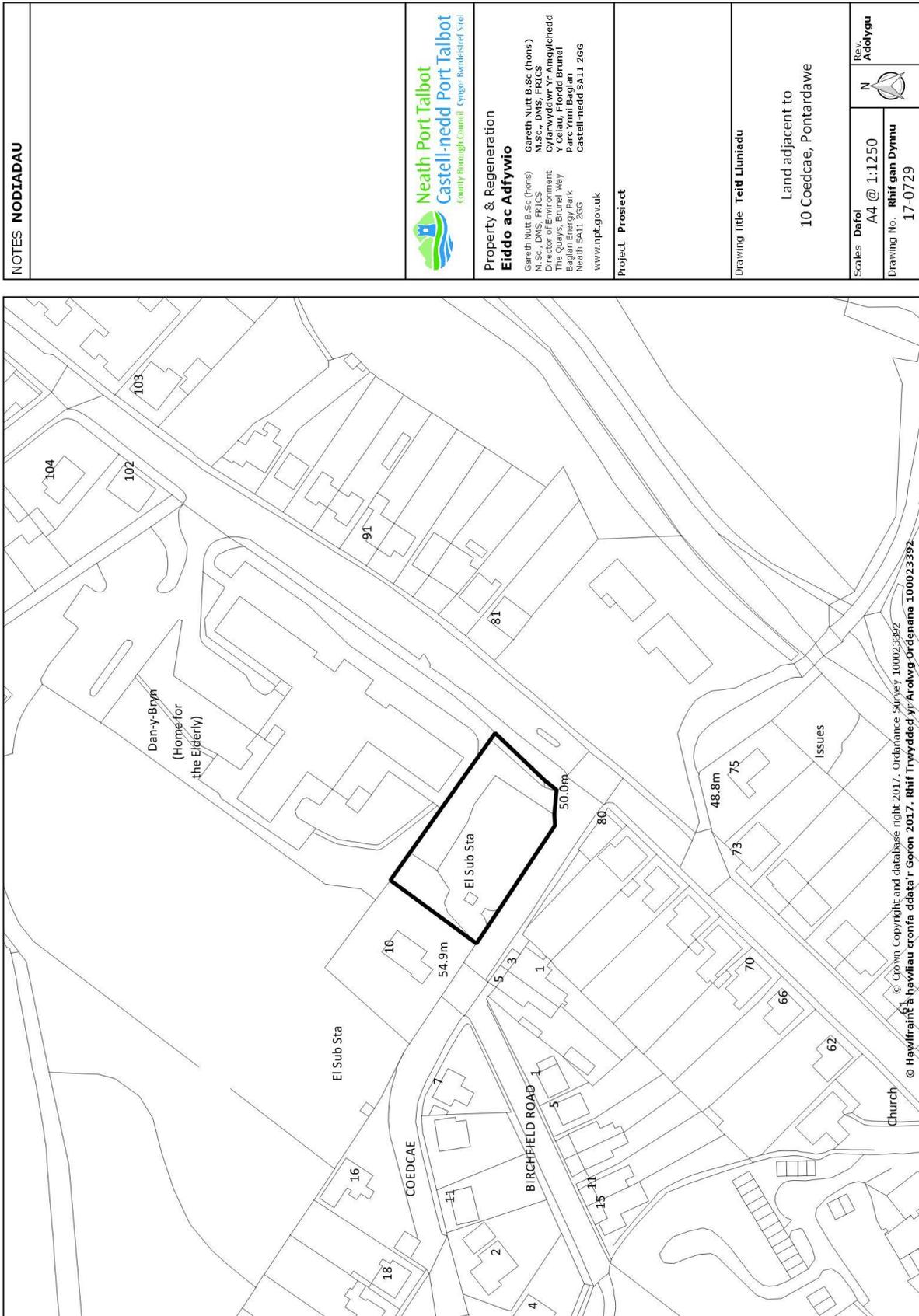
## **List of Background Papers**

17 None

## **Officer Contact**

18 Leighton Jones, Business Strategy Manager  
Tel: 763394,  
Email: l.jones@npt.gov.uk

# Appendix 1



NOTES **NODIADAU**



Property & Regeneration  
**Eiddo ac Adfywio**

Gareth Nutt B.Sc (Hons) M.Sc., DMS, FRICS  
Director of Regeneration  
The Quay, Eborac Way  
Baglan Energy Park  
Neath SA11 2GG  
www.npt.gov.uk

Project **Prosiect**

Drawing Title **Tetl Lluaniadu**  
  
Land adjacent to  
10 Coedcae, Pontardawe

Scale <b>Dafol</b> A4 @ 1:1250	Rev <b>Adolygu</b>
Drawing No. <b>Rhif gan Dynnu</b> 17-0729	

## NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

### SOCIAL CARE HEALTH AND WELLBEING CABINET BOARD

2<sup>nd</sup> November 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 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.

##### **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

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.

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.

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.

### 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 The final version of the responses to the 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.

## **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 The commissioning strategy identifies three commissioning priorities:

- i. Develop strong relationships with existing care home providers to support them to meet the changing needs of the population with high quality services;
- ii. Work strategically with new care home providers to develop a sustainable range of care home facilities across the region; and
- iii. Where care home services are not in line with the strategic approach and/or are not of adequate quality, they will be decommissioned, the process of decommissioning any service would involve a multi-agency decision based on performance indicators, e.g. any risks identified and the quality of care being provided by the care home.

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.
- The Western Bay Commissioning Strategy was finalised in Mid-2016 and in order to give members a better understanding of the local care home sector and additional position statement has been prepared. Please see **Appendix 4** which gives a current picture of the care home sector.
- 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.
- We need to have a robust sector that is able to respond to any future demands, e.g. If a care home was to close at short notice.
- The Local Authority need to consider how to attract new providers in order to develop services in the area that are able to respond to future complex care demands.
- There is a National crisis across the care home sector with homes closing due to a shortage of qualified nurses, and the changes to the new regulations. Ongoing discussions are taking place across Western Bay on how to respond to these types of challenges.

## 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. The strategy indicates that the 2014/15 total budget across the three local authorities for social care was circa £300 million. The budget for Older People's services includes the following:
- Residential care (circa £29.1m);
  - Community based and non-residential services (circa £36.4m).

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).

- 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 5**, for the purposes of the meeting.

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.

## **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:

<b>Appendix 1</b>	Western Bay Commissioning Strategy for Care Homes
<b>Appendix 2</b>	Local Authority Implementation Plan for Neath Port Talbot
<b>Appendix 3</b>	Outcomes and Responses to Consultation for Care Homes
<b>Appendix 4</b>	Neath Port Talbot Care Home Position Statement
<b>Appendix 5</b>	Western Bay Equality Assessment

## 20. List of Background Papers:

None.

## 21. Officer Contact

**Angela Thomas**

**Head of Commissioning and Support Services**

**April 2017**

**Arlene Harvey**

**Commissioning Officer Older Persons Residential Care Homes**

**Telephone:**

**Email: [a.harvey1@Neath Port Talbot.gov.uk](mailto:a.harvey1@Neath Port Talbot.gov.uk)**

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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.”<sup>1</sup>

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”<sup>2</sup>.

### 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

<sup>1</sup> 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>.

