



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

*Immediately Following Scrutiny Committee on
MONDAY, 3 JULY 2017*

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

Part 1

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 Housing Cabinet Board held on the 16 March 2017 and Children, Young People and Education Cabinet Board held on the 2 March 2017 *(Pages 5 - 14)*
4. To receive the Forward Work Programme 17/18 *(Pages 15 - 18)*

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

5. Future Directions Options for Personal Social Services
(Pages 19 - 44)

To receive the Report of the Head of Commissioning and Support Services

6. Western Bay Commissioning Strategy for Care Homes for Older People 2016 -2025 *(Pages 45 - 144)*

To receive the Report of the Head of Children and Young People's Services

7. Young Carers Strategy (Outcomes of Consultation)
(Pages 145 - 224)
8. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Statutory Instrument 2001 No 2290 (as amended)
9. Access to Meetings - to resolve to exclude the public for the following items pursuant to Regulation 4(3) and (5) of Statutory Instrument 2001 No. 2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

Part 2

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

10. Delegation of Supervisory Body Role (Exempt Under Paragraph 16)
(Pages 225 - 230)
11. To Enter into an Inter Authority Agreement within the Western Bay Region for the Collaborative Procurement of Regional Advocacy Services (Exempt Under Paragraph 14) (Pages 231 - 274)
12. Lease agreement with Neath Port Talbot CVS from 1 April 2017 - 31 March 2020 (Exempt Under Paragraph 14) (Pages 275 - 278)

To receive the Private Report of the Head of Corporate Strategy and Democratic Services

13. Urgency Action - Application to the Court of Protection
(Pages 279 - 286)

S.Phillips
Chief Executive

Civic Centre
Port Talbot

Tuesday, 27 June 2017

Cabinet Board Members:

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

Notes:

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

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EXECUTIVE DECISION RECORD

CABINET BOARD - 16 MARCH, 2017

SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD

Cabinet Board Members:

Councillors: J.Rogers (Chairperson) and P.D.Richards

Officers in Attendance:

N.Jarman and Mrs.A.Manchipp

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor J.Rogers be appointed Chairperson for the meeting.

2. **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD HELD ON 9 FEBRUARY, 2017**

Noted by the Committee.

3. **RESIDENTIAL AND NON RESIDENTIAL CARE CHARGING POLICY**

Decision:

That the updated Residential and Non-Residential Care Charging Policy as detailed at Appendix A to the circulated report, be approved.

Reason for Decision:

To update the charging policy for recovery of income in line with the requirements of the Social Services and Wellbeing (Wales) Act 2014.

Implementation of Decision:

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

4. **FORWARD WORK PROGRAMME 2016/17**

Decision:

That the Forward Work Programme 2016/17, be noted.

5. **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 Paragraphs 14 and 16 of Part 4 of Schedule 12A to the Local Government Act 1972.

6. **POBL RESIDENTIAL CARE CONTRACT**

Decisions:

1. That the Heads of Terms (as detailed at Appendix A to the private circulated report) be incorporated into the new contract with Pobl Group;
2. That the budget transfer of the amount (as specified within the private, circulated report) from Social Services to capital financing to fund the amount needed to reduce the debt outstanding on the contracts, be approved;
3. That the payments to Pobl, as set out at paragraph 8 of the private circulated report, be approved.

Reason for Decisions:

To conclude the negotiations with Pobl group and finalise the contract arrangements.

Implementation of Decisions:

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

7. **SUPPORTING PEOPLE CONTRACTS RENEWAL**

Decisions:

1. That the Authority enter into interim contractual arrangements with the current provider of the Supporting People Programme Grants funded fixed site Support Services, for a period of one year, subject to a 3-month notice period;
2. That the Authority enter into interim contractual arrangements with the current provider of the Supporting People Programme Grants funded the Floating Support Services affected by the current re-procurement exercise, until the time of commencement of the new Peripatetic Prevention and Wellbeing Support Service scheduled to be operational on 1 July, 2017;
3. That the Head of Commissioning and Support Services be authorised to award a Contract to the Tenderer with the highest Quality Assessment Score (following completion of the current Tender Evaluation Exercise), for the new Supporting People Programme Grants funded Peripatetic Prevention and Wellbeing Support Service.

Reason for Decisions:

To ensure there is a continuing contractual basis to payment for these vital front-line support services whilst ongoing re-procurement exercises take place.

Implementation of Decisions:

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

CHAIRPERSON

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EXECUTIVE DECISION RECORD
CABINET BOARD – 2 MARCH 2017
CHILDREN, YOUNG PEOPLE AND EDUCATION

Cabinet Members:

Councillors: P.A.Rees (Chairperson) and P.D.Richards

Officers in Attendance:

C.Millis, J.Hodges, J.Burge, Mrs.H.Lewis, Mrs.K.Gilbert and Mrs.J.Woodman-Ralph

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor P.A.Rees be appointed Chairperson for the meeting.

2. **MINUTES OF THE PREVIOUS CHILDREN, YOUNG PEOPLE AND EDUCATION CABINET BOARD HELD ON 26 JANUARY 2017**

Noted by Committee

3. **CHILDREN, YOUNG PEOPLE SERVICES - 3RD QUARTER (2016-17) PERFORMANCE REPORT**

Decision:

That the report be noted.

4. **CATEGORISATION OF SCHOOLS IN NEATH PORT TALBOT**

Decision:

That the report be noted.

5. **GOVERNANCE ARRANGEMENTS FOR THE NEW ALL-THROUGH WELSH MEDIUM SCHOOL REPLACING Y G YSTALYFERA AND YGG Y WERN**

Decisions:

1. That the Instrument of Government as attached in Appendix A to the circulated report with the incorporation date of the 6 November 2017, creating a permanent Governing Body be approved;
2. That the school be named Ysgol Gymraeg Ystalyfera-Bro Dur.

Reason for the Decisions:

To comply with legislative requirements for the establishment of a new school.

Implementation of Decision:

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

Consultation:

Consultation has taken place with members of the temporary governing body, Head of Planning, Education Senior Management Team, staff, parents and pupils of the respective Welsh Medium schools in the catchment area of the new school in regard to the naming of the new school.

6. **APPOINTMENT OF LOCAL AUTHORITY GOVERNING BODY FOR THE NEW PRIMARY SCHOOL YSGOL NEWYDD BRITON FERRY (REPLACING BRYNHYFRYD, LLANSAWEL AND YNYSMAERDY PRIMARY SCHOOLS.**

Decision:

That Mr. Peter Nedin be appointed Local Authority Governor representative to the temporary governing body for Ysgol Newydd Briton Ferry.

Reason for Proposed Decision:

To comply with legislative requirements for the establishment of a new school.

Implementation of Decision:

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

7. **SCHOOL TERM DATES 2019/20**

Decision:

That the proposed 2019/2020 school term dates be approved for consultation as detailed in Appendix A to the circulated report, subject to the amendment of the date for Easter Monday being 13 April 2020 and not as stipulated in the Appendix A the 23 April 2020.

Reason for Decision:

To enable the Authority to meet its statutory duties.

Implementation of Decision:

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

8. **SCHOOL ADMISSIONS POLICY**

Members were supportive of the amendment requested by the Children, Young People and Education Scrutiny Committee prior to this meeting.

Decisions:

1. That, in line with School Admissions Code, 2013 and the Education (Determination of Admission Arrangements) (Wales) Regulations 2006, for the admission arrangements for community schools for 2018/2019 academic year as detailed in the circulated report be approved;

2. That an annual report be provided to Children, Young People and Education Scrutiny Committee at a future meeting highlighting any cases in secondary schools where children had been unsuccessful in obtaining a place at their desired school.

Reason for Decisions:

To enable the Authority to meet its statutory duties.

Implementation of Decisions:

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

Consultation:

Consultation has taken place as set out in the Welsh Government's School Admission Code as detailed in the circulated report.

9. **QUARTERLY PERFORMANCE MANAGEMENT DATA 2016-2017 - QUARTER 3 PERFORMANCE (1ST APRIL 2016 - 31ST DECEMBER 2016)**

Decision:

That the report be noted.

10. **HOME TO SCHOOL TRAVEL POLICY REVIEW AND CONSULTATION**

Decision:

That having given due regard to the Equality Impact Assessment and having given consideration to the responses received during the consultation period and in line with the legislative requirements of the Learner Travel (Wales) Measure 2008, approval be granted for the Home to School Travel Policy 2017 which will be known as the 2017 policy with an implementation date of the 2017 policy as the 1 September 2017.

Reason for Decision:

To enable the Authority to meet its statutory duties.

Implementation of Decision:

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

Consultation:

Consultation took place between the 5 December 2016 and the 16 January 2017 (6 weeks) as detailed in the circulated report.

11. **WELSH IN EDUCATION STRATEGIC PLAN 2017 - 2020**

Decision:

That, having given due regard to the Equality Impact Assessment and the responses to the consultation and the impact assessments in relation to equality, risk, Welsh Language, legal and workforce, that the Welsh in Education Strategic Plan 2017-2020 be commended to Council for approval prior to submission to the Welsh Government with an implementation date of the 1 April 2017.

Reason for Decision:

To enable the authority to comply with legislation and to facilitate Welsh Ministers' approval of the WESP 2017-2020

Implementation of Decision:

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

Consultation:

Consultation took place between the 7 November 2016 and the 6 January 2017 as detailed in the circulated report.

12. **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 14 and 17 of Part 4 of Schedule 12A to the Local Government Act 1972.

13. **TIR MORFA CHILDCARE PROVISION**

Decisions:

1. That approval be granted to exclude the requirements of competition and Rule 2.1 of the Council Procurement Rules;
2. That the contract between the Council and Caralyn George trading as Georgie Porgie's for the provision of childcare services re: Flying Start Playgroup at Tir Morfa, Sandfields be extended for a period of 12 months up to 31 March 2018.

Reason for Decisions:

To enable the Flying Start child care provision to be continued for a period of 12 months in Tir Morfa.

Implementation of Decisions:

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

CHAIRPERSON

Social Care, Health and Wellbeing Cabinet Committee

2017/2018 FORWARD WORK PLAN

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
13 July	Performance Quarterly Reports (Quarter 4) 16/17 (Adult and Childrens)	Monitoring	Quarterly	David Harding/Angela Thomas
	CSSIW Annual Performance Review Letter	Information	Topical	Nick Jarman
	Monitoring the Performance and Progress of the Western Bay Regional Adoption Service	Monitoring	Annual	Val Jones/Nick Jarman/A.Jarrett/D.Berni
	Proposed Re-design of Management Arrangements	Information	Topical	Nick Jarman/Angela Thomas
	Community Resource Team 16/17 Annual Report	Monitoring	Annual	
	Development of a pilot transition team between children and adult services	Decision	Topical	Delyth Berni/Andrew Jarrett
	Hillside Managers Report	Monitoring	6 Monthly	Nick Jarman
	Hillside (The Children Home Wales)	Monitoring	6 Monthly	Nick Jarman
	Hillside Placement Fees 17/18	Information	Annual	Nick Jarman

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
7 Sept	Western Bay Youth Offending Service Annual Report includes the Youth Justice Plan	Decision	Annual	Caroline Dyer/NJ
	Western Bay Safeguarding Children Board Annual Report	Monitoring	Annual	Lisa Hedley/ Nick Jarman
	Western Bay Safeguarding Children Board Business Plan	Monitoring	Annual	Lisa Hedley/ Nick Jarman
	Western Bay Youth Offending Board Data Report (Quarter 2)	Monitoring	Quarterly	Caroline Dyer/Nick Jarman
	Quarter 1 Performance Report (17/18) (Adult and Children)	Monitoring	Quarterly	David Harding/ Shaun Davies

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
5 Oct	Western Bay Regional Adoption Service Performance and Progress Report	Monitoring	Annual	Nick Jarman
	Complaints & Representations Annual Report 2016 -17	Monitoring	Annual	Angela Thomas/Leighton Jones
	Improving Outcomes/ Improving Lives Annual Report 2017	Monitoring	Annual	Nick Jarman
	Participation and Engagement Report	Information	Topical	Andrew Jarrett

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SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

3 JULY 2017

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

SECTION A – MATTER FOR DECISION

FUTURE DIRECTION OPTIONS FOR PERSONAL SOCIAL SERVICES

Purpose of Report

To provide Members with advice on the options for managing and delivering personal social care services over the next five to six years.

This report is concerned with provision of personal and social care to adults (i.e. people 18 years plus).

Background and Context

Adult personal social care is provided to a number of groups of people, where an individual has an assessed need. These include:-

- Frail elderly people
- People with learning disabilities
- People with physical disabilities
- People with mental health needs

It is well known that demand for services is growing, while budgets for social care are at best static.

This is mainly due to:-

- An ageing population which is living longer
- Service users with physical and/or learning difficulties who now survive beyond birth

Since the financial year 2012/13 the Social Services Directorate has been required in response to overall reductions in public expenditure to save £28m. In addition across the same period, the Social Services Directorate has cumulatively achieved over £5m of underspends.

The above has been achieved through a combination of:-

- A major programme of transformation and modernisation which has reviewed every area of adult personal social care
- Development of disciplined, effective budget control at all levels. (Historically these budgets serially overspent year on year)
- Diversion and avoidance of cost by Early Intervention & Prevention (EiP) – for instance enabling many more elderly people to remain independent at home, rather than going into residential care
- Personalisation of social care through Direct Payments (DPs)
- Rigorous management of attendance at work and eradicating the causes of grievance, disciplinary and performance actions
- Rapid, effective decision making

It is most likely that the Social Services Directorate will be required to make further substantial savings over the next 3-4 years, as part of the Council's overall £24m plus FFP savings target.

The savings which have been made and which can continue to be made in Social Services can be described in four categories:-

1. One off, non-recurring savings achieved from the Transformation Programme. Day Opportunities would be one of many examples.
2. Maintenance savings. For example: continuing to manage attendance at work effectively; continued rapid, effective decision making.
3. Increased personalisation of social care via Direct Payments.
4. Ever greater, more imaginative efforts to divert or reduce demand via Early Intervention & Prevention.

It is important to note that, to date, there have been no real 'cuts' in Social Services; and no compulsory redundancies.

The Medium Term

Over the next 5-6 years further savings will be required. This will mean the need for examination of options to achieve savings, which:-

- (a) Are effective and enable the Council to continue to meet its legal care obligations responsively and sufficiently
- (b) Do not reduce the quality of care which is available
- (c) Meet people's needs for care in ways which lead to increased user satisfaction
- (d) Are politically acceptable to Members

Ways Forward

The Social Services & Wellbeing Act 2014 places a number of requirements upon Councils. In particular:-

- A strong emphasis upon enabling people to achieve the outcomes which they themselves want
- To prevent, reduce or delay the need for care and support through earlier intervention, provision of information and advice and a range of preventative services
- To promote Direct Payments actively through alternative, community and social enterprise routes
- To actively offer Direct Payments in all situations where these are an appropriate way of meeting assessed need, enabling service users to take control over how, when and by whom they choose services to meet their own needs and outcomes.