<sup>2</sup> “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”.*<sup>3</sup>

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<sup>3</sup> <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)**<sup>4</sup> received royal assent on 1<sup>st</sup> 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)<sup>5</sup> 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)**<sup>6</sup>, along with the Social Services & Wellbeing (Wales) Act (2014) aims to secure excellent wellbeing for all people and their

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<sup>4</sup> [http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

<sup>5</sup> 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>

<sup>6</sup> <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”**<sup>7</sup>; 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

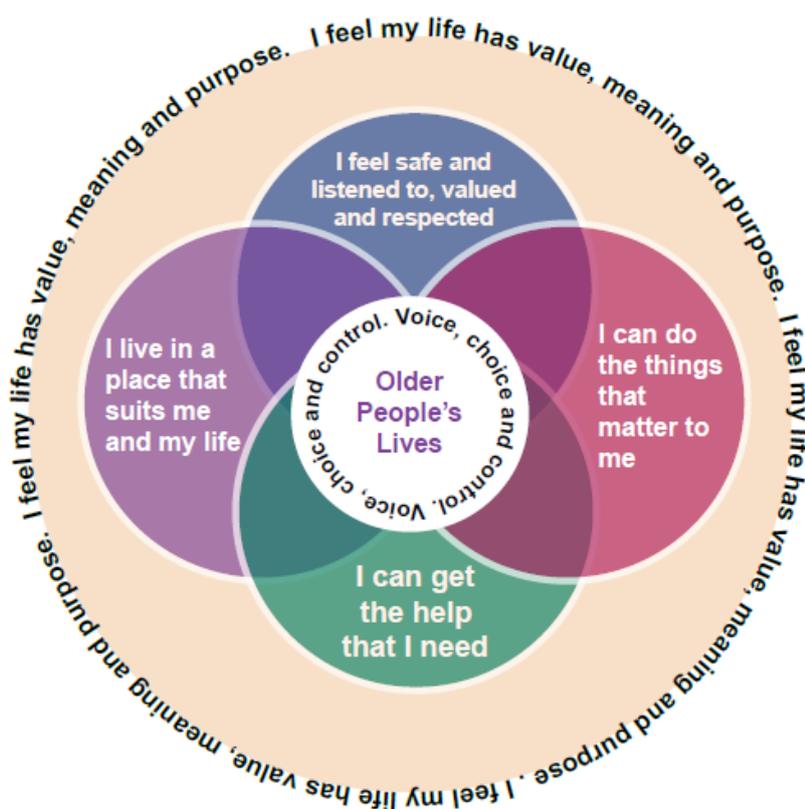


Figure 2: Older People’s Commissioner’s Quality of Life Model, ‘A Place to Call Home’ (2014)

<sup>7</sup> 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**'<sup>8</sup>. 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**'<sup>9</sup>. 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)**<sup>10</sup> 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 Care**<sup>11</sup> 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 Welsh<sup>12</sup>.

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

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

<sup>10</sup> [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).

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

<sup>12</sup> <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 Intent<sup>13</sup> (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.”<sup>14</sup>*

## 3.3 “What Matters To Me” Model

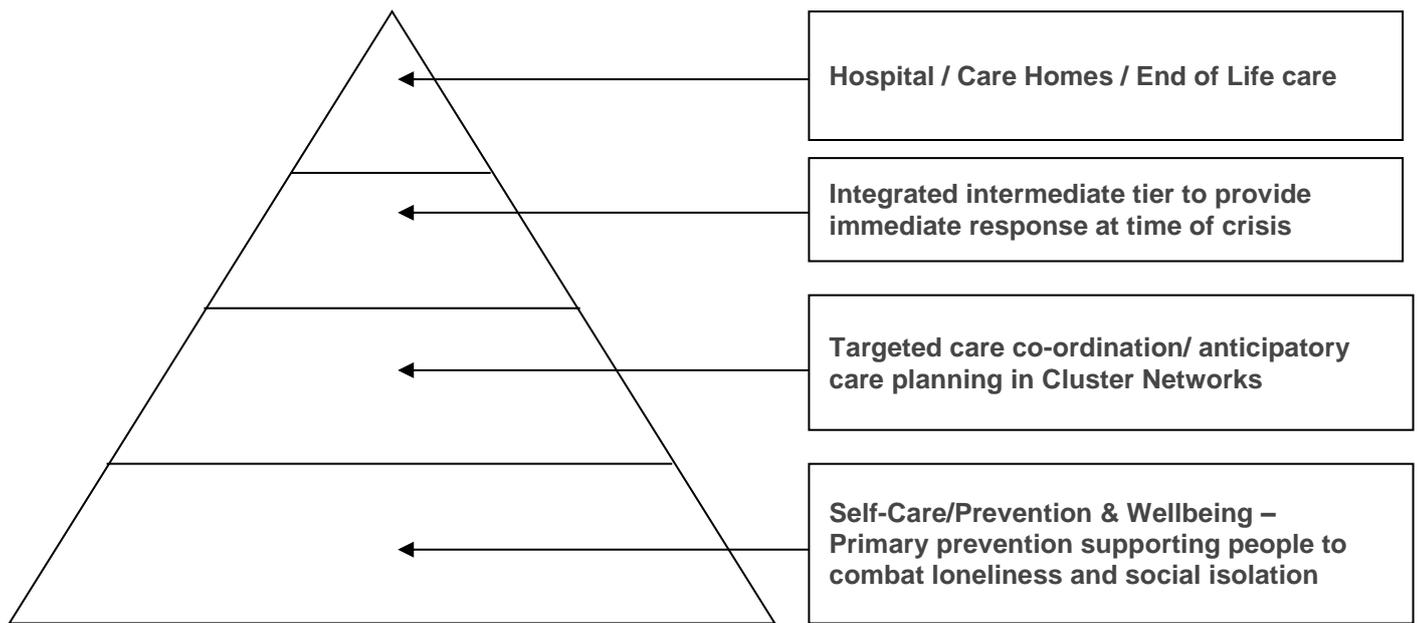
The Western Bay Community Services Programme has drafted an overarching model to improve older people’s health and social wellbeing across the region called “*What Matters To Me*” (2015). The model reaffirms the commitment in Western Bay to deliver high quality integrated health and social care that 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.

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

<sup>14</sup> 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 64,087<sup>15</sup>.

### 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:

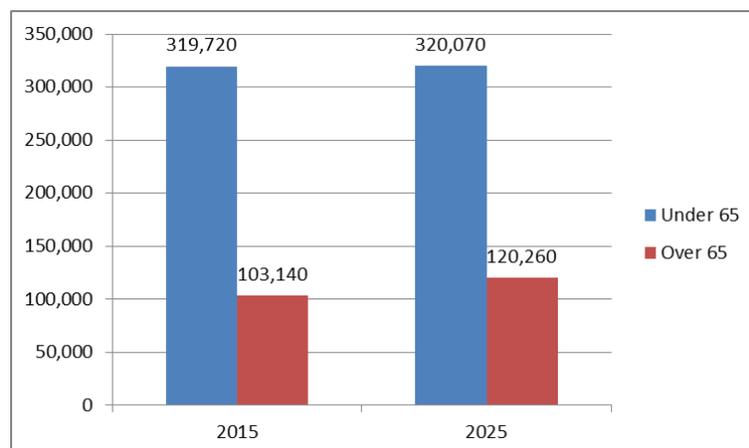


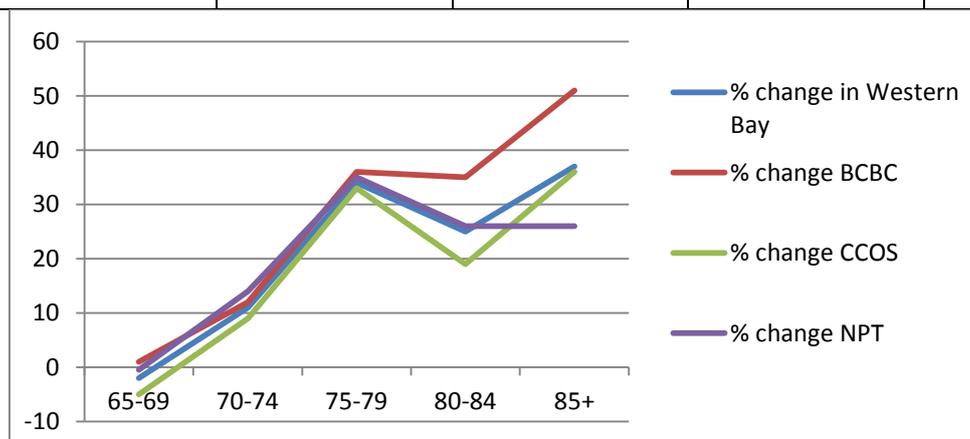
Figure 4 – Change in adult population from 2015 to 2025 across ABMU