In all of those respects this Council to date is well ahead on all of these elements of the Act. For instance, offering Direct Payments has been Council policy for almost three years – adopted before the Act came into force.

Because the large, one off savings in Adults Social Care have already been taken, it follows that further savings can only be achieved in one of two ways:-

- (a) By continuing to develop EiP and Direct Payments. This will lead to gradual, continuing, organic savings being made
- (b) By cutting the volume of services provided and reducing headcount

Option Appraisal

The attractions of (a) are clear because:-

- It will lead to greater user satisfaction without reducing the volume of service available
- Prevention is better and much less expensive than cure
- Citizens expect choice in all walks of life – social care is no exception
- Savings can be achieved gradually through a planned approach
- The Act requires us to do all these things

To some extent Direct Payments are still bedevilled by myths and misunderstanding – some of them deliberate.

Direct Payments are not a threat to jobs. On the contrary, not only do Direct Payments create employment (for Personal Assistants), they create and locate those jobs in local communities.

Direct Payments create a direct relationship between the service user and service provider. In the case of Personal Assistants they are paid in full and no element of the payment is 'creamed off' by a company.

In most instances PAs live close by their service users, so for example when it snows, it is much more likely that the locally-based PA will get to their service user.

There are some perceived snags about Direct Payments. Potential DP recipients are often fearful that if they take on a PA, they will have to exercise all the employer functions (e.g. pay, holiday, pension etc.). We like most councils offer a bureau service, which relieves DP recipients completely of all these responsibilities by undertaking all of these functions for them.

That said, in terms of Direct Payments, we have more work to do "to make it easy" for service users to opt for, and our staff to promote, Direct Payments.

In terms of (b) there are few attractions. Because:-

- Whilst it will deliver savings to whatever level required, it will mean real cuts (reductions) to the volume of services and loss of jobs
- The Council could expect an exponential rise in the number of complaints and staff time taken to deal with them
- Job losses are economically damaging to communities, the local economy and employee relations
- This is precipitate, as opposed to gradual planned strategy to make savings

Financial Impact

The Council's budget gap over the next 2 years is £24m, Social Services will be required to make a substantial contribution to this total. Detailed savings proposals will be presented to Members once there is a clear direction of travel.

Equality Impact Assessment

An Equality Impact Assessment has been undertaken 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 2, for the purposes of the meeting.

Workforce Impacts

It is not envisaged that there will be any workforce impacts on posts in the Council due to this proposal. The effects of increased Direct Payments packages are likely to be mostly felt by third party suppliers, from whom the main diversion will come.

Legal Impacts

Basic Duties

Social Services functions and duties of Local Authorities are set out in the Social Services and Well-being (Wales) Act 2014, apart from child protection matters which continue to be governed by the Children Act 1989. Regulations, Statutory Guidance, and Codes of Practice have also been issued under the 2014 Act.

Duties, in identical or broadly similar terms are owed to adults, children and carers. For the purpose of this summary reference is made to the provisions affecting adults where different sections of the Act are specific to one of these three groups.

Under S.19, where it appears to a local authority that an adult person may have needs for care and support, it must assess whether that adult does have needs for care and support and, if so, what those needs are.

Under S.32, it must consider whether any of the assessed needs meet the eligibility criteria (which are set by regulations, statutory guidance and codes of practice.)

Under S.34, it must prepare a care and support plan showing how those eligible needs are to be met.

S.35 places the legal duty to meet assessed eligible needs is laid upon local authorities. This does not mean that the local authority has to itself provide **all** of the care and support needed; it may be appropriate to refer a person to social enterprises, charities etc. in the area for some of it.

Direct Payments

A significant theme throughout the Act is that people in need of care and support should be fully involved in setting the personal outcomes to be achieved, and be able to exercise as much choice as possible between the various ways in which these might be achieved. As part of this, Local Authorities are empowered by S.50 to make direct payments with which a person buys the services/support they need and, as long as the money is used appropriately and effectively, control rests with the individual.

Under the Care and Support (Direct Payments)(Wales) Regulations 2015, that power is extended to a duty if:-

- (a) the Local Authority is satisfied that direct payments are an appropriate way of meeting need, and;
- (b) the person wishes to have payments rather than the provision or commissioning of a service by the local authority.

If direct payments are made, the Local Authority duty to meet needs under S.35 above is suspended (Reg.3)

Under Reg.4 Local Authorities must provide specified information to enable the person to make an informed choice. This includes not only information about direct payments, but also what the local authority will do to meet the person's needs if they choose not to have direct payments.

A Code of Practice, Part 4 Meeting Needs, issued under the Act deals with direct payments. Despite its title as a code, it contains mandatory provisions, including the following [all emphasis is original]:-

128. ...direct payments are an integral part of meeting people's needs through care and support planning and **must** not be seen as a separate secondary consideration.

131. ...where an individual expresses a wish to receive one, direct payments **must** be made available in all cases where they enable personal outcomes to be achieved. A local authority **must** be innovative and creative when working in partnership with individuals or their representatives to explore ways a direct payment can be used to secure the personal outcomes. Direct payments **must** only be refused where it is clear after extensive exploration that a direct payment would not secure the outcomes required.

134. In developing care and support plans which are delivered via a direct payment, a local authority **must** be satisfied that the person's requirements and their personal outcomes can and will be met through this provision.

178. Direct payment recipients may at any time voluntarily decide to terminate their direct payments. If the recipient has care and support needs which would otherwise be met by the authority it **must** make alternative arrangements for their delivery.

In summary:-

- Direct payments must be considered at the outset as part of care planning.
- They must be offered, together with enough information to enable an informed decision by the person with needs, if we assess that they can meet a person's needs.
- Part of deciding that direct payments could be appropriate includes the local availability of services/support for the person to purchase
- A plan to meet the needs if direct payments are declined must be drawn up in any event.
- People with assessed needs are free to decline direct payments, or to withdraw agreement at any time. This puts the obligation to provide care and support squarely back onto the local authority

Summary and Conclusions

- Since 2012/13 the Social Services Directorate has been required to make and has achieved savings of £28m together with £5m plus of underspends
- Savings to date have been achieved through a combination of greater efficiency and discipline, innovation and service transformation
- There have been no compulsory redundancies and in reality, no cuts to services
- The Council needs to save an additional £24m and Social Services will inevitably be required to make a substantial contribution to this total – possibly as much as £9.6m over 3-4 years
- The one off, non-recurring savings opportunities have already been taken. Future savings will therefore need to be achieved either:-
 - (i) Organically and gradually by maintenance, development of personalisation of care (including the use of DPs) and Early Intervention & Prevention; or
 - (ii) By reducing the volume of care available and reducing headcount.
- In order to plan savings in, it is essential that there is very early crystal clarity about the direction of travel. This will enable officers to propose and implement solutions, dependent upon and in line with the decisions about direction of travel made by Members
- It is essential also that finding solutions to the challenges which lie ahead is not bedevilled by constant rancour and lack of clarity about the explicit direction of travel set by the Council for Social Services

Recommendations

Having given due regard to the Equality Impact Assessment:

It is recommended that that the Director of Social Services Health and Housing is given delegated authority in consultation with the Leader, Deputy Leader and Chief Executive to make any further changes in the direction of travel for NPT Social Services, which incorporate the following:-

- (a) Maintains the gains in management and financial discipline over the past four years
- (b) Continues to develop innovative, active Early Intervention & Prevention in order to divert, reduce and minimise demand for more expensive intensive services
- (c) Continues actively to develop personalisation of social care, so that service users have much greater control and choice over how, by whom and when they receive services to meet their needs and chosen outcomes

- (d) Fulfills the Council's legal duty to offer all service users at the outset a Direct Payment to meet their assessed need for care and support where satisfied that it is an appropriate way of meeting those needs

Reasons for Recommendation

1. In order to meet the significant delivery and financial challenges which lie ahead for social care, it is essential that there is a clear direction of travel, which is clearly understood by all social care stakeholders.
2. This will enable officers to plan in a gradual, organic strategy for achieving the required savings; as opposed to precipitate approaches which have undesirable consequences for volumes of service and jobs.

Implementation of Decision

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

Appendices

Appendix 1 – Paid Placements Adult Social Care
Appendix 2 - Equality Impact Assessment

Officer Contact

Nick Jarman, Director of Social Services, Health and Housing
Email: n.jarman@npt.gov.uk
Tel: 01639 763279

Appendix 1

Paid Placements Adult Social Care

		2016/17			
		No. Service Users	FYE Cost	Average Cost	
Older Persons	Residential Care	608	13,078,053	21,510	4.27%
	Domiciliary Care - In House	169	4,450,473	26,334	
	Domiciliary Care - External	636	7,064,422	11,108	
	Direct Payments	63	507,507	8,056	
	Total	1476	25,100,455	17,006	
Younger Physically Disabled	Residential Care	18	615,382	34,188	83.33%
	Domiciliary Care	3	109,604	36,535	
	Direct Payment	105	1,059,839	10,094	
	Total	126	1784825	14,165	
Learning Disability	Residential Care	44	2,617,621	59,491	32.65%
	Supported Living	132	4,864,717	36,854	
	Adult Family Placement	20	403,160	20,158	
	Respite	3	29,713	9,904	
	Day Care	37	763,818	20,644	
	Domiciliary Care	28	670,977	23,963	
	Direct Payment	128	1,630,181	12,736	
Total	392	10,980,187	28,011		
Mental Health	Residential Care	37	1,292,997	34,946	24.24%
	Supported Living	4	61,762	15,440	
	Day Care	4	22,450	5,612	
	Domiciliary Care	5	30,525	6,105	
	Direct Payment	16	85,823	5,364	
Total	66	1,493,556	22,630		
	Total Paid Placements	2060	39,359,024	19,106	

Equality Impact Assessment (EIA) Report Form

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 and Diversity.

Please refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Corporate Strategy Team or your directorate Heads of Service Equality Champion.

Where do you work?
Service Area: Adult Social Care
Directorate: Social Services Health and Housing

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

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

To assess a proposed way forward for personal social care in order to achieve further budget savings over the next 5-6 years.

The ongoing challenge of reducing financial budgets, along with a potential increase in demand for services over the coming years, intensifies the pressure on the Social Services department on continuing to provide a sustainable service for service users.

Two options have been identified which will assist in achieving savings but are likely to have significant impacts on current and potential service users:

- (a) to continue to develop the Early Intervention and Prevention programmes and to promote more fully the take up of Direct Payments.
- (b) to reduce the number of services provided.

(c) It was initially screened for relevance to Equality and Diversity on 8th May 2017

(d) It was found to be relevant to

Age <input checked="" type="checkbox"/>	Race <input checked="" type="checkbox"/>
Disability <input checked="" type="checkbox"/>	Religion or belief <input type="checkbox"/>
Gender reassignment <input type="checkbox"/>	Sex <input checked="" type="checkbox"/>
Marriage & civil partnership <input checked="" type="checkbox"/>	Sexual orientation <input checked="" type="checkbox"/>
Pregnancy and maternity <input type="checkbox"/>	Welsh language <input checked="" type="checkbox"/>

(e) Name: Nick Jarman

Job title: Director of Social Services Health and Housing

Date: 20th June 2017

Section 1 – Aims (See guidance):

What are the aims?

The aim of the proposal is to determine the 'way forward' in relation to personal social care service provision in order to secure ongoing savings within the Adult Social Care section.

As part of the proposal, options have been identified to realise savings (required as part of the Council's £24m budget savings identified in the Forward Financial Plan) over coming years, while being mindful of the requirements of the Social Services & Wellbeing Act 2014, in particular:

- A strong emphasis upon enabling people to achieve the outcomes which they themselves want
- To prevent, reduce or delay the need for care and support through earlier intervention, provision of information and advice and a range of preventative services
- To promote Direct Payments actively through alternative, community and social enterprise routes
- To actively offer Direct Payments in all situations where these are an appropriate way of meeting assessed need, enabling service users to take control over how, when and by whom they choose services to meet their own needs and outcomes.

Who has responsibility? Director of Social Services

Who are the stakeholders?

Service Users

Potential Services Users

Families of Service and potential services users

Social care staff

Communities within Neath Port Talbot and neighbouring areas

Section 2 - Information

(a) Service Users

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

Age

Race

Disability

Religion or belief

Gender reassignment

Sex

Marriage & civil partnership

Sexual orientation

Pregnancy and maternity

Welsh language

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

Information detailing protected characteristics is gathered by social workers as part of the development of the individual care plans. This information is reviewed and updated as part of the ongoing care management delivered by the Council. Currently there are 3,272 people accessing adult social care services of which:

Disability:	Marital Status:
29 Dementia	1 Civil Partnership
295 Elderly	724 Married
340 Learning Disability	537 Single
76 Mental Health	1384 Widowed
1170 Physical Disability	163 Divorced
1362 Data not recorded	39 Separated
	27 Partner
	397 Data not recorded
Gender:	Ethnicity:
1,010 no Male	2 Black Caribbean
2,262 no Female	2 Chinese
	1 Gypsy / Roma
Age ranges:	9 Other
18-64 no 711	889 Welsh
65-74 no 394	1767 Welsh British
75-84 no 940	10 White Irish
85- no 1,227	10 White Other
	1 White Scottish
First Language:	2 Asian
2,822 English	4 Black Other
76 Welsh	4 Indian
8 Other	1 Pakistani
3 BSL	570 Data not recorded
363 Data not recorded	

Between 1st January 2017 and 31st March 2017 there have been 1564 new referrals which are included in the figures illustrated above.

Disability:	Marital Status:
10 Dementia	1 Civil Partnership
45 Elderly	470 Married
18 Learning Disability	121 Single
5 Mental Health	411 Widowed
278 Physical Disability	84 Divorced
1209 Data not recorded	14 Separated
	20 Partner
	443 Data not recorded
Gender:	Ethnicity:
656 Male	1 Bangladeshi
908 Female	1 Black British
	2 Black Caribbean
Age ranges:	1 Chinese
Under 18 no 525	
18-64 no 253	

65-74 no 443	1 Gypsy/Roma
75-84 no 315	3 Other
85- no 28	407 Welsh
First Language:	611 White British
No data recorded	3 White Irish
	2 White Other
	2 White/Black
	2 Caribbean
	3 White Scottish
	527 No data recorded

The data above illustrates that we presently have more widowed female receiving a service from the authority

Any Actions Required?

Monitoring practices will be established to ensure all relevant data is collected at initial referral of and at any review of existing service users to ensure as full a picture as possible is gained for service users for future service provision.

(b) General

Information regarding those potentially impacted have been gathered from the following sources:

1. Public Health Wales- GP Cluster profiles for the AMBU health board area
2. Projected Population profiling from Daffodil for Social Care
3. Census of unpaid carers
4. Oracle reports on current service users
5. 2011 Census information

The latest population projections available are the 2011- based local authority population projections for Wales, which take into account the results of the 2011 Census and forecast the projected population from 2011 to 2036.

Age Group	2015	2016	2017	2018	2019	2020	2025	2030	2035
18-64	84,310	84,120	83,750	83,390	83,120	82,790	80,820	78,820	78,010
65-74	15,720	16,020	16,330	16,500	16,540	16,580	16,630	17,660	17,720
75-84	8,850	8,890	9,040	9,320	9,620	9,820	11,610	12,420	12,730
85 and over	3,720	3,790	3,830	3,860	3,920	4,030	4,690	5,710	7,230
Total 18+	112,600	112,820	112,950	113,070	113,200	113,220	113,750	114,610	115,690

Source Census data 2011

Population aged 18 and over predicted to have a limiting long-term illness, by age and gender, projected to 2035

Projections of population of Neath Port Talbot expected to have a limiting long term illness from 2015 to 2035

Age Group	2015	2016	2017	2018	2019	2020	2025	2030	2035
18-24	330	326	321	312	304	296	279	299	320
25-34	705	705	704	705	706	701	664	607	596
35-44	1,466	1,454	1,457	1,464	1,475	1,493	1,561	1,552	1,475
45-54	2,598	2,592	2,557	2,514	2,445	2,390	2,229	2,274	2,379

55-64	3,783	3,807	3,825	3,859	3,926	3,986	3,978	3,676	3,440
65-74	4,325	4,409	4,494	4,541	4,552	4,563	4,576	4,863	4,879
75 and over	5,651	5,695	5,780	5,911	6,079	6,215	7,308	8,131	8,947
Total 18+	18,858	18,989	19,138	19,305	19,489	19,644	20,596	21,401	22,036

Source www.daffodilcymru.org.uk version 6.0

Projection based on prevalence rates as below

Age range	Males %	Females %
16-24	3	3
25-34	4	4
35-44	8	9
45-54	13	13
55-64	20	21
65-74	27	28
75 and over	42	47
16 and over	15	17

Source www.daffodilcymru.org.uk version 6.0

The data illustrates an increase of the population projections provide estimates of the size of the future population, and are based on assumptions about births, deaths and migration. The assumptions are based on past trends. Projections only indicate what may happen should the recent trends continue.

Any Actions Required?

Ongoing analysis of data to determine future service provision

Section 3 – Impact











(a) Impact on Protected Characteristics

There are two potential options which are likely to have different impacts on people with protected characteristics;

To continue to develop the Early Intervention and Prevention programmes and to promote more fully the take up of Direct Payments.

	Positive	Negative	Neutral	Needs further investigation
Age	➔ <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 checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	➔ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	➔ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To reduce the number of services provided

	Positive	Negative	Neutral	Needs further investigation
Age	 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	 <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Thinking about your answers above, please explain (in detail) why this is the case. Include details of any consultation (and/or other information) which has been undertaken to support your view.

Adult Social Care is provided to help vulnerable people develop or maintain the skills and confidence necessary to live as independently as possible. People accessing these services do so primarily on the grounds of age and disability, while other considerations of sex, Welsh language, religion, etc. also being part of the assessment process.

To continue to develop the Early Intervention and Prevention programme and to promote more fully the take up of Direct Payments

Service Users/Potential service users: this would have a positive impact on service users as more a tailored approach could be identified and implemented thereby providing relevant and appropriate support. This would provide for the service users' needs based on their presenting requirements as well as providing a holistic package taking into account cultural, language and other needs and requirements of the individual.

It is accepted that preventative services where appropriate are more effective and have a significant impact on people's wellbeing.

Direct Payments supports the principles of the Social Services and Well-being (Wales) Act 2014 by offering more choice and control to those that require support to remain independent to achieve their personal outcomes.

As direct payments can be used in any way to meet the assessed need of the individual, to purchase equipment, to employ a personal assistant, etc., this offers greater choice and control over the assistance they receive to remain independent. In turn this independence can boost people's general wellbeing.

However, where the individual is not confident or able to administer the direct payment this could have a negative impact, through worry, anxiety, etc., over the application or the administration of the payment. This could then impact on the individual's condition.

While the Council does provide a 'bureau service' which would relieve direct payment recipients of the employer function should they wish to employ a personal assistant it is possible that this would not completely negate the individual's anxiety in some circumstances.

Additionally, as it would appear personal assistants are, in most instances, locally based this can provide greater assurance for service users as contact could be maintained in even the most extreme conditions

Families of service/potential service users: again this would appear to have a positive impact, where any anxiety could be allayed by the implementation of the programme. The comfort of knowing that the individual's needs and requirements can be met or anticipated by the programme.

With the elements of control and choice in relation to services via direct payments this again can be positive for families. However, the concerns highlighted above would also be relevant for families.

Staff: The impact on staff within the social care service is likely to be mixed. Potentially there is a positive impact in relation to training for care management staff which will be

provided to ensure there is a good understanding of EiP and Direct Payments to ensure that appropriate advice and support will be given to service users and their families.

Conversely there is likely to be a negative impact on staff within our own or commissioned services due to the promotion of Direct Payments and the resulting increased number of personal assistants. As the makeup of the service is predominantly female there would be a disproportionate negative impact on this group. While alternative employment would be sought within the service/council this could entail re training, a possible reduction in pay as well as possible relocation.

Communities: Investing in the further development of EiP and Direct Payment not only has a positive impact on those in receipt of these services, but also on the wider community; the potential further involvement of external organisations and increase in numbers of personal assistants could provide more employment opportunities.

The potential savings as a result of the early intervention and prevention programme and direct payment would also allow for the service to remain sustainable and ensure the ensures equitability of access for all people with identified needs for statutory support

To reduce the number of services provided

This option is likely to impact negatively on all people accessing adult social services.

Service Users/Potential Service Users: the impact on current and potential service users would be negative as services would not be available for those who need/require them. As a result service users could be put at risk and therefore additional pressures placed on other sections of the council as well as external organisations.

A reduction in services could potentially result in risks to people levels of independence and ability to achieve their individual outcomes. This could also result in an escalation of need and make it more difficult to address local population wellbeing and health equalities.

Service users might find it difficult to adapt to change and may find change worrying and unsettling

The negative impact on service users' wellbeing, independence, and safety could in turn impact negatively on their own health, causing greater anxiety for the individual, and their families, and potentially result in more expensive intensive services.

Families of service/potential service users: it is inevitable that any reduction in the number of services would increase the anxiety as to how needs could be met. Families would be required to seek out any relevant alternative support services with limited, if any, assistance from adult social care services.

Staff: job losses would be inevitable and as the makeup of the service is predominantly female there would be a disproportionate negative impact on this group. While alternative employment would be sought within the service/council this could entail retraining, a possible reduction in pay as well as possible relocation.

It is anticipated that there will be an increase in complaints, due to lack of/wait for a service which will result in additional pressure on current complaints staff and increased delay in response times.

Communities: the impact on local communities is likely to be negative with increased unemployment due to job losses as well as decreased job opportunities.

Actions:

Early Intervention and Prevention/Direct Payments: If this is the preferred option, further work will be required to assess and identify services which are relevant and appropriate for service users to access and which they can do so easily. Additionally, further assessment of the impact on staff will be required and mitigating actions identified.

Reduction in number of services: If this is the preferred option, further work will be required to identify further, potentially negative, impacts of any proposals as these are developed. This will include the development of a risk register and mitigation plans as part of the development process.

Officers will monitor the implementation of changes to take forward this option as it is progressed. A live risk register will be implemented to ensure that mitigation plans are effective and responsive.

(b) Impact on the Welsh Language

What is the likely impact of the policy on:

- **Opportunities for people to use Welsh**
- **The equal treatment of the Welsh and English languages**

It is acknowledged that particularly for people with dementia as well as elderly people generally conversing in a language that is familiar is not only comforting but essential. It is recognised that people with dementia who speak Welsh as a first language lose the ability to speak and understand English as the condition progresses (from a report by The Union of Welsh Independent Churches). The EIP programme would take this into account and would ensure that opportunities to use Welsh were available.

Where material is produced it will be available in both English and Welsh. Although language preference of service users will be obtained to ensure a tailored service is provided

As part of the recruitment of Personal Assistants the Council will endeavour to recruit individuals who can speak Welsh. Where we are not able to provide a workforce with linguistic ability under the Welsh Language Standards that have been applied to the Council we are bound to engage translation services and consequently costs would increase. In addition and arguably more importantly translation does not sit comfortably with the notion of providing care with dignity.

Should services be cut/ jobs lost this will reduce opportunities for service users to use Welsh

Could the policy be developed to improve positive impacts or lessen negative impacts? Please give details

Data in relation to service users' needs to be collected at the initial assessment and updated during review assessments, to ensure a tailored service is provided to meet their needs. If the service user is a Welsh speaker this will be a key factor in the identification of a care package and any intervention and prevention services that are identified. This will also be key in relation to direct payment options.

Actions (to increase positive/mitigate adverse impact).

Data to be collected on language preference and language requirements of service users in order to provide suitable and appropriate care packages and intervention/prevention services, particularly for those who are elderly or have dementia.

To analyse the current make up service users and personal assistants to ensure language requirements can be met now and in the future.

Section 4 - Other Impacts:

(a) Equalities

Public Sector Equality Duty (PSED)

- to eliminate discrimination, harassment and victimisation;
- to advance equality of opportunity between different groups; and
- to foster good relations between different groups

Please explain any possible impact on meeting the Public Sector Equality Duty

The Council's ethos to eliminate discrimination, harassment and victimisation as well as to advance equality of opportunity between different groups permeates its plans and policies.

Over recent years the Council has looked to develop policies which transform adult social care services from traditional care to preventative and enabling services, which support people to retain and regain independence.

During the development of the Council's Connecting People and Communities policy for the whole of adult social care in 2013, people with care and support needs made it clear that placement in a care home was their least preferred care option. As a result the Council remains committed to supporting people by maximising and maintaining their independence.

The social services function supports Public Sector Equality Duties by enabling individuals to achieve their individual outcomes and regain or retain maximum levels of independence.

For example:

- Supporting people with an identified social care need to live, work and socialise within their local community helps to eliminate discrimination, harassment and victimisation
- Prevention services helps in providing equality of opportunity between different groups.
- Embedding asset based approaches results in supporting people to become active members of their local community helps to foster good relations between different groups

However, any proposed reduction of services in adult social care would fundamentally contradict the Council's position to eliminate discrimination, harassment and victimisation as well as to advance equality of opportunity between different groups. Such a move would also be contrary to the principles of the Social Services and Well-being (Wales) Act 2014.

What work have you already done to improve the above?

The principles of the Public Sector Equality Duty and the Social Services and Well-being Act (2014) are embedded within current practice and policy. Key principles within current practice, such as personalisation and outcome focused planning helps the council in meeting its Public Sector Duties.

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

No action required at this present time

(b) Reduce Social Exclusion and Poverty

Please explain any possible impact.

Direct Payments create employment (for Personal Assistants), they create and locate those jobs in local communities. In most instances Personal Assistants live close by their service users, so for example when it snows, it is much more likely that the locally-based Personal Assistant will get to their service user, creating a direct relationship between the service user and service provider.

Intervention and prevention service could lead to greater social inclusion, and in turn improvements to wellbeing of service users and their families, by providing opportunities to engage with groups, individuals and other organisations.

Conversely a reduction in services could lead to services users experiencing a lack of confidence and isolation. Families needing to undertake increased caring and support activities thereby reducing their own, possibly already limited, opportunities for social inclusion.

Potential job losses could produce similar impacts amongst staff with the possibility of increasing instances of poverty and social exclusion.

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

No Action required at this present time

(c) Community Cohesion

Is the initiative likely to have an impact on Community Cohesion?

It is unlikely that there will be a significant impact on Community Cohesion generally; however, it is anticipated that there could be positive impacts for individual communities and individuals through community connection with locally based personal assistants.

In this way people with disabilities and/or age related need will continue to be supported in regaining/maintaining optimum levels of independence. This will result in more people being able to continue living within their local communities.

However, there is also the possibility of increased tension within the communities as a result of any reduction in services, i.e. the loss of employment and the resulting increase in economic pressures within the communities.

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

The development of EiP and the ongoing development in personalisation of social care via a direct payment will be supported with a marketing campaign promoting the benefits of the service.

Following further consideration of the proposal to reduce services mitigating actions will be identified to alleviate or remove negative impacts wherever possible. All such actions included in any future reports on the proposal

Section 5 Consultation

Consultation to inform the Council's budget setting process for 2017-2018 was undertaken during the autumn 2016. Budget savings proposals affecting a range of service areas were identified and included the following in relation to social services:

- Placement Budgets
- Community Resource Team
- Respite and Day care
- Homecare
- Complex Needs Services

Documentation was made available via the website and hard copies placed at various locations throughout the county borough during October 2016 to December 2016 for the public to respond.

As part of this consultation exercise a Partnership Event was held in October 2016 to which stakeholders, including representatives from local equality groups, were invited.

A number of internal engagement and consultation exercises were also held during the same period, including, engagement sessions with the Chief Executive, a 'post a question' facility on the intranet, as well as facilities for those without intranet access to 'post a question' via traditional methods in 8 council buildings

Further consultation will be undertaken as required once a decision on the direction of travel has been taken.

Section 6 – Post Consultation

A public consultation was undertaken during the autumn 2016 to inform the council's budget setting process for 2017-2018. A total of 632 responses were received during the public consultation period.

Respondents were asked to specify the services the Council should protect, reduce or stop altogether; social services was among the top five areas which should be protected.

A formal response received from the Neath Port Talbot Older Person's Council (OPC), raised the following:

- Protect – all services which protect or promote the health and wellbeing of all residents living in Neath Port Talbot
- Reduce – felt that services are already running on reduced capacity, so no service could be reduced further without detriment to the health and wellbeing of residents

Partnership Event: Adult social services was one of the themes discussed by stakeholders at the event, with more Early Intervention and Prevention (EIP) to try to reduce the need for expensive high end services; extend Local Area Coordination; Co-production – involving people in their care, consulting people as part of the change process, being some of the key points made.

The need for Early Intervention and Prevention was also raised during the discussion on Children and Young People Services, which while not strictly within the boundaries of this EIA/proposal is relevant when considering transition services.

As a result of the consultation, a number of suggestions identified by respondents have been explored and actioned, this proposal being one.