<sup>15</sup> 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:

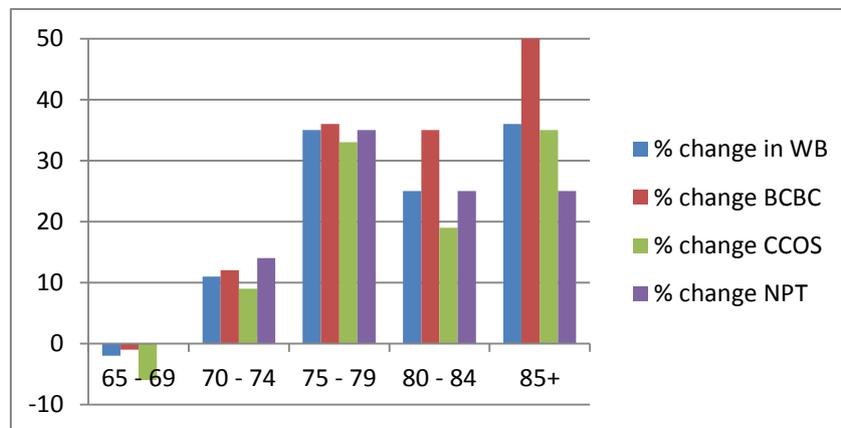
- There are 850,000 people with dementia in the UK
- There will be 1 million people with dementia in the UK by 2025
- 80 per cent of people living in care homes have a form of dementia or severe memory problems

- 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
<b>Western Bay</b>	<b>£167 million</b>	<b>£24.7 million</b>

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
<b>TOTAL</b>	<b>3,610</b>	<b>1,168</b>	<b>2,442</b>	<b>103,140</b>

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%
<b>Total</b>	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"<sup>16</sup> drafted with input from "My Home Life"<sup>17</sup> 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"<sup>18</sup> 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.

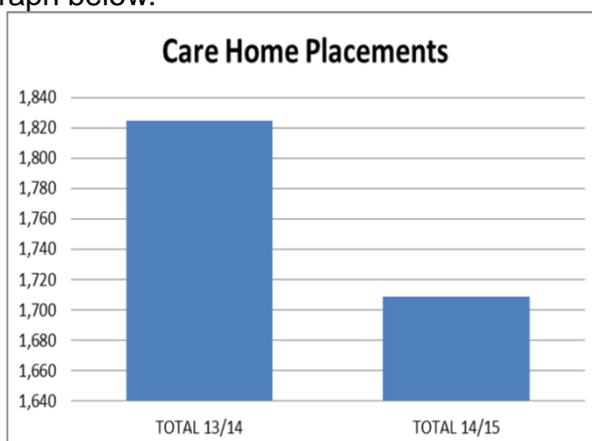


Figure 7: Care Home total population across Western Bay in 13/14 and 14/15.

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

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

<sup>18</sup> <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'.<sup>19</sup>

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.

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<sup>19</sup> <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 3<sup>rd</sup> 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.<sup>20</sup> Additionally, all staff will need to work towards the Code of Professional Practice for Social Care published by the Care Council for Wales<sup>21</sup>

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.

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

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

## 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 6<sup>th</sup> May and concluded on the 3<sup>rd</sup> August. This was done through:

- Consultation event which took place on the 15<sup>th</sup> 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"> <li>• Supports innovation</li> <li>• Improves quality</li> <li>• Attracts high quality care home providers to the Western Bay area</li> <li>• Providers better able to plan and develop to meet changing needs</li> <li>• Positive climate for addressing workforce and financial challenges</li> </ul>		
Objective/Activity	Milestones	Responsible	Timescale
Publish and consult on Market Position Statement	<ul style="list-style-type: none"> <li>• Engage with providers</li> <li>• Draft MPS</li> <li>• Agree and publish</li> <li>• Engage with providers</li> </ul>	LA Commissioning Team	October 2016 Ongoing
Publish and Consult on NPT Local Commissioning Strategy	<ul style="list-style-type: none"> <li>• Draft Commissioning Strategy</li> </ul>	LA Commissioning Team	November 2017

## Strategic Area 2: Ensure quality

Outcomes	<ul style="list-style-type: none"> <li>• Consistent high levels of quality standards for service users</li> <li>• Increased choice for service users</li> <li>• Attract high quality care home providers to the Western Bay area.</li> </ul>		
Objective/Activity	Milestones	Responsible	Timescale
Implement joint health and social care monitoring using the RQF	<ul style="list-style-type: none"> <li>• Review procedures for use of the RQF</li> <li>• Review reporting mechanisms to LA &amp; UHB</li> <li>• Instigate joint monitoring meetings</li> </ul>	Contracting Officer/ Lead Nurse LTC LA & UHB	January 2017 <b>Completed</b>
Develop a tool for the 15 step challenge in the care home setting	<ul style="list-style-type: none"> <li>• Care Homes sub-group to develop the tool and methodology</li> </ul>	Contracting Officer/ Lead Nurse LTC LA & UHB	March 2017 <b>Ongoing work to be completed by WASAB</b>
Continue to implement an enhanced payment system based on the Regional Quality Framework	<ul style="list-style-type: none"> <li>• Implementation of the RQF since January 2016</li> <li>• All care homes have been benchmarked against the Bronze standard.</li> <li>• Ongoing consultations with providers on how the monitoring team can best support care homes to raise standards and meet the next award.</li> </ul>	LA Commissioning Team/Providers	2016/17 <b>Completed</b>

Early indicators in place that identifies concerns at care homes. Provide more choice via Direct Payments	<ul style="list-style-type: none"> <li>Processes in place to identify and respond to early indicators of concerns in care homes</li> <li>Encourage individuals to have a Direct Payment</li> </ul>	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"> <li>All Home to be accredited annually</li> </ul>	LA Commissioning Team	Annually Completed for 2016 New process began for 2017
<b>Strategic Area 3: Build and communicate an accurate understanding of future demand for services</b>			
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>Better access to care home services most suitable to people's needs</li> <li>Improved outcomes for citizens</li> <li>Reduced waiting lists and "blockages" elsewhere in the health and social care system</li> </ul>		
<b>Objective/Activity</b>	<b>Milestones</b>	<b>Responsible</b>	<b>Timescale</b>
Consider opportunities to enhance integration with ABMU in the commissioning of long-term care services	<ul style="list-style-type: none"> <li>Task/finish group</li> <li>Proposals to appropriate governance body</li> </ul>	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"> <li>Consult with providers about future demand.</li> <li>Share the Market Position Statement with providers.</li> <li>Actively review commissioned services</li> </ul>	LA Commissioning Team/ UHB Long Term Care Team/Providers	2016/17 Ongoing discussions