Section 7 - Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor the impact of this function, service, policy, procedure, strategy, plan or project:

Monitoring arrangements:

- Complaints process – review intelligence from complaints received
- Social work reviews – ensure identified outcomes met and identify any potential negative impact of proposal
- Risk registers as part of the development of delivery plans to take forward any changes to mitigate/minimise any potential negative impacts
- Contract monitoring reports – to ensure services are delivered in line with Equality Act

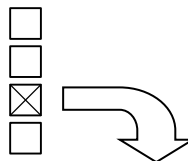
Actions:

The above monitoring arrangements to be put in place, other monitoring arrangement would be developed following decision on a way forward.

Section 8 – Outcomes:

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

- Outcome 1: Continue the initiative...
Outcome 2: Adjust the initiative...
Outcome 3: Justify the initiative...
Outcome 4: Stop and remove the initiative...



The aim of the proposal is to seek a way forward for personal social care in order to achieve further budget savings over the coming years. The financial challenges facing the Council provide limited scope for this to be achieved at previous service delivery levels. Therefore alternative delivery proposals need to be considered.

The option to develop the **Early Intervention and Prevention** programmes, as suggested during the budget setting consultation in autumn 2016, has been considered and, along with the ongoing promotion of Direct Payments, it is regarded as a practical solution.

While acknowledging this option attracts some negative impacts (primarily amongst staff) there are greater positive impacts; potentially leading to improved health and wellbeing of current and potential service users, their families, staff and local communities as well as potential financial savings for the council.

By **reducing numbers of services** the impact on current and potential service users would be negative as services would not be available for those who need/require them. As a result service users could be put at risk and therefore additional pressures placed on other sections of the council as well as external organisations; it would likely see the loss of jobs which are economically damaging to communities, the local economy and employee relations.

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
Officers will consider current data held and update information on service users as appropriate	Andrew Jarrett and Team Managers	January 2018	Complete breakdown of data characteristics	
Establish monitoring practices in order to collect relevant data at initial referral	Andrew Jarrett and Team Managers	January 2018 and ongoing	Risk register to progress	
Ongoing data analysis of data to determine future service provision	Ian Oliver	Ongoing	Develop clear Market Position Statements for each service area to help shape the local market based on our priorities and give a clear direction of travel	
Early Intervention and Prevention programme : assess and identify services which are relevant and appropriate for service users to access and which they can do so easily	Nick Jarman / Ian Oliver To be assigned following direction of travel being agreed by Cabinet	TBC	A live risk register will be implemented to ensure that mitigation plans are effective and responsive	
Identify mitigating actions to alleviate potential job losses	Ian Oliver To be assigned following direction of travel being agreed by Cabinet	TBC	Mitigate actions are identified	
Identify further impacts and mitigation plans in relation to reducing services	Officer to be assigned following direction of travel being agreed by Cabinet	July 2017 and ongoing	Officers will monitor the implementation of changes. A live risk register will be	

options where appropriate, including the development of a risk register and mitigation plans as part of the development process			implemented to ensure that mitigation plans are effective and responsive	
Data to be collected on language preference and language requirements of service users in order to provide suitable and appropriate care packages and intervention/prevention services appropriate for service users, particularly for those who are elderly or have dementia.	Nick Jarman / Andrew Jarrett / Ian Oliver	February 2018	By analyse the current make up service users and personal assistance to ensure language requirements can be met and in the future	
Appropriate monitoring arrangements to be put in place following decision.	Rob Hopkins	TBC		
Further consultation to be undertaken as required once a decision on the direction of travel has been taken	Ian Oliver	TBC		

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

3 July 2017

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

Matter for: Decision

Wards Affected: All

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

1. Purpose of Report.

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

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

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

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

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

3. Executive Summary

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

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

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

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

4. Background.

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

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

5. Vision.

- 5.1 The vision for The Commissioning Strategy is:

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

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

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

7. Future Approach

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

8. Commissioning Intentions

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

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

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

9. **Outcomes and Monitoring**

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

Personal Outcomes

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

Market Outcomes

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

Workforce Outcomes

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

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

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

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

10.0 Implementation Plans

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

10.2 Key actions shared by each Local Authority area include:

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

11. Financial Impact

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

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

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

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

12. Equality Impact Assessment.

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

13. Workforce Impacts

There are no workforce impacts associated with this report

14. Legal Implications

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

14.2 The statutory requirements are outlined within:

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

14.3 Non-statutory guidance is provided by:

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

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

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

15. Risk Management

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

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

15.2 These closures have resulted in a reduction of capacity of 288 beds (7.5% reduction), comprising 163 residential beds and 125 nursing across the Western Bay region.

15.3 Whilst the total market capacity has slightly reduced, the variety of services offered has diversified to meet the requirements of the commissioners. The commissioning strategy provides detail around the following service streams:

- Extra Care;
- Short Breaks;
- Residential Reablement Provision;
- End of Life Care.

15.4 Alongside the collateral on the diversified services, content is provided on:

- Delayed Transfers of Care;
- Fees;
- Self-Funders;
- Third Sector Support for Care Homes;
- Dementia and Complex Care.

15.5 The commissioning strategy considers all of the elements highlighted within this synopsis and proposes an approach for future commissioning activity.

16. Consultation

This item has been subject to external consultation.

17. Recommendations

Having given due regard to the Equality Impact Assessment:

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

18. Reason for Proposed Decision

To have a shared commitment with the Western Bay Health and Social Care Partnership to ensure that there will be a sustainable range of high quality care home placements to meet the needs of older people within the local authorities of Neath Port Talbot, Bridgend and Swansea.

19. Implementation of Decision

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

Appendices:

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

20. List of Background Papers:

None.

21. Officer Contact

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Commissioning Strategy for Care Homes for Older People 2016 - 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



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Our Vision

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

Executive Summary

Introduction

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

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

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

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

Supply and Demand

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

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

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

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

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

Our Commissioning Intentions

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

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

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

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

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

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

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

1. Introduction

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

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

More specifically, this document will inform key stakeholders of:

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

1.1 The Western Bay Health and Social Care Partnership

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

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

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

1.2 Our Objectives

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

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

1.3 Our Values

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

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

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

2. Definitions

2.1 Commissioning

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

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

2.2 The Commissioning Process

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

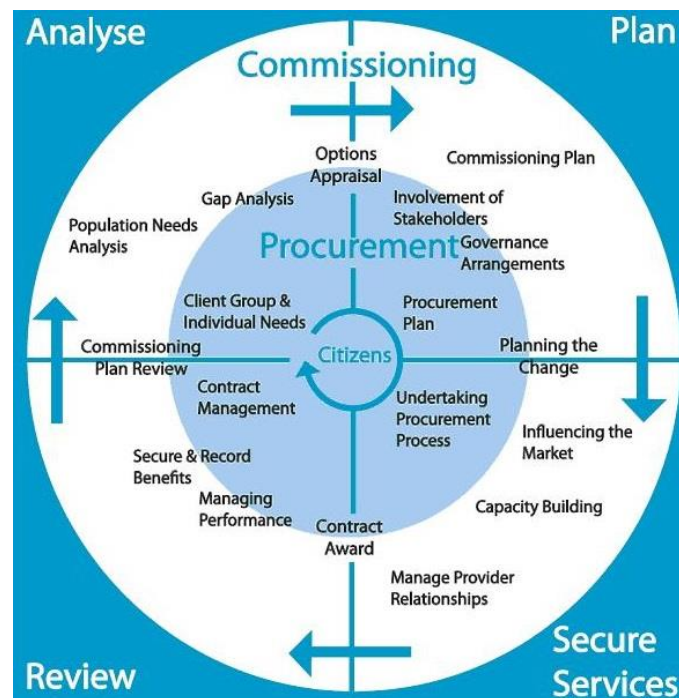


Figure 1: The Commissioning Cycle

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

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

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

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

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

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

2.3 Care Home Services

The charity HousingCare.org defines a care home as:

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

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

3. National and Local Context

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

3.1 Legislation and National Policy

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.2 Local Policies

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

The Statement of Intent¹³ (2014) outlined:

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

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

3.3 “What Matters To Me” Model

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

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

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

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

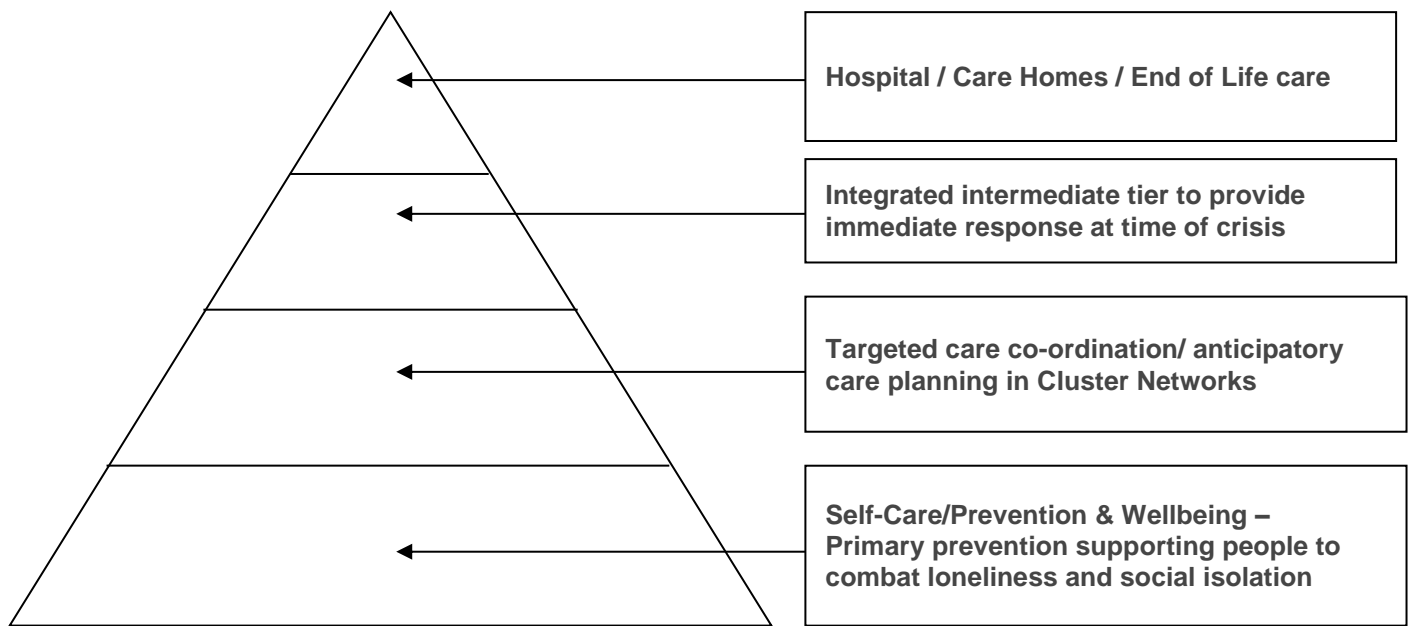


Figure 3: The “What Matters to Me” Model

4 Our Population (Demand for Services)

4.1 The National Picture

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

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

4.2 The Local Picture

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

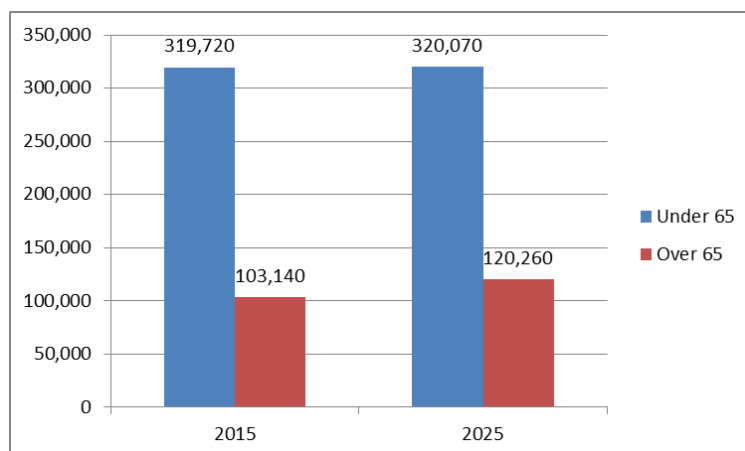


Figure 4 – Change in adult population from 2015 to 2025 across ABMU

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

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

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

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

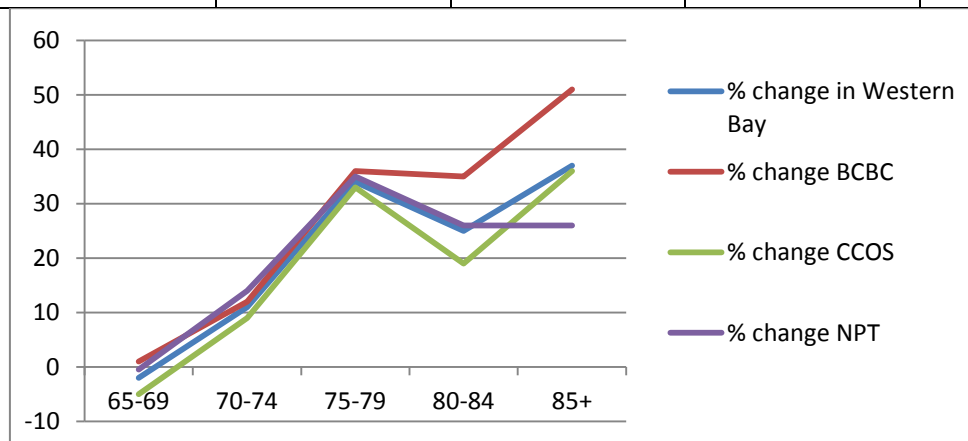


Figure 5: Percentage increase in population across Western Bay and in specific localities by 2025 compared to 2015 figures.

4.3 Dementia

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

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

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

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

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

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

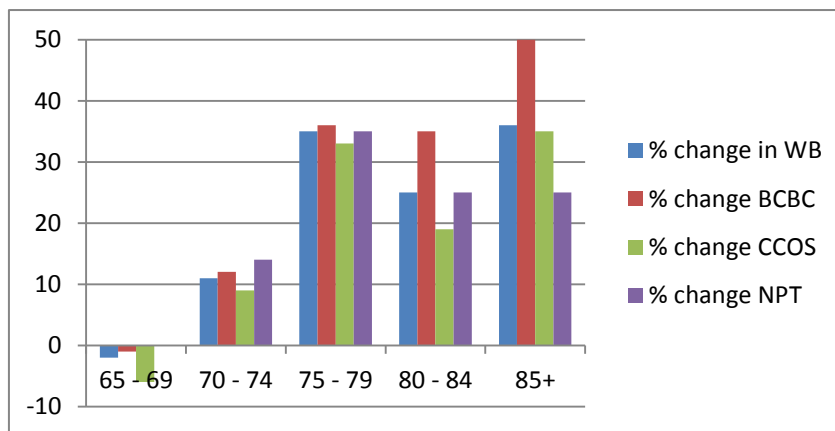


Figure 6: Percentage change in dementia prevalence by age across Western Bay in 2025 compared to 2015 data.

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

4.4 Complex Care

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

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

5. Our Resources

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

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

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

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

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

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

In addition, older people's services include:

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

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

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

6. The Current Picture

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

6.1 Capacity

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

Table 4: Care Home Capacity by Local Authority Area

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

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

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

6.2 Vacancies

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

Table 5: Care Home Vacancies by LA Area

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

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

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

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

6.3 Quality

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

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

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

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

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

6.4 Market Issues

6.4.1 Placements

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

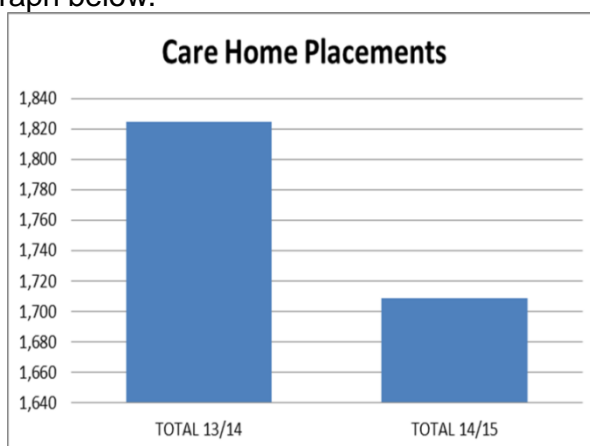


Figure 7: Care Home total population across Western Bay in 13/14 and 14/15.

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

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

¹⁸ <http://www.goodcareguide.co.uk/>

6.4.2 Care Home Closures

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

6.4.3 Workforce

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

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

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

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

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

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

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

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

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

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

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

6.4.4 Extra Care

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

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

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

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

6.4.5 Short Breaks

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

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

Consultation has identified:

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

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

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

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

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

6.4.7 End of Life Care

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

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

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

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

6.4.8 Day Services in Care Homes

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

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

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

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

6.4.9 Delayed Transfers of Care

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

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

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

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

6.4.10 Fees

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

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

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

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

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

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

6.4.11 Self-Funders

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

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

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

6.4.12 Third Sector Support for Care Homes

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

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

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

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

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

6.4.13 Dementia and Complex Care

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

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

7. Key Messages

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

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

Generally we expect:

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

8. Our Approach in the Future

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

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

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

8.1 Workforce

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

8.1.1 Residential and Nursing Care Homes

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

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

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

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

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

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

8.1.2 Dementia and Complex Care

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

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

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

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

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

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

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

9. Our Commissioning Intentions

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

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

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

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

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

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

9.1 Moving Towards Outcomes

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

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

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

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

9.2 Monitoring the Strategy

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

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

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

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

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

The success of this commissioning strategy will be demonstrated by:

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

10. Consultation

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

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

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

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

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

11. Appendices

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



Bridgend-Neath-Port
-Talbot-Swansea-Dire

11.2 Western Bay Market Position Statement (2015)



Western Bay Care
Homes Market Positio

11.3 Western Bay Regional Quality Framework (2015)



RQF - 09.03.16.pdf

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



What Matters to Me
Model - FINAL.docx

11.5 Western Bay Intermediate Care Business Case (2014)



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

11.6 Glossary of Care Home Terms



WB Care Home
Strategy Glossary an

11.7 Outcomes and responses to consultation



FINAL WB Care
Home Strategy - Resj

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



BRIDGEND - Western
Bay Care Home Comm

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



NPT - Western Bay
Care Home Commissic

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



SWANSEA - Western
Bay Care Home Comm

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Commissioning Strategy for Care Homes for Older People

Neath Port Talbot County Borough Council Implementation Plan

2016-2019



1. Introduction

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

2. Objectives and Priorities

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

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

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

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

3. Our Implementation Plan

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

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

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

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

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

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

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

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

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

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

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

<p>Care homes have named care management assigned to individuals and care homes. Care homes have named nurse assessors</p>	<ul style="list-style-type: none"> • Continue to work closely with ABMU for Joint Monitoring • Ensure Reablement beds are used effectively • Consider ways to reduce DTOC • Review the current joint contract with ABMU 	<p>LA/UHB</p>	<p>2016/17 Completed</p>
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No	Theme	Question	Comment	Activity	Response	Adjustment
1	Alternative provision	Choice	Very little choice for respite care, both residential and nursing	Event	Noted	Insertion to 6.4.5
2	Alternative provision	Choice	Block purchasing respite beds reduces the limited choice available	Event	Noted	Insertion to 6.4.5
3	Alternative provision	Choice	Introduce care beds in sheltered housing so that if peoples needs increase they don't need to move	Event	Noted. This relates to Extra Care Housing.	Insertion to 6.4.4
4	Alternative provision	Choice	Availability of step up and step down beds within a single care home to give individuals and families time to discuss/make arrangements/organise equipment/choose care home – families need time to digest	Event	Noted	Already included in 6.4.6. Retitled
5	Alternative provision	Quality	Home adaptations for carers to sleep	Event	Noted - not within the scope of this strategy	
6	Alternative provision	Choice	Step down process to give people more time to make more informed choices	Event	Noted	Already included in 6.4.6. Retitled
7	Alternative provision	Value	Respite is more time consuming and costly. Staffing at an appropriate level can be difficult.	Event	Noted	Insertion to 6.4.5
8	Alternative provision	Choice	Day care in care homes provides people with taster sessions – needs to be properly funded.	Event	Agreed	New section 6.4.8
9	Alternative provision	Choice	Need to help people help themselves and more options to be available e.g. step down beds, day care, respite.	Event	Agreed	Already included in 6.4.6. Retitled
10	Alternative provision	Choice	Alternate staffing/equipment is sometimes the issue e.g. with the availability to give IV antibiotics in the home. ACT supports with this (rapid response, 4 hour response from Community Resource Teams)	Event	Noted	
11	Alternative provision	Choice	Dementia villages should be considered to add to choice	Event	Noted	See Section 6.4.12
12	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	
13	Alternative provision	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.	
49	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.	
64	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	
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	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	
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.	

235	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.	
236	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/respite opportunities; work with providers to share good practice and identify where spare capacity is best utilised; better connection with local community activities; encourage inter-generational knowledge exchange through links with schools (see Hairy Bikers 'Old School' programme)	Survey	Noted.	New Section 6.4.8 re: Day Services
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	

					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.	
268	Cost	Availability	The council to provide financial incentives.	Survey		
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 many. It would improve care, in two ways. 1. Weed out the poor GP practices who are obstructive, and 2. Deliver a better service. The surgery could hold weekly clinics, rather than the ad hoc mess we have to deal with.	Survey	Noted. Engagement with Primary Care Services part of development of strategy	
273	Staff	Quality	ALL staff - NVQs in Care (or similar), generic Western Bay induction training and CPD; more qualified nurses	Survey	Noted	
274	Sector	Quality	https://www.jrf.org.uk/report/care-provision-fit-future-climate	Survey	Noted and thanks.	
275	Communication	Choice	No mention of patient advocacy and processes that are required for patients who lack capacity.	Survey	Agreed - Information, Advice and Advocacy Services are currently being developed across the Western Bay Region in response to the SSWB Wales Act and are also included in the RQF.	
276	Infrastructure	Choice	Place for family	Survey	Not clear although we recognise it is important for residents to maintain close links with their families.	
277	Infrastructure	Quality	The safety of elderly residents from fire and poor old unsuitable converted care accommodation	Survey	Noted.	
278	Sector	Quality	The strategy covers these areas fully.	Survey	Thank you for your endorsement.	
279	Sector	Quality	Treat old people with great respect	Survey	Agree this is a very important value statement and it lies at the heart of our regional Quality Framework.	
280	Sector	Choice	Yes - do not mark homes down if residents do not choose things inspectors would like to see	Survey	Noted.	
281	Legislation	Quality	You need to see beyond the surface and behind closed doors. For instance, eat the food.	Survey	Noted.	
282	Staff	Value	How providers are to care for people with more complex needs who need a higher staffing ratio.	Survey	Not clear although recognise the challenge	
283	Cost	Quality	No-one should miss out on any aspect of quality care due to financial	Survey	Agree	
284	Cost	Choice	Standardising costs as patients often can't have their first choice due to not being able to fund.	Survey	Noted.	

285	Cost	Value	The budget must meet the expectations of care.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
286	Cost	Value	The importance for some homes the issue of 'top up fees'	Survey	Agreed that an appropriate use of third-party contributions can be beneficial for providers - when delivered in accordance with guidance such as that provided by the Older Person's Commissioner.	
287	Legislation	Cost	There are very little incentives for care providers to provide and achieve high standards of care	Survey	Noted. This relates to our Regional Quality Framework	
288	Staff	Cost	This needs to increase to cover statutory wage costs	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
289	Cost	Value	Why should people who are self-funding have to pay more?	Survey	Noted. WB partners will explore this issue in partnership with providers.	
290	Sector	Quality	A very well written, detailed strategy	Survey	Thank you for your endorsement.	
291	Sector	Cross cutting	Covers all key areas related to care homes, Choice is important however ensuring choice can be met, capacity and best interest principles to be considered. Acknowledging when ACP and end of life principles should be considered? Use of standardises frailty score (Rookwood) to red flag key levels of management i.e. levels of 7-9 may indicate this need. Creating more links with secondary care and CRT teams to provide quality teaching sessions or for NH staff to link into around all aspects of care - this principle is reflected in the document with the dementia training team.	Survey	Helpful point. We have added a new strategic intention regarding strengthening links with community health and social care services.	
292	Legislation	Quality	Gold, Silver, Bronze and fail, should be awards on the door like the food standards agency scores. You must work on the floor and see what goes on. Don't just talk to the managers.	Survey	Noted.	

293	Legislation	Quality	I have visited many local authority and private care homes in Wales over the past 7 years and the quality and standards vary from poor-good-excellent there has to be a minimum standard set not only for the care provision and the services on offer but for the overall fabric of the building. Why do we still have care homes over 2-3 floors isolating people if the lift fails, putting people at risk if there is a fire. Introduce new standards that assistance and money saving incentives will come with easily accessible care homes that are over 1 or 2 floors but are designed without lifts, stair lifts etc. This will assist the elderly to walk with their chosen aid or self-propel their wheel chair and access the home they live in without the fear of "putting you out".	Survey	This relates to our Regional Quality Framework. In the context of this strategy, it is not appropriate to comment on individual situations, however if they are of concern, they should be noted to the appropriate CSSiW offices and Council Contacting Teams.	
294	Cost	Value	It is a good idea to reduce your costs. We have reduced our costs as much as we can. To progress we need to see an increase in rates paid and for inspectors to be more person-centred as residents differ from home to home and one size fits all inspections do not work.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. Local authorities are responsible for the social and personal care components of a care home placement. Each local authority has their own fee-setting arrangements and applies their own rationale, with each organisation working with the independent providers within their respective areas to agree the fees. This process is set to continue for at least the next three years.	
295	Sector	Quality	Local Implementation Plans need to ensure full engagement with providers, carers and cared-for to build in the flexibility that will be required.	Survey	Noted. Local implementation plans are being developed subsequent to the publication of this strategy. Local authorities are responsible for the social and personal care components of a care home placement.	
296	Communication	Choice	No-one wants to put their loved ones into the care system / care home, however it is essential that when this happens, the family are made to feel that they have done their very best and that the best possible care has been taken, and that there is sufficient choice. I believe that engaging and communicating effectively with the family will benefit all parties.	Survey	Agree	
297	Cost	Value	Not a race to the cheapest ,	Survey	Agree. WB partners seek in their commissioning to achieve a reasonable yet exacting balance between quality and affordable price.	
298	Communication	Quality	Please publish the results of this consultation soon and do repeat this process regularly	Survey	Agreed. The results if the consultation will be published alongside the strategy	
299	Communication	Quality	Principles appear well-thought out. Important to get this right for ageing population.	Survey	Thank you for your endorsement.	
300	Sector	Availability	There is a severe deficit position in Bridgend and urgent action is required to put interim measures in place as well as the longer terms strategy.	Survey	The issue of shortfalls in capacity is well understood by commissioners.	
301	Alternative provision	Availability	We have good care home facilities, we are jeopardising. Care in the community can only go so far, there comes a time people need 24 hr care. That should be in their local community, with other residents that they know	Survey	Agree. This strategy seeks to achieve that objective.	

302	Alternative provision	Availability	Yes. To support more people to be independent at home, people will need better access to the right support and assistive equipment. Remembering that 70% of 70 year olds have a hearing loss, this will require new pathways to ensure that people are aware of equipment that can help them live at home safely e.g. adapted telephones, visual doorbells, TV listening devices, visual fire alarms and other communication devices that can prevent isolation for people with hearing loss. The increased focus on complex needs will need more highly trained staff able to support people for example that have dementia and hearing loss. Taking a few simple steps to address a person's hearing loss can then make it easier to communicate and support the person more effectively. Our research (Joined Up, 2013) shows that ensuring people with dementia receive a timely diagnosis, benefit from digital hearing aids, and receive communication support and assistive technology while living in their community would reduce residential care home placement by 28%.	Survey	Very helpful point. Alongside the development of this strategy, Western Bay partners are seeking to implement the "What Matters to Me" service model which promotes independence and supports people to remain at home for as long as possible.	
303	Legislation	Quality	You need to change Regulations & Inspections Bill to Act	Email	Done. Thank you.	
304	Staff	Quality	The Committee expressed concerns over the nursing staffing issues reported for care homes in that Agency staff were being used to fill the gaps at a likely higher cost. The Committee commented that this needed addressing as a priority and proposed looking towards improving the pay for permanent staff to try and recruit and retain more, instead of paying the higher cost of Agency nurses. The Committee requested that these concerns be fed back to the Western Bay Group in general as Members felt that this was not just a Health Board issue as the Partners within Western Bay should be looking at addressing this together.	Scrutiny	Noted	
305	Sector	Availability	The Committee recommend that the figures for the numbers of self-funders be gathered as is done in England, in order to determine the extent of the risk to the Authority in terms of the resources required for future funding for Care for Older People.	Scrutiny	We recognise the importance of this information. During the establishment of a pooled fund for care homes required by 2018, this information will be collected as part of the scoping exercise. This will allow us to have a full and true picture of future resources required.	
306	Communication	Cross cutting	The Committee requested that they receive the responses to the public consultation once they have been analysed and sorted.	Scrutiny	Agreed. The results if the consultation will be published alongside the strategy	
307	Communication	Quality	The Committee requested that the Commissioning Strategy be revisited at an appropriate time when the performance measurements for the region have been developed and finalised and there has been some reporting against them. Members agreed that this would also provide the Committee with the opportunity to consider the responses to the consultation in detail and specifically, the responses and receptiveness of Care Home Providers to the proposed increase in complex needs and dementia care beds.	Scrutiny	Agreed	

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Equality Impact Assessment (EIA) Report

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

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

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

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

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

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

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

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

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

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

(e) Lead Officer

Name: Jessica Fitzpatrick
Job title: Project Coordinator

(f) Approved by Head of Service

Name: Sara Harvey
Date: December 2016

Section 1 – Aims (See guidance):

Briefly describe the aims of the initiative:

What are the aims?