<p>Review reablement and interim provision in care homes</p>	<ul style="list-style-type: none"> <li>• Based on demand actively seek new services to commission.</li> <li>• Review the step up/down bed provision</li> <li>• Review the Reablement bed provision</li> </ul> <p>Care homes are providing emergency short term placements in NPT</p>		<p>2016/17 Ongoing</p>
<p><b>Strategic Area 4: Work together to develop and support a sustainable and motivated workforce</b></p>			
<p><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Improved recruitment and retention</li> <li>• A well trained and motivated workforce</li> <li>• Improved outcomes and satisfaction for citizens and their families</li> <li>•</li> </ul>		
<p><b>Objective/Activity</b></p>	<p><b>Milestones</b></p>	<p><b>Responsible</b></p>	<p><b>Timescale</b></p>

Review and implement ABMU Interface Nurse Posts	<ul style="list-style-type: none"> <li>• Complete pilot</li> <li>• Complete review</li> <li>• Implement recommendations</li> </ul>	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"> <li>• Recruit task/finish group</li> <li>• Complete draft Nurse Recruitment Protocol</li> <li>• Complete consultation</li> <li>• Sign off</li> </ul>	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"> <li>• Draft Terms of Reference</li> <li>• Agree meeting dates</li> <li>• Implement 4 x Clinical Support group meetings</li> <li>• Review</li> <li>• Report</li> </ul>	Head of Nursing and Lead Nurse Long Term Care UHB	April 2018 ABMU
Maintain and enhance training opportunities made available to care home providers. Identify training needs on an individual basis during monitoring	<ul style="list-style-type: none"> <li>• Review care home training opportunities</li> <li>• Publish care home training programme</li> <li>• Approved list of external training providers</li> </ul>	LA Commissioning Team/ LA Training Department	2016/17 Completed

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

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

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

<p><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Improved outcomes for services users</li> <li>• Improved stability of placements</li> <li>• Reduced waiting lists and “blockages” elsewhere in the health and social care system</li> <li>• Improved staff morale in care homes</li> </ul>		
<p><b>Objective/Activity</b></p>	<p><b>Milestones</b></p>	<p><b>Responsible</b></p>	<p><b>Timescale</b></p>
<p>Review and implement ABMU Interface Nurse Posts</p>	<ul style="list-style-type: none"> <li>• Complete pilot</li> <li>• Complete review</li> <li>• Implement recommendations</li> </ul>	<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"> <li>• Task &amp; Finish group</li> <li>• Complete review</li> <li>• Agree recommendations</li> </ul>	<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"> <li>• Complete review</li> <li>• Agree recommendations</li> </ul>	<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"> <li>• Continue to work closely with ABMU for Joint Monitoring</li> <li>• Ensure Reablement beds are used effectively</li> <li>• Consider ways to reduce DTOC</li> <li>• Review the current joint contract with ABMU</li> </ul>	<p>LA/UHB</p>	<p>2016/17 Completed</p>
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No	Theme	Question	Comment	Activity	Response	Adjustment
1	Alternative	Choice	Very little choice for respite care, both residential and nursing	Event	Noted	Insertion to 6.4.5
2	Alternative	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	Choice	Dementia villages should be considered to add to choice	Event	Noted	See Section 6.4.12
Page 13 of 15	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	
	Alternative	Choice	Health Board – responsibility in developing flexible bed options	Event	Noted	
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 75	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.
50	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 78	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	
93	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
94	Legislation	Value	Pooled resources	Event	Not clear	
95	Legislation	Quality	CSSIW Inspections	Event	Not clear	
96	Legislation	Quality	CSSIW regulations help to set a standard	Event	Not clear. CSSIW regulations are standards.	
97	Legislation	Quality	Improvement in quality observed for inspections – ensure this raise in level is continued	Event	Noted	
98	Legislation	Quality	Raise wider awareness of ratings e.g. CSSIW reports/RQF	Event	Noted	
99	Cost	Quality	Evidence of profit	Event	Not clear.	
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 837 157	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 9 of 23	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.	
	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.	
246	Alternative provision	Quality	More flexible day services and short stay/respice 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
247	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.	
248	Specialist Care	Availability	More specialist beds for people at end stage of dementia	Survey	Noted.	
249	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	
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	<a href="https://www.jrf.org.uk/report/care-provision-fit-future-climate">https://www.jrf.org.uk/report/care-provision-fit-future-climate</a>	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.	
Page 98						
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.	
Page 99 302	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	



**Neath Port Talbot**  
**Castell-nedd Port Talbot**  
County Borough Council Cyngor Bwrdeistref Sirol

Commissioning and Support Services  
**Older People's Care Homes**  
**Position Statement**

October 2017



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## Introduction

This paper is intended to provide Members with a summary of the current position of the older people's care homes market in Neath Port Talbot. We know Members are keen to understand the sector and the challenges we are facing.

We recognise that the Western Bay Commissioning Strategy was developed in mid-2016 and this position statement is intended to present Members with a more up to date position of the local care home market.

We need to ensure that frail older people receive care and support in the most appropriate and cost effective way to meet identified outcomes. We want to improve how and what we deliver, helping people stay well and independent for as long as possible. We will achieve this through the provision of a range of services including community based models such as reablement services, as well as Direct Payments to promote choice and control; doing the right thing for (and with) older people will reduce the need for long term residential care and alleviate financial pressures on statutory services.

The Council is committed to stimulating a diverse, active market where innovation is encouraged, where the individual's right to exercise choice and control is respected, where frail older individuals are supported to live safely in the environment of their choice, receive high quality support when they need it and are helped to achieve their required outcomes.

The Council is committed to continuous improvement and has implemented the Regional Quality Standards to help drive forward the quality across the care home sector. These standards enable officers to effectively monitor the quality of care that is delivered within care home settings.

Neath Port Talbot Council recognises that in order to have a vibrant market which offers high quality, it needs to support local providers to develop services to deliver the above.

On an annual basis the Council developed a local market position statement to give businesses information on: -

- Neath Port Talbot's current and projected older population
- Current supply, demand and occupancy rates for care homes
- Estimates of care home beds needed in the future

## Population Needs Assessment – Current & Future Demand

To set the scene the following summarises population data and dementia prevalence rates to inform the care sector of current and potential future demand for long term care beds.

The population of Neath Port Talbot is expected to increase over the next few years and beyond, particularly amongst those aged 65+ and especially older residents aged 85+ years.

Age Group	2017	2018	2019	2020	2025
People aged 18-64	83,750	83,390	83,120	82,790	80,820
People aged 65 and over	29,200	29,680	30,080	30,430	32,930
People aged 85 and over	3,830	3,860	3,920	4,030	4,690

Between now and 2020 it is estimated that:

- Population aged 18-64 will decrease by 1.1%
- Population aged 65+ will increase by 4.2%
- Population aged 85+ will increase by 5.2%

Between now and 2025 it is estimated that:

- Population aged 18-64 will decrease by 3.5%
- Population aged 65+ will increase by 12.8%
- Population aged 85+ will increase by 22.5%

Despite average life expectancy rates increasing, Neath Port Talbot has some of the highest incidence of chronic and long term illnesses in Wales. Older people are the most vulnerable to chronic ill health and disability. One of the main, and quantifiable, pressures on current services arises from the growth in the number of people who are frail. People who are frail are also typically, though not exclusively, old and many will therefore also experience dementia.

## Current and Projected Incidence of Dementia

As the older age population increases, it will be more likely that there will also be an increase in the levels of dementia, especially amongst people aged 85 and over.

Age Group	2017	2018	2019	2020	2025
Population aged 65+ with dementia	1,959	1,994	2,032	2,072	2,354
Population aged 85+ with dementia	885	890	903	927	1,072

Between now and 2020 it is estimated that:

- The number of people aged 65+ with dementia will increase by 5.8%
- The number of people aged 85+ with dementia will increase by 4.7%

Between now and 2025 it is estimated that:

- The number of people aged 65+ with dementia will increase by 20.2%
- The number of people aged 85+ with dementia will increase by 21.1%

Whilst a general increase in the older population would suggest a need for additional care home beds in future, developments such as extra care housing, assistive technology, specialist community placements have all contributed to reducing the number of people entering residential care.

### **People not funded by NPTCBC**

Self-funders are people who have a need for social care who do not meet the eligibility criteria for local authority financial support and/or choose to make their own placement arrangements.

Under the Human Rights Act, the local authority has the same safeguarding responsibilities towards these individuals as it has to those for whom it provides funding. All self-funders are entitled to assessment, information, advice and safeguarding services. In addition to self-funders there are people placed within the local care homes from other local authorities, which impacts on the number of beds available.

The Council does not have detailed figures in respect of the changing number of self-funders or placements from other areas in the local marketplace. However, indications are that in the same way that the numbers of Council placements into residential care are falling, the number of self-funders is also falling – with families taking the benefit of the alternative options for care available at a much lower cost. Changes by Welsh Government regarding savings thresholds will also likely mean that fewer people over time will be required to contribute to their care home fees.

Where data does exist it demonstrates that there is a distinct difference in occupancy levels between differing types of home with homes providing dementia care and Nursing care being close to full occupancy and those homes with just residential care sometimes struggling to fill beds. Where the data is not readily available there is anecdotal evidence that the same position applies

with dual registered homes gradually changing their mix of beds to reflect the changes in demand.

We are working with the care sector to try and better understand the mix of people who are supported in local care homes, (including self-funders and placements from other areas) which will enable us to more effectively plan to meet changes in demand for the future.

### **Fees for Care Homes and Nursing Homes**

The Council has responsibility to set local fee levels, and currently pays a set rate (including a quality premium) of £538 per week for residential care. The fee paid within Neath Port Talbot is within the top quartile of fees across Wales and the Council is working in partnership with the care sector to determine the fee levels for 2018/19.

A nursing care bed will attract an additional payment of £148.01 per week which is a cost met by the ABMU Local Health Board.

The difference in cost between funding residential / nursing care and the cost to self-funders is not readily available and may vary from home to home.

We are working with the care home sector to better understand the balance of costs for the care within the sector including the rates which are charged to self-funders.

### **The Current Care Home Market**

Since 2012 the Council has not directly managed 'in-house' residential care facilities for older people, when homes previously operated by the Council were transferred to Gwalia. As such all residential and nursing care homes in the area are operated and managed by private providers.

Most recently, after a period of consultation the Pobl (formerly Gwalia) operated Arwelfa Residential Care Home closed on 31<sup>st</sup> March 2017 with remaining residents moved to other homes. Council officers meet regularly with management and staff of Pobl to ensure we continue to meet market demands.

As a result of the Arwelfa closure the current (October 2017) number of beds available is as follows:

Care home registration	Number of homes	CSSIW registered beds	Number where NPTCBC makes a contribution
Residential care (within NPT)	9	336	198
Dual registered care (within NPT)	15	659	330
Residential care (border homes)	2	44	11
Dual registered care (border homes)	1	39	2
Total	27	1,078	541

Currently there are 27 care homes in the Neath Port Talbot area, of which 11 are residential and 16 are dual (nursing and residential) registered.

Despite the closure of Arwelfa and the removal of 30 beds from the local residential care market vacancies remain in the sector which suggests oversupply. Based on the above figures it should be noted that care home residents who are funded to some degree by the council account for only half (50.2%) of the available beds.

This proportion is lower than we might expect and it gives the Council scope to buy more beds, which are currently used by other Councils and self-funders should they be needed in the future.

We are currently changing the way we gather information so that we obtain more intelligence on the make-up of the local care home market and are also in the process of recruiting a residential care broker to maximise flow into the care home sector.

The care home sector in Neath Port Talbot is large and we recognise a need to manage and better understand who are in the homes in order to respond to the changes in demand.

### **Short term beds**

Neath Port Talbot is a member of the Western Bay regional social care programme. The development of an integrated intermediate tier service across Western Bay will impact on the demand for residential care as it focuses on

fully integrated community based services designed to reduce hospital admissions, reduce delayed hospital discharges and avoid hospital discharges to residential care homes. It is there expected that such developments will further mitigate the need for additional residential beds in future.

Residents of Neath Port Talbot also have access to a number of respite, reablement and assessment beds which can help people on a short term basis, delaying or removing the need for a long term care home placement.

It is recognised that there is ongoing demand for respite placements and the data suggests that the current supply of beds is able to meet the demands for general residential respite and nursing respite across the borough.

We are currently reviewing bed utilisation to ensure residents' needs are met in the best way and beds used most effectively.

### **Estimating Future Demand**

Predicting demand is difficult, as there are a number of factors which influence the local markets, and the care home sector nationally is under a great deal of pressure.

It is worth noting that there are care homes in Neath Port Talbot which give cause for concern and we work closely with partners in ABMU and CSSIW to monitor the situation. Whilst the Council is working hard in collaboration with the care providers, the reality is that there would be detrimental impact on the local market if any care home closes. Not only would that have a significant impact on the existing residents within the care homes, it would also influence and change the demand across the sector.

Whilst a changing demographic profile indicates significant increases in future demand for residential care the reality is different. The market is changing due to the Council focussing on maintaining people's independence for as long as possible in their own homes or other settings outside of mainstream residential care homes, thereby reducing overall demand for residential care.

As such, we expect the demand for residential care beds to continue to fall whilst demand for dementia and nursing care will increase over time.

We will also be working more closely with our Health partners to better identify current and future demand for continuing health care placements and other more complex categories of residential-based care.

### **Do we currently have enough beds?**

Many of the homes, particularly residential-only have vacancies implying there are currently more than enough beds to meet projected demands. However, other homes state they have increased demands for placements but the majority of these are for dual registered homes. Based on what we know, there are currently enough long term beds in the area.

However, we know that demand for short term respite can peak at certain times of the year but available data shows under-utilisation.

It is arguable that people are expressing choice and control over where they wish to spend their time, i.e. they are prepared to wait to go into the home of their choice (such as due to its location, perceived quality of care, etc.) as opposed to taking up the first available vacancy.

There are more residential home vacancies than people requiring placements. Conversely, there are more people requiring placements in dual registered homes than there are vacancies. This is in keeping with our analysis that complex care is increasing as people are being supported within the community longer than before.

We recognise that the sector needs to work with the Council to explore how we can change the balance of residential placements and complex care placements to meet an increase in complex care.

At this point there are too many variables to make accurate judgements on future demand for long term care. We acknowledge that we need to improve both the quality and range of data that we capture on supply and demand for care home placements, including those people who are self-funding, and work is in progress to be able to analyse demand by client category as well as bed category.

What is clear from existing data is that demand for pure residential care is falling, whether as a result of intermediate tier services which allow people to stay in their communities longer, or because those with more complex health

and social care needs require specialised nursing care – a pattern reflected across other parts of Wales.

We need to respond to the long term demand for complex care and will work closely with existing and potential service providers to reconfigure the care home market.

The Social Services and Well-being (Wales) Act requires local authorities to focus specifically on making provisions to improve well-being outcomes for people who need care and support. The issues raised in the report will require some providers to fundamentally change the way they deliver residential care services, while the Act will mean that local authorities will need to consider the extent to which care home providers focus on improving well-being outcomes as part of the commissioning and quality monitoring process.