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

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

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

The key messages from the Care Home Commissioning Strategy outline:

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

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

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

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

Who has responsibility?

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

Who are the stakeholders?

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

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

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

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

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

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

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

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

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

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

Any Actions Required?

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

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

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

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

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

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

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

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

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

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

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

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

Section 4 - Other Impacts:

Please consider how the initiative might address the following issues.

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

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

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

Please explain any possible impact on each of the above.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

N/A

Section 6 - Monitoring arrangements:

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

Monitoring arrangements:

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

Governance arrangements will be reviewed on an annual basis.

Actions: N/A

Section 7 – Outcomes:

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

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

For outcome 3, please provide the justification below:

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

N/A

Section 8 - Publication arrangements:

On completion, please follow this 3-step procedure:

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

Action Plan:

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

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

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

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

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

3rd July 2017

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

REPORT OF THE HEAD OF CHILDREN AND YOUNG PEOPLE SERVICES - A. JARRETT

MATTER FOR DECISION

WARDS AFFECTED: ALL

CONSULTATION OUTCOME OF THE NEATH PORT TALBOT DRAFT YOUNG CARERS STRATEGY (2017-2020)

1. Purpose of Report

To inform members of the outcome of the recent public consultation of the Draft Young Carers Strategy 2017-2020 (“the Strategy”) (found Appendix 1 of this Report) and for members to consider approval of the Strategy in light of the above.

2. **Executive Summary**

The Strategy has been developed in line with the Carers Strategy (Wales) Measure 2010, the NPT Joint Carers Commissioning Strategy 2015-18 and the Social Services and Wellbeing (Wales) Act 2014 (SSWB). The Strategy sets out the commitment, vision and principles of Neath Port Talbot County Borough Council (“the Council”) in enabling the commissioning of an appropriate needs led services for Young Carers and their families.

3. Background

On 5th January 2017, Children, Young People and Education Cabinet Board approved the Draft Young Carers Strategy 2016-2019 for public consultation. The Draft Strategy was subsequently consulted on for 90 days from 1st February 2017 to 4th May 2017.

The purpose of the NPT Young Carers Strategy is to improve the lives of young carers and their families in Neath Port Talbot. The Council aims to identify and reduce the numbers of children and young people who are undertaking inappropriate caring roles and the numbers of families who rely on the care of a young person for their unmet care needs because this impacts negatively on a young person's emotional and physical well-being. The Council seek to ensure that every young carer in NPT has the resources and support necessary to achieve their full potential and lead a life away from their caring role.

It is intended that this document be used by key partners to drive service planning and commissioning. It describes the services required to support Young Carers and Young Adult Carers within Neath Port Talbot to carry on caring for as long as they are willing and able to do so, in addition to having a life of their own. In addition, it recognises the different needs and outcomes for Young Carers and Young Adult Carers and looks at how through commissioning and service development the Council can build on the achievement of the previous Carers Strategies and the work undertaken as a result of the Carers Measure.

This Strategy is a working document that will be reviewed on a regular basis to ensure that it remains fit for purpose and focused on the changing needs of Young Carers and Young Adult Carers living in the Neath Port Talbot County Borough.

Neath Port Talbot Children and Young People Services will be responsible for the monitoring of the Neath Port Talbot Young Carers Strategy and Action Plan. The Strategy will be reviewed on an annual basis and an update report will be provided to the Social Care, Health and Wellbeing Cabinet Board.

4. The Consultation process

A consultation and engagement process took place, in the format annexed at Appendix 2 of this Report which outlines the engagement activity and groups attended. As an overview, 2 workshops were conducted with 15 Young Carers from the Commissioned Service and this was well received.

The engagement plan adopted a systematic approach to informing key stakeholders of the consultation and the means of providing feedback.

The plan also outlined the activities which were undertaken in an attempt to reach stakeholders who may have protected characteristics as outlined in the Equalities Act 2010. The Draft Strategy Consultation exercise involved young carers, was widely promoted to a wide range of Young Carers' Services and the cared- for person and Third Sector Partners, including our internal directorates with a vested interest to ensure that services can be developed and delivered in a holistic approach going forward. The Council wants to maximise our current pool of resources and plan effectively together for future need identified through the consultation process.

Including Focus Groups with Young Carers, the consultation was produced live on Neath Port Talbot County Borough Councils 'OBJECTIVE' pages. A link to this portal was distributed during the consultation via email to the relevant stakeholders and widely promoted through social media via Council for Voluntary Services.

A summary of the consultation and including themed responses from focus groups can be found in Appendices 3 and 4 of this Report.

Feedback has been received via email, online submissions and verbal themes through focus Group activity.

The main themes of the comments received during consultation can be summarised as follows:-

The requirement for a Young Person 'friendly' document which outlines the strategy

The requirement for more awareness of Young Carers and the barriers faced to be promoted in Schools and Colleges.

Appropriate support for Young Carers other than that of peer support groups.

The requirement for raised awareness among the local community in relation to Young Carers.

Easily accessible online tool kits/advice lines and awareness promotion to be available for young carers to access independently.

More appropriate support for the cared for person to enable Young Carers to feel safer about being away from the house, such as Assistive technology intervention

The above comments do not suggest significant amendments to the proposed Draft Young Carers Strategy that was presented to CYPE on 5th January 2017. However, they do highlight the areas of requirements which will allow Young Carers to have a voice in its implementation.

The Draft Young Carers Strategy has therefore been amended to reflect feedback during the consultation in a more detailed manner; however additional data sets have also been included in the EIA to provide Members and the public with the local picture in relation to Young Carers and the National picture and figures have been amended within the strategy to reflect this. In addition, as a result of the consultation, a Young Carer Stakeholder Group will be developed where in which Young Carers can have a platform for their voice in relation to the Strategy and its implementation and a NPT Young Carer Leadership Group, which will consist of partners from Health, Education and Commissioned Services which will develop a detailed implementation plan which will be reviewed and an update on its progress will be brought back to Cabinet Board in 2018.

5. Financial Impact

There are no financial impacts associated with this Report.

6. Equality Impact Assessment

An Equality Impact Assessment (EIA) has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. An overview of the EIA has been included in this report 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.

7. Workforce Impacts

There are no workforce impacts associated with this Report

8. Legal Impacts

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

9. Risk Management

Failure by the Council to adopt a Young Carers Strategy will see an inability to ensure accurate and effective commissioning of an appropriate needs led services for Young Carers and their families.

10. Consultation

This item has been included in the Forward Work Programme and consultation has been carried out with relevant stakeholders as detailed in this Report.

11. Recommendation

Having given due regard to the Equality Impact Assessment. It is recommended that Members Approve the Neath Port Talbot Young Carers Strategy 2017-2020.

12. Reason for Proposed Decision

This document builds on the achievements of previous Neath Port Talbot Carers Strategy documents. The current draft document aims to continue to provide strategic Direction for services for Young Carers and Young Adult Carers from 2017-2020. Full endorsement of the Neath Port Talbot Young Carers Strategy 2017-2020 will provide strategic direction for services for Young Carers and Young Adult Carers over the next 3 years.

13. Implementation of Decision

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

14. Appendices

**Appendix 1 - The Draft Neath Port Talbot Young Carers Strategy
2017-2020**

Appendix 2 - Communication and Engagement Plan 90 days

Appendix 3 - Objective Portal results

Appendix 4- Comments raised through Consultation

**Appendix 5- Equality Impact Assessment for the Draft Young
Carers Strategy 2017-2020.**

15. List of Background Papers

Children, Young People and Education Cabinet Board Report of 5th
January 2017

16. Officer Contact

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Neath Port Talbot Children and Young People Services

Draft Young Carers Strategy

2017 - 2020

1. Introduction

This is the draft Neath Port Talbot County Borough Council (NPTCBC) Young Carers Strategy which aims to improve the lives of young carers and their families in Neath Port Talbot.

In Neath Port Talbot (NPT) we are committed to working to improve the ways in which we provide support to our young carers. The NPT Young Carers Strategy has been drafted in response to the Social Services and Wellbeing (Wales) Act 2014 (SSWB), which came into force in April 2016.

The Act will transform the way in which social services in Wales are delivered. It promotes people's independence and gives them more choice and control in their lives. The SSWB Act provides the legal framework for improving the well-being of those people in need of care and support, including Carers who may require support. It gives Carers equivalent rights to those that they provide care to and applies to carers of all ages including; young carers, young adult carers and adult carers. The Act repeals the majority of existing Community Care legislation and consolidates all other carers legislation, including:

- The Carers (Recognition and Services) Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004
- The Carers Strategies (Wales) Measure 2010

In NPT, we want to ensure that every young carer achieves their full potential and has positive emotional and physical wellbeing. We want to identify and significantly reduce the numbers of children and young people who are undertaking inappropriate caring roles. We want to reduce the number of families who rely on the care of a young person for their unmet care needs.

The impact young carers have on the quality of life of the individuals they care for is immeasurable. We are aware that as the complexity of need and the numbers of people requiring care increases that it magnifies the potential consequences for the quality of life of these young carers.

It is therefore crucial that partner organisations in NPT work together to recognise, value and support our young carers. The purpose of this Strategy is to provide a framework for this work over the next three years. The Young Carers Strategy will build on the successes of the Carers Strategy (Wales) Measure 2010 and the NPT Joint Carers Commissioning Strategy 2015 – 2018.

This Strategy is a working document and will be reviewed on a yearly basis to ensure that it remains fit for purpose and remains focussed on the needs of young carers living within NPT.

2. Purpose of the Strategy

The purpose of the NPT Young Carers Strategy is to improve the lives of young carers and their families in Neath Port Talbot.

We want to identify and reduce the numbers of children and young people who are undertaking inappropriate caring roles. We want to reduce the numbers of families who rely on the care of a young person for their unmet care needs because this impacts negatively on a young person's emotional and physical well-being. We want to ensure that every young carer in NPT has the resources and support necessary to achieve their full potential and lead a life away from their caring role.

The commitment of young carers to their cared-for person means that their own individual needs are sometimes neglected. They may find it difficult to socialise with their peers or to find people who understand the practical difficulties of their daily life. It is important to recognise the needs of young carers and their right to be young people as well as carers.

The strategy has been developed in line with the Carers Strategy (Wales) Measure 2010, the NPT Joint Carers Commissioning Strategy 2015 – 2018 and the Social Services and Wellbeing (Wales) Act 2014 (SSWB). It sets out the commitment, vision and principles in Neath Port Talbot County Borough Council to enable the commissioning of appropriate needs led services for young carers and their families.

3. Definition of a Young Carer

The Social Services and Well-being (Wales) Act 2014 came into force in April 2016 and includes significant changes for carers. The Act has a new definition of a Carer;

‘a person who provides or intends to provide care for an adult or disabled child.’

This removes the previous requirement that a carer must be providing 'a substantial amount of care on a regular basis'.

The Act provides for new rights for Carers and places new duties on local authorities in Wales. Councils must now offer a Carer's Assessment to any carer where it appears that the carer has a need for support, irrespective of their age. This is an important change, as previously a carer could only request a carer's assessment.

For the purposes of this Strategy, the definition of a young carer is ‘a child or young person up to the age of 25, from any ethnic or social background, who provides or intends to provide care for an adult or disabled child.’ The person they provide care for may be a parent, a sibling, another family member, a friend or neighbour. The person they provide care for does not need to be residing in the same household as the young carer. The cared-for person may have a physical disability, mental ill health, learning disability, substance misuse issues, frailty or old age. The care they provide may be practical, physical and/or emotional.

While the Strategy takes into account carers up until the age of 25 it is important to note that there is disparity between those carers from 0-18 years of age and carers who are aged 18 -25.

Notably carers under the age of 18 are considered to be children under the law while 18-25 young carers are legally considered to be adults. Both groups will have similar needs however there will be a marked difference in areas such as higher education and employment for young adult carers.

4. Vision and Principles

The new Act places an increasing emphasis on Local Authorities to provide support to people in ways that will enable them to live independently within their own communities, maximise their choice and independence and give them greater control over the services they receive. In line with NPT's Family Support Strategy (2015 - 2018) and Early Intervention and Prevention Strategy (2014 - 2017) the Council has made a commitment to promote and improve the health and wellbeing of the children and families that it works with by providing needs led and outcome focussed services.

Many of our children, young people and families will require the support of a carer to enable them to live more independently. This Strategy sets out what we need to do over the next 3 years to support our young carers to achieve this including; understanding and addressing their needs as well as those of the cared-for person.

In line with this, we have identified the following principles, which will underpin our approach to service delivery and shape the outcomes for our young carers;

Identification

Young carers can be very difficult to identify as they often don't recognise that they are providing care, particularly if the cared-for person is a family member. There can be stigma attached to the label of a young carer, which many will not want to identify with as it can set them apart from their peers and bring unwanted attention. We need to work with partner organisations to identify young carers and their unique needs so that we can ensure that they receive appropriate support.

Access to information

Section 17 of the new Act places a duty on Local Authorities to establish an Information, Advice and Assistance (IAA) service. In NPT, we are currently developing our Family Information Service to meet this statutory obligation. We need to ensure that young carers know who to contact in respect of IAA and that there is adequate information and sign posting facilities in place to ensure that young carers know what services are available to them and know how to access those services.

Decision Making

Young carers should have a choice in the services that they can receive support from. The new Act places a duty on Local Authorities to offer a Carer's Assessment to any carer where

it appears that the carer has a need for support, irrespective of their age. We need to develop a holistic approach to assessment specifically for young carers, which takes into account their unique needs, their personal circumstance, their caring role and identifies the resources and services required to support them. Further to this, we need to link the young carers assessment to the cared-for person's assessment, as this will lead to better identification of young carers.

Service Integration

While young carers themselves will have needs as a result of their caring role so too will the cared-for person. It is vital that we recognise the needs of both the carer and the person they care for so that appropriate services and resources can be put in place to meet their needs. This can only be achieved by working with partner agencies such as Health and Education to ensure that young carers needs are met in schools, colleges and health centres etc.

Inclusion

Young carers often become isolated from their peers through the nature of their caring role. For example, they may not be able to socialise outside of school if they have caring duties in the evening. If the cared-for person requires more immediate support they may be unable to school or college. We need to ensure that appropriate support services such as respite for the cared-for person and suitable transport are in place to enable the young carer to lead a life independent of their caring role.

5. Strategic Context

The NPT Young Carers Strategy fits in with the requirements of local and national policy and plans. The SSWB Act came into force in April 2016 and places a new emphasis on how Local Authorities and partner agencies should work together to deliver integrated services. It highlights the need for earlier intervention and an increase in the need for community based preventative services to enable people to maintain their independence. It provides the legal framework for improving the well-being of people in need of care and support, including Carers who may require support.

The Act gives Carers equivalent rights to those that they provide care to and applies to carers of all ages including; young carers, young adult carers and adult carers. The Act repeals the majority of existing Community Care legislation and consolidates all existing carers legislation, including:

- The Carers (Recognition and Services) Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004
- The Carers Strategies (Wales) Measure 2010

The Act provides a set of standards, regulations and a code of practice, which this Strategy takes into account. In particular, it now gives carers the same entitlement to a support assessment as the person they provide care for.

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

6. Young Carers in NPT

Neath Port Talbot County Borough has a population of over 137,000 and has an above average level of deprivation. 31% of our local areas are amongst the top 20% deprived areas of Wales, with 33% of people reporting they have a limiting long term illness compared to 27% across Wales. In addition, there is more people claiming severe disability allowance than the average across all other Welsh authorities.

Young carers in NPT are a diverse group. Care may be provided on a long or short term basis depending on the nature of the needs of the cared-for person e.g. care needed as a result of a car accident versus the care needed to support someone with a debilitating illness. Young carers may be providing care for a parent, a sibling or other family member. They may not necessarily be residing in the same household as the person that they provide care for. Some may be the primary care giver whilst others may share the responsibility with other family members, particularly in the case of sibling carers.

The 2011 Census showed that there are 370, 230 carers in Wales, of this 28,657 have been identified as young carers under the age of 25. Further to this, Wales has the highest percentage of young carers under the age of 18 UK wide.

There has been an increase in the numbers of young people up the age of 18 providing unpaid care in Wales between 2001 and 2011. In comparison to the UK average Wales shows the highest proportion of young carers (2.6%) under 18 years providing unpaid care. In 2001 this figure was 10,741 and the 2011 Census saw this increase to 11,555.

The table below shows the profile of young carers in NPT, including projections to 2015:

	2011	2015
Children aged 0-15 providing 1-19 hours of unpaid care	296	308
Young people aged 16-24 providing 1-19 hours of unpaid care	832	743

Children aged 0-15 providing 20-49 hours of unpaid care	50	51
Young people aged 16-24 providing 20-49 hours of unpaid care	199	178
Children aged 0-15 providing 50+ hours of unpaid care	51	53
Young people aged 16-24 providing 50+ hours of unpaid care	158	141
Total population aged 0 to 24 providing unpaid care	1,586	1,474

Figures are taken from the Census 2011 reference LC3304EW 'Provision of unpaid care by age'. This dataset provides estimates that classify usual residents of England and Wales by provision of unpaid care and by age. The estimates are as at census day, 27 March 2011.

Young carers under the age of 18 are particularly vulnerable as under the law they are legally classed as children. They will have needs unique to their age in terms of peer socialisation and education opportunities. Young adult carers (18 – 25) will have different needs particularly around transition to adulthood, access to higher education and employment opportunities. This Strategy takes into account the varying needs of young carers and has developed measures to identify and meet these needs.

The role of caring can impact negatively on the lives of children and young people. Young carers will be more likely to disengage with education and employment opportunities. They will have limited time for social and leisure activities, which can alienate them from their peers. Young carers may feel isolated by the stigma of their caring role. The negative impact of caring means that young carers are more likely to experience ill health and emotional difficulties. In NPT, we want to work effectively with our young carers and partner organisations to develop the necessary supports to increase life opportunities outside of the caring responsibilities.

7. Outcomes for Young Carers

In line with the requirements of the SSWB Act NPT are currently reviewing our services for young carers. The currently commissioned service has been designed to provide targeted support to build the resilience of young carers. It is focussed on providing support at an early stage and aims to prevent and reduce escalation of need.

We have identified the following outcomes that need to be developed to ensure that we are meeting the needs of our young carers:

- 1) Identification
- 2) Access to information

- 3) Decision making
- 4) Service integration
- 5) Inclusion

The following provides an outline of what we have achieved so far and what we need to do. Once the Young Carers Strategy has been consulted on, we will develop an Action Plan detailing accountability, timescales and resources required to implement any further changes.

Identification

We want to ensure that young carers are identified and that the role they undertake is recognised and valued by professionals and partner agencies. Further to this, we want to identify what is important to our young carers and what services and resources they need to lead a more fulfilled life. In order to achieve this we need to raise the profile of young carers and work with other organisations to identify and understand their unique needs.

What has been achieved so far:

- Our commissioned services have created an awareness and identification training tool which they have delivered to Adult Social Care and Children and Young People Services staff
- Our commissioned service has developed promotional literature on its services and distributed same to statutory and non-statutory organisations, with a particular emphasis on education and health services such as schools and GP's
- A Population Needs Assessment has been completed by Western Bay, which provides a more robust account of the Local data set.

What we need to achieve:

- To roll out identification and awareness training to relevant staff in statutory and non-statutory organisations
- Work more closely with our education and health colleagues to identify young carers in their respective services, particularly teachers, health visitors and GP's
- Work with our Adult Social Care and Children and Young People Services social workers to identify young carers at the point when they are undertaking assessments of need of the cared-for person
- Raise the profile of the young carers service among community organisations and youth services
- Children and Young People Services has recently developed a Pilot Young Carers Assessment, which takes into account the views of the young person and gives them more say in what services are provided to them

Access to information

Under the SSWB Act Local Authorities are required to establish an Information, Advice and Assistance service. We want to ensure that young carers have access to information that is relevant to their needs and that the IAA service is equipped with the knowledge of services

and resources available locally so that they can inform, advise and signpost to appropriate services.

What has been achieved so far:

- The ABMU Carers Partnership Board (ABMU CPB) developed ‘Valuing Carers - ABMU Carers Partnership Carers Information and Consultation Strategy 2013 – 2016’. The purpose of which is to ensure ABMU Health Board, Local Authorities and non-statutory partners work together to inform and consult with Carers when accessing their respective services
- Following on from the Valuing Carers Strategy ABMU CPB have developed a Transition Plan from April 2016 – March 2017 to lead into the implementation of the new SSWB Act
- The ABMU CPB has established a Young Carers Subgroup to support the implementation of the transition plan
- NPTCBC is in the process of developing its Family Information Service to meet the requirements of the IAA service
- Partner agencies re currently on the requirements of the NPT Population Needs Assessment as required by the SSWB Act. This will ensure that we have the appropriate population and service data to effectively plan for future services and identify any gaps in provision

What we need to achieve:

- We need to continue to work collaboratively with health, education and non-statutory organisations to continue and build on the successful work of the ABMU CPB and Young Carers Subgroup
- We need to work towards achieving the outcomes of the Transition Plan to ensure successful implementation of the recommendations of the new Act
- We need to work with and develop our Family Information Service so that it has the resources required to provide information and sign posting facilities for young carers
- We need to continually review our Population Needs Assessment so that it reflects current and future need
- To regularly consult with all stakeholders on any decision making and long term service planning for young carers
- To continually update all stakeholders with any new developments in resources and/or services for young carers
- To develop a young person version of the Strategy with the assistance and consultation of Young Carers.
- To achieve more young person friendly marketing material surrounding Young Carer services which encourages Young People to be aware of what is available to individuals who are Young Carers or unidentified Young Carers.

Decision Making

We want to ensure that young carers have a say in how services are developed to meet their needs. We want to give young carers more control over their lives and we want them to feel listened to. To achieve this we will need to include young carers in the planning of services and resources. We will need to capture their needs and identify a range of support services and resources to meet these needs.

What has been achieved so far:

- In 2012, NPTCBC engaged an external consulting group to undertake a local vulnerable family's needs mapping exercise. The data from this exercise was used to commission a range of family support services, including a specific young carers service.
- The commissioned service is monitored on a quarterly basis and has set KPI's with measurable outcomes for young carers
- The commissioned service monitor and record equality and diversity information on all young carers who access the service, which is used to inform service delivery
- The commissioned service capture feedback from every young carer that accesses their service which is used to improve services and resources

What we need to achieve:

- To work with statutory and non-statutory organisations and communities to identify local resources that our young carers can avail of
- All services need to work together to continually update the information required for NPT's Population Needs Assessment so that information captured is always relevant to need
- To regularly consult with all stakeholders on any decision making and long term service planning for young carers

Service Integration

We want to work together with our young carers, the cared-for person, families and other organisations to ensure that our services can be developed and delivered in a holistic approach. We want to maximise our current pool of resources and plan effectively together for future need.

What has been achieved so far:

- The ABMU CPB has established a Young Carers Subgroup to support the implementation of the transition plan to meet the requirements of the new Act
- Work is currently been undertaken with all partner agencies to ensure that there is adequate provision of services and support to meet the legislative requirements of the

Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2015

- NPT is currently working with partner agencies and Third Sector colleagues to fulfil the requirements of the Population Needs Assessment. This will determine current need and local service provision which will underpin our long term commissioning framework
- The Think Family Partnership is a multi-agency group whose purpose is to improve outcomes for children, young people and their families. It promotes joined up working, which informs collaborative commissioning processes

What we need to achieve:

- To work collaboratively across the ABMU region to ensure that services are developed in line with the new Act, with a particular emphasis on Part 9 of the Act which calls for partnership working and more integration of care and support services
- To develop an integrated approach to the commissioning and planning of services and resources, including working with Welsh Government funded programmes such as Families First and with health and education services
- To develop a more cohesive working relationship between Adult Social Care services and Children and Young People Services to ensure that service provision is joined up, with particular regard to respite services
- To monitor the needs and resources captured in the Young Carers Assessment's to inform future commissioning priorities, including identifying gaps in provision
- To continue to review service provision to ensure that it can meet the needs of our young carers and that it meets the requirements of local and national legislation and plans

Inclusion

We want to ensure that young carers do not become isolated from their peers through the nature of their caring role. We want them to be able to access education and employment opportunities. We want to provide young carers with the opportunity to socialise and retain their hobbies and interests. We want to provide support to aid the transition of young carers from childhood to adulthood.

What has been achieved so far:

- In 2015-16, our commissioned service provided support services to 41 young carers in NPT. From April to September 2016 they have worked with a further 26 young carers.
- Our commissioned service has completed 65 young carers assessments since April 2015. These assessments inform the service needs of young carers such as group activities, 1-1 issue based sessions, overnight residential breaks, youth clubs and social activities. They also signpost to other services where there is an identified need

- Our commissioned service are working collaboratively with education, health and social services to highlight the needs of the young carers who they assess so that support can be put in place to help young carers achieve their potential

What we need to achieve:

- We need to monitor the information gathered through the Young Carers Assessment so that it informs service planning
- We need to work holistically with health and education agencies so that there is a multi-agency response to the resources and services developed for young carers
- Where possible we need to provide services within young carers communities so that they can access them more frequently
- Social care services need to work in a more streamlined manner to ensure that there is adequate respite services in places for the cared-for person, so that the young carer can have a break from their caring responsibilities
- We need to work with local employment and training agencies to develop service delivery so that young carers can access the same education and work opportunities as their peers
- To map out existing services and service demand within rural areas of Neath Port Talbot where inclusion for Young Carers is difficult and therefore develop services to meet demand.

8. Implementation and Monitoring

The delivery of this Young Carers Strategy will require partnership working between statutory and non-statutory organisations in Neath Port Talbot.

Children and Young People Services will facilitate a Young Carer Leadership Group, with key partners to implement an operational and Strategic action plan against the 5 outcomes set out in this Strategy, which will include priorities of need, accountability, resources, timescales and success criteria. Performance indicators will be developed, which we will use to monitor the progress and outcomes of the Strategy.

A Young Carer Stakeholder Group will be established, which will set a platform for Young carers to be at the forefront of the implementation of this strategy and to communicate their voice surrounding the outcomes identified. This Young Carer Stakeholder group will consist of Young Carers being able to inform awareness raising, marketing and profile of identified and unidentified Young Carers within the Neath Port Talbot Borough.

The active involvement of young carers, families and partner agencies in the monitoring, evaluation and review of this Strategy and the Action Plan will be integral to its success. We will regularly consult with stakeholders to ensure that the Strategy and its Action Plan is relevant to local need.

Neath Port Talbot Children and Young People Services will be responsible for the monitoring of the Young Carers Strategy and Action Plan. The Strategy will be reviewed on an annual basis and an update report will be provided to the NPT Social Care, Health and Wellbeing Cabinet Board.

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Communication & Engagement Strategy

Draft Young Carers Strategy 2017-2020

Section 1: Introduction

- It is intended that the Draft Young Carers Commissioning Strategy document be used by the Local Authority and key partners to drive service planning and commissioning. It recognises the different needs and outcomes for Young Carers and Young Adult Carers. It describes the services required to support Young Carers and Young Adult Carers to carry on caring for as long as they are willing and able to do so.
- Therefore this C&E Strategy will be used subject to approval in order to effectively consult, inform and engage with relevant stakeholders.

Section 2: The Background

- Currently at this point the Draft Young Carers Commissioning Strategy has completed its 90 day consultation. The Draft Strategy has been developed in order to meet requirements of the Act going forward and the services in which we aim to provide to Young Carers in Neath Port Talbot.

Section 3: Corporate Strategic Context

- The Communications and Engagement Strategy for the Draft Young Carers Commissioning Strategy has been developed in order to perform an effective function through the consultation period of the Draft YCC Strategy, this has been developed with due consideration to other key council strategies and policies.
- In line with NPT's Family Support Strategy (2015 - 2018) and Early Intervention and Prevention Strategy (2014 - 2017) the Council has made a commitment to promote and improve the health and wellbeing of the children and families that it works with by providing needs led and outcome focused services.
- **NPT Corporate Improvement Plan:-**

To improve outcomes for children in need and children looked after by improving the performance of the Council's Children and Young People Services Department.

Section 4: Overarching Strategy

- To undertake planned, effective communications and engagement activity to engage with all stakeholders in order to take a systematic approach to informing key stakeholders of the consultation and the means of providing feedback. The Plan will also outline the activities which will be undertaken in an attempt to reach stakeholders who may have protected characteristics.