Neath Port Talbot and the other constituents of the Western Bay region place great importance on the quality of care services delivered in the area and have developed a Regional Quality Framework as part of the efforts to improve the quality of care which it is expected that new and existing providers will adhere to.

Where care home services are not in line with the strategic approach and/or are not of adequate quality, they will be decommissioned. The process of decommissioning would involve a multi-agency decision based on performance indicators such as risk and the quality of care provided by the care home.

## **Conclusion**

Predicting the future demand for residential and nursing care services is not an exact science and a lot of work needs to be done to meet current and future demands, but the preceding sections indicate that:

- We currently have enough long term care beds to meet the projected demand.
- The number of placements into residential care is falling. This situation conflicts with the projections of an ever increasing elderly population profile.
- We need better placement flow into the sector by using a specialist post of care home broker.
- The level of vacancies in those homes providing specialist dementia care and nursing care is lower than for 'pure' residential care for the frail elderly.

Increasingly, admissions relate to those people with more complex care needs such as dementia and nursing care.

- The Council currently only contracts half of the available beds and we need to gather additional data to understand why this is as we may need to use our contracting leverage to secure a higher proportion of these beds to meet future demands.
- Better coordination is needed across the sector to maximise available bed utilisation in a more planned way.
- We need to do more work to better understand the wider care home sector, and will work with providers to meet changing needs and explore how we can best meet changing demand.
- Current respite data suggests we have enough beds available but there is an opportunity to review the sector to meet peak demand points throughout the year.
- There are care homes within the borough who are struggling to meet the Council's high quality standards. The impact of any decommissioning would significantly impact on the ability to meet the projected demand.

It is thus reasonable to conclude that:

- 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 85+ population and with others in the same population group having multiple and complex needs the focus will have 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 frail elderly will continue to reduce which could have a significant impact on demand for such beds in future.
- We have some local provider issues and are working with partners to address this as it could impact on current placement flow and future demand across the sector.

We want to commission providers who are prepared to innovate and develop their workforce so that they are better placed to meet the needs of individuals and can evidence the impact of their services in terms of outcomes achieved. As demand shifts we will continue to work in partnership with the care home sector to explore how organisations can change the dynamics of the care that

is provided i.e. upskill staff to work with more complex care as the needs of individuals change.

We will continue to work with Health colleagues to develop innovative responses to help people remain in their own homes for as long as possible or return to their homes when discharged from hospital to reduce or delay the need to go into long-term residential care.

We will work in collaboration with the care home sector to ensure care home environments can respond to the changing and increasingly complex needs of individuals, so that available capacity is able to meet the anticipated greater demand from those with dementia.

Our priorities are:

- ✓ Work with partners to develop a range of accommodation options and support for vulnerable and older people who need help to achieve or sustain independence
- ✓ Improve the quality of provision and in turn deliver person centred outcomes for everyone in a care home
- ✓ Build relationships/trust with providers to enhance understanding of the operation of the market and how to help providers respond to ongoing changes in demand
- ✓ Through effective data sharing the Council will be able to develop a much richer picture of the market that covers all people with care needs and not just those where the Council supports the provision of care
- ✓ Reduce overall need for long-term residential care
- ✓ Develop the care home market to be able to meet projected increased demand for dementia related care
- ✓ Continue to improve the value for money derived from contract and commissioning arrangements

## 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](mailto:acesstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
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 6<sup>th</sup> for 90 days on the Western Bay Care Home Commissioning Strategy and will close on the 3<sup>rd</sup> 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 15<sup>th</sup> 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).

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

(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](mailto: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&amp;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 &amp; 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 &amp; 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).**

## NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

### Social Care Health and Wellbeing Cabinet Board

2nd November 2017

### Report of the Head of Social Work Services – Andrew Jarrett

#### **Matter for Decision**

Endorse the principles of the Partnership Agreement for Western Bay Programme Infrastructure, whereby the City & County of Swansea is the host authority, with the three statutory partners of Bridgend County Borough Council, Neath Port Talbot County Borough Council and the ABMU Health Board

#### **Wards Affected:**

All wards

#### **Partnership Agreement (S33) for Western Bay Infrastructure**

##### **1. Purpose of the Report**

- 1.1 To seek endorsement of the principles of the Partnership Agreement (S33) for Western Bay Programme Infrastructure, which includes a pooled fund for the staffing costs for the Western Bay Programme Office.

##### **2. Executive Summary**

- 2.1 The regional partnership arrangements and work programmes are supported by the Western Bay Programme Office, hosted by the City & County of Swansea. The Programme Office works across partner organisations to deliver on the Regional Partnership Board priority areas of work and provides business support to the Regional Partnership Board and to the transformational Programme and Project Boards which support the Board.
- 2.2 The City and County of Swansea is the host authority for the Western Bay Programme Office. To date the posts (staffing), work programmes, meetings and activities have been funded by the Delivering Transformation Grant

combined with the Integrated Care Fund (formerly Intermediate Care Fund). The Partnership (s33) Agreement will formalise the arrangements for the Programme Office and establish a pooled fund arrangement drawing on the Revenue Support Grant and the Integrated Care Fund.

- 2.3 Skills and capacity to deliver regional working arrangements across health and social care and across local authority and sectoral boundaries are scarce and the experience which has been built up among the Western Bay Programme Office staff over the past 3-4 years is valuable to the programme going forward. The importance of retaining the knowledge and experience in the current team and providing some certainty to experienced staff, with a proposed extension of contracts for three years to 2020 (including a review in 2019) was agreed through support of a business case endorsed by the Western Bay Leadership Group (Local Authority and Health Board Chief Executives and Directors in November 2016. The S33 agreement has been endorsed in principle in Bridgend CBC and Swansea Council in June 2017.

### **3. Introduction**

- 3.1 The Local Authority Chief Executives, Directors of Social Services, Heads of Service together with ABMU Health Board Senior Leaders across Bridgend, Neath Port Talbot and Swansea have been working together under the auspices of the Western Bay programme since 2012. The Western Bay programme has evolved and is now managing and overseeing a range of collaborative services and activities across the region.
- 3.2 A Regional Partnership Board provides strategic oversight and direction to Western Bay and includes elected Member representation from the three Local Authority Leaders and portfolio holders, the Chairman of the ABMU Health Board alongside third sector, independent sector, carers and service user representatives (full Membership of the RPB attached as Appendix 1).
- 3.3 The Western Bay Programme Office is hosted by the City & County of Swansea, through the employment of a small team of staff who coordinate and support a set of programmes and projects that progress health and social care integration. The funding for this arrangement has to date been through different Welsh Government funding streams (Regional Collaboration Fund, Delivering Transformation Grant and Intermediate Care Fund).
- 3.4 Welsh Government transferred the Delivering Transformation Grant funding to the Revenue Support Grant to continue to support the regional joint working activity and new requirements around partnership working, as required within the Social Services and Well-Being (Wales) Act 2014. The Integrated Care Fund is held by the ABMU HB for the Regional Partnership Board.

### **4. Legislation**

- 4.1 The Social Services and Well-Being (Wales) Act 2014 brought about new requirements on partners in the way that services are delivered and the outcomes for citizens. Part 9 of the Act specifically imposes legislative

obligations on partners relating to Partnership Arrangements. It requires Local Authorities and the Health Board to make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children. It also provides Welsh Ministers with regulation making powers in relation to formal partnership arrangements, resources for partnership arrangements (including pooled funds) and partnership boards.

4.2 Furthermore the Code of Practice for Part 8 of the Social Services and Well-Being (Wales) Act 2014 (SSWBWA) states '*The director of social services must lead on the development of effective arrangements, including at regional partnership level, to promote co-operation to achieve the following purposes:*

- a) *Improve the well-being of people with care and support needs, including carers who need support;*
- b) *Improve the quality of care and support for people, including support for carers;*
- c) *Protecting adults with care and support needs who are at risk of experiencing abuse or neglect; and*
- d) *Protecting children who are at risk or experiencing abuse or neglect'.*

4.3 There is therefore a statutory requirement for Directors of Social Services to ensure that partnership working arrangements are in place and are delivering improved effectiveness and efficiency in relation to the delivery of care and support services to address care and support needs, and support needs for carers, identified in the population needs assessment.

4.4 A draft Partnership Agreement has been developed to reflect the agreed partner contributions required to support the Western Bay Programme Office. The draft Partnership Agreement is based on the provisions of Section 33 of the National Health Services (Wales) Act 2006, which enables the Health Board and Local Authorities to pool funds to enable the provision of shared services.

## **5. Background**

5.1 The Local Authority Chief Executives and Social Services Directors, together with the Chief Executive of the Health Board and Executive Directors of the HB across Western Bay have worked collaboratively for a number of years and there are a number of regional services and projects currently in existence which are working successfully e.g. Community Services Programme (older people services), Contracting and Procurement Project, prevention and wellbeing initiatives including Local Area/ Community Coordination, Workforce Development training implementation, the Wales Community Care Information System implementation, support for carers, as well as 'business as usual'/ Tier 2 initiatives including the Western Bay Adoption Service, regional Safeguarding Boards, Integrated Family Support Service, Regional Collaborative Committee for Supporting People, Youth Justice and Early Intervention Service.

- 5.2 The governance of the Western Bay Programme is well established and fit for purpose in fulfilling the priorities identified by the Regional Partnership Board and the requirements of the SSWBWA. Improved engagement and participation of other sectors including the third and independent sectors has been developed through the programme.
- 5.3 The regional partnership arrangements and work programmes are supported by the Western Bay Programme Office, hosted by the City & County of Swansea. The Programme Office works across partner organisations to deliver on the Regional Partnership Board priority areas of work and provides business support to the Regional Partnership Board and to the transformational Programme and Project Boards which support the Board.
- 5.4 The City and County of Swansea is the host authority for the Western Bay Programme Office. To date the posts (staffing), work programmes, meetings and activities have been funded by the Delivering Transformation Grant combined with the Integrated Care Fund (formerly Intermediate Care Fund). The Partnership (s33) Agreement will formalise the arrangements for the Programme Office and establish a pooled fund arrangement drawing on the Revenue Support Grant and the Integrated Care Fund.
- 5.5 The Delivering Transformation Grant has previously supported the development of the population assessment; the Social Enterprise support programme delivered by three County Voluntary Councils; costs associated with the Regional Citizen panel and communication and engagement activities, including the Western Bay web-site, as well as provision of expert advice.
- 5.6 Skills and capacity to deliver regional working arrangements across health and social care and across local authority and sectoral boundaries are scarce and the experience which has been built up among the Western Bay Programme Office staff over the past 3-4 years is valuable to the programme going forward. The importance of retaining the knowledge and experience in the current team and providing some certainty to experienced staff, with a proposed extension of contracts for three years to 2020 (including a review in 2019) was agreed through support of a business case endorsed by the Western Bay Leadership Group (Local Authority and Health Board Chief Executives and Directors in November 2016).

## **6. Financial Impact**

- 6.1 The financial contributions and funding are set out in Appendix 2.

## **7. Equality Impact**

- 7.1 There are no equality or engagement implications associated with this report.

## **8. Workforce Impact**

- 8.1 The City & County of Swansea employs the Western Bay Programme Office staff, some of whom are employed on fixed term contracts, others are seconded from partner organisations.

## **9. Legal Impacts**

- 9.1 The establishment of a Partnership Agreement under s33 of the National Health Services (Wales) Act 2006, creates legal obligations which will underpin the resourcing of the Western Bay Programme Office and will provide a transparent and auditable basis for the future of this shared resource.
- 9.2 The Agreement and the governance arrangements contained therein will be subject to annual review to ensure that it continues to be fit for purpose.

## **10. Risk Management**

- 10.1 An overall risk log is maintained by the Western Bay Programme Office in relation to the Western Bay programme. Individual risk logs are maintained by individual work programmes and projects that make up the Western Bay Health and Social Care programme.

## **11. Consultation**

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

## **12. Recommendations**

- 12.1 Endorse the principles of the Partnership Agreement for Western Bay Programme Infrastructure, whereby the City & County of Swansea is the host authority, with the three statutory partners of Bridgend County Borough Council, Neath Port Talbot County Borough Council and the ABMU Health Board
- 12.2 Authorise the Chief Social Services Officer to approve and arrange for the execution of the final version of the Partnership Agreement in consultation with the Head of Legal Services and the Section151 Officer
- 12.3 Authorise the Chief Social Services Officer in consultation with the Head of Legal Services and the Section151 Officer to make any future minor changes to the executed Partnership Agreement.

## **13. Reason for Proposed Decision**

- 13.1 To formalise the partnership funding arrangements in relation to the Western Bay Programme infrastructure and to establish a pooled fund arrangements hosted by the City and County of Swansea.

## **14. Implementation of Decision**

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

### **Appendices**

Appendix 1: Membership of Western Bay Regional Partnership Board

Appendix 2: Financial contributions and budget

### **List of Background Papers**

Social Services and Wellbeing (Wales) Act 2014

Part 9 Code of Practice (Partnership arrangements)

### **Officer Contact**

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**Caring Together  
Western Bay**  
*Health and Social Care Programme*  
**Gofalu Gyda'n Gilydd  
Bae'r Gorllewin**  
*Rhaglen Iechyd a Gofal Cymdeithasol*

## Western Bay Regional Partnership Board

<b>Name:</b>	Partnership Body / Partner Organisation:	Role:
<b>CLlr Rob Stewart</b>	C&C of Swansea	Leader / Chair of RPB
<b>Prof. Andrew Davies</b>	ABMU HB	Chairman / Vice Chair of RPB
<b>CLlr Huw David</b>	Bridgend CBC	Leader
<b>CLlr Rob Jones</b>	NPT CBC	Leader
<b>CLlr Phil White</b>	Bridgend CBC	Member/Portfolio Holder – Social Services & Early Help
<b>CLlr Dhanisha Patel</b>	Bridgend CBC	Member/Portfolio Holder – Wellbeing & Future Generations
<b>CLlr Peter Richards</b>	NPT CBC	Member/Portfolio Holder – Adult Social Services & Health
<b>CLlr Alan Lockyer</b>	NPT CBC	Member/Portfolio Holder – Children's Social Services
<b>CLlr Clive Lloyd</b>	C&C of Swansea	Member / Deputy Leader
<b>CLlr Mark Child</b>	C&C of Swansea	Member/Portfolio Holder – Health & Wellbeing
<b>Alex Howells</b>	ABMU HB	Interim Chief Executive
<b>Siân Harrop-Griffiths</b>	ABMU HB	Director of Strategy
<b>Maggie Berry</b>	ABMU HB	Non Member Officer
<b>Susan Cooper</b>	Bridgend CBC	Corporate Director of Social Services & Wellbeing & 'Lead Director' for Western Bay

<b>Nick Jarman</b>	NPT CBC	Director for Social Services, Health & Housing
<b>Dave Howes</b>	C&C of Swansea	Chief Officer for Social Services
<b>Melanie Minty</b>	Care Forum Wales	Policy Advisor
<b>Gaynor Richards</b>	NPT CVS	Third Sector Representative (CVC)
<b>Emma Tweed</b>	Care and Repair	Third Sector Representative (National)
<b>Carwyn Tywyn</b>	Mencap Cymru	Third Sector Representative (Local)
<b>Rosita Wilkins</b>	Service User / Citizen Representative	Service User / Citizen Representative
<b>Linda Jagers</b>	Carer / Volunteer Ambassador for Carers Wales	Carers Representative
<b>Co-opted Members</b>		
<b>Darren Mepham</b>	Bridgend CBC	Chief Executive / Chair of Western Bay Leadership Group
<b>Steven Phillips</b>	NPT CBC	Chief Executive
<b>Phil Roberts</b>	C&C of Swansea	Chief Executive
<b>Sara Harvey</b>	Western Bay Programme	Western Bay Programme Director

**Table 1: Available funding Welsh Government Revenue Support Grant budget 2016/17: Total Fund £491,000**

**Revenue Support Grant split 2017/18:**

<b>Partner</b>	<b>£</b>	<b>%</b>
Bridgend CBC	127,000	26
NPT CBC	141,000	29
CCoS	223,000	45

**Additional contribution from Intermediate Care Fund (held by ABMU):**

Older People Fund, proportion for regional staffing costs for Intermediate Care Services: **£169,146**

LD Fund, proportion for regional staffing costs for Contracting and Procurement Project: **£112,330**

**TOTAL FUND AVAILABLE: £772,476**

Percentage contribution split of Total Fund:

<b>Partner</b>	<b>£</b>	<b>%</b>
Bridgend CBC	127,000	16
NPT CBC	141,000	18
CCoS	223,000	29
ABMU	281,476	36

**Table 2 - Western Bay Costs 2017/18**

Western Bay Programme Office Core Salary Costs  (Programme Director, WB Programme Co-ordinator, Programme Administrator, Communication and Engagement Officer, Community Service Programme Co-ordinator, Project Co-ordinator (NEW))	£341,088
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Overheads, Training, Expert Advice, Events, Workshops, Citizen Panel Meetings, RPB meetings	£37,000
Additional Regional Resource Requirements (Expert advice for Care Homes, Third Sector Social Enterprise Costs)	£112,912
<b>RSG Funded Costs</b>	<b>£491,000</b>
Community Services Programme - Salary Costs (Community Services Intermediate Care Manager, ICF co-ordinators x 3)	£169,146
Contracting and Procurement Project – 2 key regional posts: WB Implementation Manager and WB Contracting Officer	£112,330
<b>TOTAL COSTS</b>	<b>£772,476</b>

**Note:**

Additional regional posts for the Contracting and Procurement Project and WCCIS Project are funded through ICF 17/18.

The Regional Carers Co-ordinator is funded via the Carers transition funding.

## NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

### Social Care Health and Wellbeing Cabinet Board

2nd November 2017

### Report of the Head of Social Work Services – Andrew Jarrett

#### Matter for Decision

#### Wards Affected:

All Wards

#### Report Title

Extension of Section 33 National Health Service (Wales) Act 2006 Agreement for Community Equipment Service pending completion of a new agreement from 1<sup>st</sup> April 2018

#### Purpose of the Report

The purpose of the report is to seek agreement for the current Section 33 of the National Health Service (Wales) Act 2006 Partnership Agreement, between Neath Port Talbot County Borough Council, City and County of Swansea Council and Abertawe Bro Morgannwg University Health Board in relation to the Community Equipment Service to be extended until 31st March 2018 and to increase the contribution the Local Authority makes into the Pooled Fund. It is presently envisaged that a new agreement will be entered into to commence on 1<sup>st</sup> April 2018, subject to Cabinet Board approval being sought at a later date.

## Executive Summary

Agreement is sought to extend the current agreement for the provision of community equipment to residents of the County Borough to 31<sup>st</sup> March 2018 and to increase the initial contribution the Local Authority makes into the pooled fund to £452k until any new agreement will be entered into, with the aim of commencement on the 1<sup>st</sup> April 2018.

## Background

Neath Port Talbot County Borough Council entered into a partnership agreement under the provisions of Section 33 of the National Health Service (Wales) Act 2006 on the 7th July 2008, which incorporates a Pooled Fund for the provision of community equipment to residents of the County Borough. The City and County of Swansea Council are the Lead Provider and are responsible for the delivery of the Service. The current extension to the agreement came to an end on 31<sup>st</sup> March 2017.

The parties to the agreement are presently in negotiation to enter into a new Section 33 Agreement, with the aim of commencement on the 1<sup>st</sup> April 2018. A report will be brought back to Members in due course on this matter. However to ensure continuity of service from now until that date, an extension of the present arrangement is required, to apply retrospectively from the 1<sup>st</sup> April 2017.

The joint service is paid for by the three partners, Neath Port Talbot and Swansea local authorities and ABMU. Contributions to the pool are broken down between the three partners:

Partner	Share
Neath Port Talbot CBC	20%
City & County of Swansea	30%
ABMU	50%

Initial partner contributions are agreed up front and invoiced quarterly by Swansea. If there is an over spend on the pool budget at the end of each financial year, then each partner will make additional contributions to the pool based on their percentage share. These rates remain unchanged in the contract extension.

The budget previously set has remained constant for the last 10 years and does not reflect the true cost of the service; as a result the Authority

has made additional contributions to the pool every year to fund 20% of the cost.

Neath Port Talbot County Borough Council's initial contribution will increase by £100k to £452k and this better reflects the true cost of the service. This will reduce the need to pay a 'top up' at the end of the financial year.

### **Financial Impact**

There is no financial impact as Neath Port Talbot County Borough Council's overall contribution to the pool in any financial year is still based on 20% of the actual service cost.

### **Equality Impact Assessment**

There are no equality impacts associated with this report.

### **Workforce Impacts**

There are no workforce impacts associated with this report.

### **Legal Impacts**

Neath Port Talbot County Borough Council will be required to act in accordance with the terms and conditions set out in the current Section 33 National Health Service (Wales) Act 2006 agreement, which was established in line with that legislation.

### **Risk Management**

If the current agreement is not extended there is a high risk that the Local Authority would be unable to make arrangements for the provision of community equipment to adults who need them until an alternative provider could be sourced. Currently arrangements for the provision, collection and recycling of equipment is made via the equipment service provided by the City and County of Swansea Council.

### **Consultation**

There is no requirement for public consultation for this extension. The original S33 Agreement was subject to public consultation when originally entered into. As part of the negotiation of the new S33

Agreement, consultation will be undertaken to ensure compliance with S33 of the National Health Service (Wales) Act 2006.

## **Recommendations**

It is recommended that:

- (a) delegated authority be granted to the Head of Social Work Services to agree the extension of the current Section 33 National Health Service (Wales) Act 2006 Agreement in relation to the Community Equipment Service until the 31st March 2018.
- (b) delegated authority be granted to the Head of Social Work Services to agree the additional contribution to the Pooled Fund in line with the amounts highlighted in this report to enable the continued provision of community equipment to adults who have been assessed as needing them.

## **Reasons for Proposed Decision**

The Community Equipment Service operated by the City and County of Swansea Council enables the Local Authority to pool resources with the Health Board and City and County of Swansea Council to deliver an equipment service. It is recommended Cabinet approve the additional contribution in order to fulfil our contractual obligation under the current agreement and to enable the continued provision of community equipment to adults who have been assessed as needing them.

## **Implementation of Decision**

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

## **Officer Contact**

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