Section 5: Aims:-

- To engage with all stakeholders about the Draft YC Strategy ensuring that a clear understanding is gleaned by all involved surrounding the reason of the Strategy, assuring Young Carers and Young Adult Carers the Council's commitment to the Draft YC Strategy.
- To achieve maximum coverage to key partners and stakeholders, including engaging hard to reach groups which we will endeavour to retrieve information which will be valuable to influence the Draft Strategy.

Section 6: Objectives:-

- To deliver the actions outlined in the Communication & Engagement action Plan
- To encourage specific stakeholder groups, namely Young and Young Adult Carers to actively engage with the Draft Strategy at each key milestone.
- To identify any potentially contentious issues which may arise, and respond effectively with information that is contextual and reassuring.
- To ensure clear information is passed to stakeholders at each of the key milestones within the action plan.

Section 7: Milestones:-

- Initial report to Cabinet asking for permission to consult on the Draft YC Strategy
- Start of Public consultation on Draft YC Strategy (90days)
- End of Public consultation on Draft YC Strategy
- Consultation Report back to Cabinet for decision
- Formally endorse the YC Strategy in order to provide strategic direction for services for Young Carers and Young Adult Carers over the next 3 years.

Section 8: Stakeholder Mapping:-

Level of Engagement	Named Groups Or Interested Groups
Proactive Engagement	<ul style="list-style-type: none">• Statutory bodies• health and social services• 3rd Sector and private organisations and• internal service providers.
Key Stage Engagement	<ul style="list-style-type: none">• Children and young people services staff.
Consultation	<ul style="list-style-type: none">• Young Carers and Young Adult Carers.• Individuals with a care and Support need or a disability. Individuals who are 'cared for'.
General Information Availability	<ul style="list-style-type: none">• Schools and other educational establishments.

Section 9: Key Messages:-

- What do you think of the Strategy?
- Do you feel the Draft Strategy will meet the needs of Young Carers and Young Adult Carers?
- Do you think we have missed anything?
- Is the Draft Strategy easily understandable?

Section 10: Tactics:-

Appropriate channels for communicating and engaging with each stakeholder audience:

- Online consultation questionnaire tool Objective.
- Meetings
- Focus Groups/Workshops

Section 13: Risks:-

General risks

<u>Risk</u>	<u>Likelihood</u>	<u>Impact</u>	<u>Counter Measures</u>
Stakeholders failing to engage, including priority stakeholders in Young Carers and Young Adult Carers	Medium	High	Provide opportunities in areas and at times where the mechanisms are accessible for them to engage easily.

Section 15: Action Plan:-

The Action Plan below will organically indicate key milestones of communication and engagement subject to approval of the Draft YCC Strategy at Cabinet on 05.01.2017

Date/Time	Who/Communication Mechanism	Lead	Resources	

			/Budget	
01.02.2017	Objective consultation Tool goes live in English and Welsh	AS/Communications	N/A	
February	<ul style="list-style-type: none"> • Internal service providers and Children and young people services staff. - Internal TM/PO Meetings and email of links to online tool • AMB Carers Partnership-meeting and links circ to the membership • Young Carers Subgroup- meeting and links circ to the members • Carers Locality group-meeting and links circ to members inc Adult Carers newsletter • WREC- Commissioned Service-Meeting and links circulated within the organisation and feedback from Parents of Carers sought on consultation • CVS- Links circulated to members and on CVS Social Media • YMCA Swansea/Neath- Links sent via email and distributed on their social media 	AS		
MARCH	<ul style="list-style-type: none"> • Hos in Education x2 –links sent via email • Youth Service Officers –via email • Secondary Headteachers- links sent via email • Primary Headteachers-links sent via email 	AS		

	<ul style="list-style-type: none"> • Secondary School Councils- links sent via email • Primary School Council leads- links sent via email • Think Family Partnership- links distributed to members • Housing Options Services and Supporting People- Links sent email and disseminated across their Provider lists • Adult Services Principal Officers to disseminate to teams- via email links • CVS BME Engagement Officer meeting to discuss the strategy and future work in order to establish 'hard to reach' group communication 			
April	<ul style="list-style-type: none"> • Young Carers Event 19th April- Consultation Workshop with 10 NPT YC (Welsh officer present) • Evening Youth Club for YC 24th April- Consultation Workshop with 5 (Welsh Officer Present) • Parents of Young Carers Consultation 11-1pm 28th April (Welsh Officer Present) 	AS/participation & Engagement Officer DB/Welsh Officer		

Report Settings Summary

Event	Draft Young Carers Strategy 2016-2019
Total Responses	4
Total Respondents	1
Questions	All
Filter	<i>(none)</i>
Pivot	<i>(none)</i>
Document Name	Draft Young Carers Strategy 2nd May 2017
Created on	2017-05-02 09:47:40
Created by	Fiona Clay-Poole

Table .0.1

1.1

Question responses: 4 (100.00%)

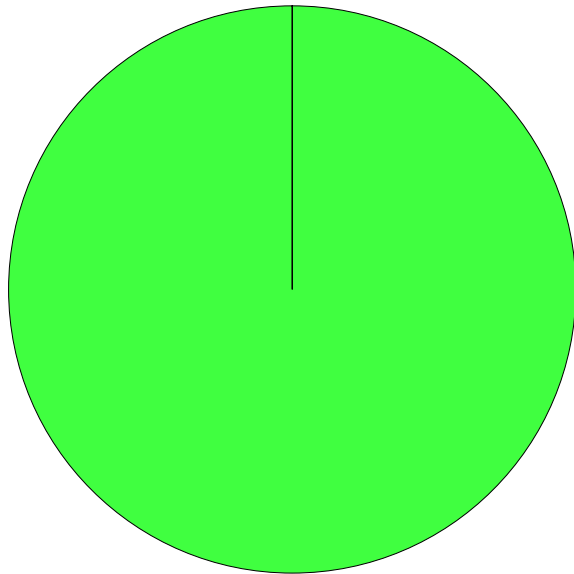
What do you think about the Draft Young Carers Strategy 2016-2019?

	% Total	% Answer	Count
■ [Responses]	100.00%	100.00%	4
■ [No Response]	0.00%	--	0
Total	100.00%	100.00%	4

Table .0.2

Table .0.1

ID	Consultation Point	Consultee	Agent	Answer	Date	Version	Status	Type
1				Very basic and doesn't take into consideration the impact and the value of a social interaction for young carers. Furthermore I don't think its fully illustrates that Neath Port Talbot ranks	03/02/17 09:30	0.1	Submitted	web



ID	Consultation Point	Consultee	Agent	Answer	Date	Version	Status	Type
				number 1 of 348 local authorities in the UK of Young Carers providing more than 19 hours of care per week (census 2011)				
2				It's a comprehensive piece of work that takes a holistic approach to supporting young carers.	28/03/17 14:18	0.1	Submitted	web
3				Beneficial that it will be looking at young carers in a more holistic approach.	29/03/17 15:09	0.1	Submitted	web
4				The strategy provides a sensible structure to move forward.	21/04/17 20:02	0.1	Submitted	web

Table .0.3

1.2

Question responses: 4 (100.00%)

Do you think the Draft Strategy will meet the needs of young Carers and young adult Carers?

	% Total	% Answer	Count
Yes	75.00%	75.00%	3
No	25.00%	25.00%	1
Total	100.00%	100.00%	4

Table .0.2

Page 175

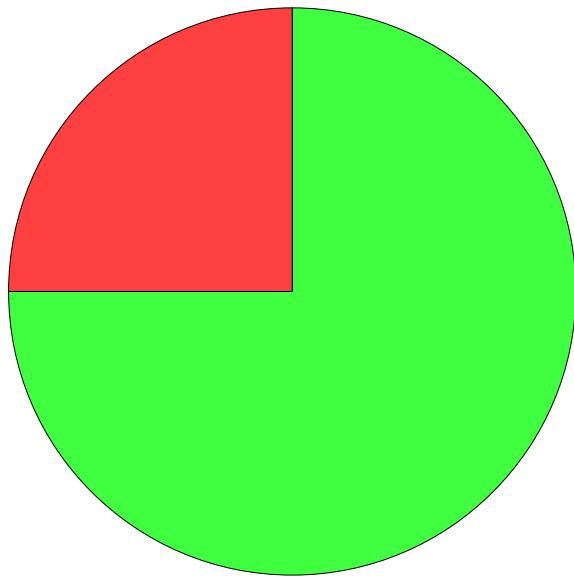


Table .0.1

1.2.1

If no, please provide reasons in the box below:

Question responses: 1 (25.00%)

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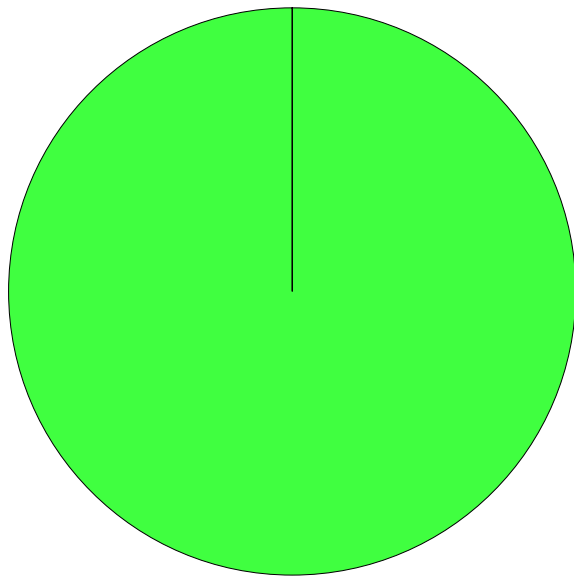


Table .0.1

	% Total	% Answer	Count
■ [Responses]	25.00%	100.00%	1
■ [No Response]	75.00%	--	3
Total	100.00%	100.00%	4

Table .0.2

ID	Consultation Point	Consultee	Agent	Answer	Date	Version	Status	Type
1				When young carers turn 18 there is no strategy for their transition into adult provisions. Whilst the Carers Centre is available to carers the service isn't age appropriate and young adult carers don't engage with it. This is a gap in the strategy and a gap in provisions for young adult carers. In addition, the process of young carers accessing support isn't illustrated. For a young carer to access support in NPT, they have to have gone through the SPOC system and be assigned a TAF or social worker then access the commissioned service. However, if the family don't give permission for a SPOC referral then they don't get assessed and their needs not identified. This again becomes a gap in provisions and unless supported by the youth service the young carer receives no support and definitely means young carers don't receive an assessment.	03/02/17 09:30	0.1	Submitted	web

Table .0.3

1.3

Question responses: 4 (100.00%)

Do you think there is anything missing from the Strategy?

Page 178

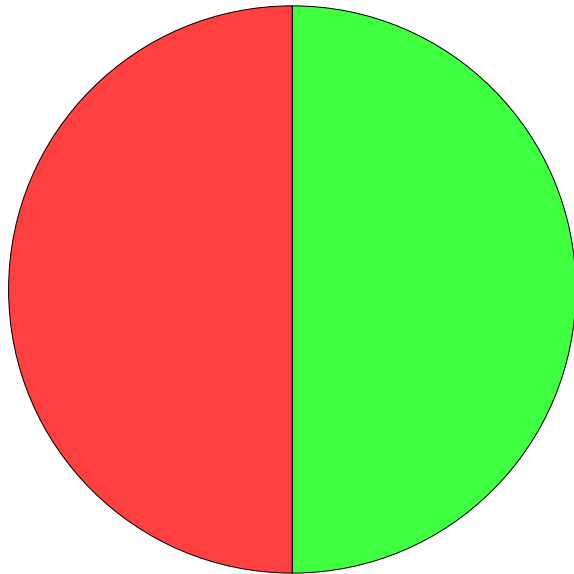


Table .0.1

	% Total	% Answer	Count
Yes	50.00%	50.00%	2
No	50.00%	50.00%	2
Total	100.00%	100.00%	4

Table .0.2

1.3.1

Question responses: 2 (50.00%)

If yes, please list what you think is missing in the box below:

	% Total	% Answer	Count
<input checked="" type="checkbox"/> [Responses]	50.00%	100.00%	2
<input type="checkbox"/> [No Response]	50.00%	--	2
Total	100.00%	100.00%	4

Table .0.2

Table .0.1

ID	Consultation Point	Consultee	Agent	Answer	Date	Version	Status	Type
1				There is no clear plan of identifying and raising awareness of young carers in this strategy. It evidences the need for identification but other than relying on partner organisations to do this	03/02/17 09:30	0.1	Submitted	web

ID	Consultation Point	Consultee	Agent	Answer	Date	Version	Status	Type
				there is no "strategy" of how this is going to be conducted.				

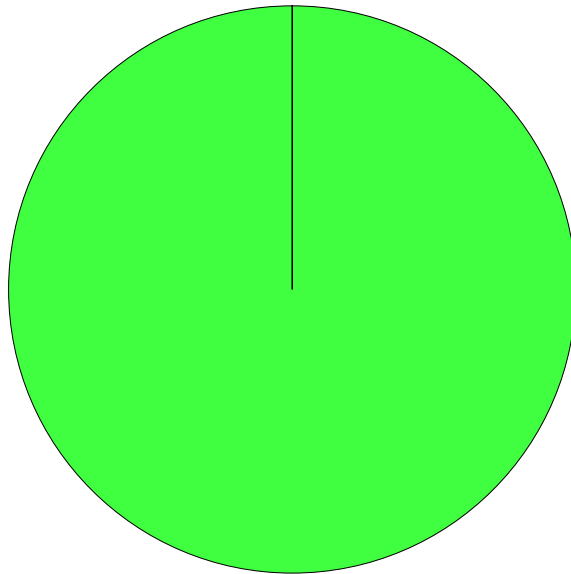
ID	Consultation Point	Consultee	Agent	Answer	Date	Version	Status	Type
2				<p>The strategy recognises that young carers are difficult to engage with e.g as they don't often recognise themselves in a caring role, the stigma attached to caring, hard to reach. Whilst I think the strategy does make reference to how some of these barriers will be addressed, I think it is important to be more explicit on this. In particular with regard to information, awareness raising, marketing and communication. It is imperative that children and young people are communicated with in a clear and appropriate way, with the right tone of voice, format, place (access), and through their preferred communication channels. A diverse range of young carers should be involved in the development of any marketing materials and communication campaigns. It is also important to involve children and young people in the development of services, policies, procedures, process and commissioning. I'm not sure that the strategy is explicit enough in communicating to what degree this will happen but I think it is imperative to ensure that the strategy meets their needs.</p>	28/03/17 14:18	0.1	Submitted	web

Table .0.3

1.4

Do you think the draft strategy is easy to understand?

Question responses: 4 (100.00%)



	% Total	% Answer	Count
■ Yes	100.00%	100.00%	4
■ No	0.00%	0.00%	0
Total	100.00%	100.00%	4

Table .0.2

Table .0.1

1.4.1

Question responses: **0 (0.00%)**

If no, please provide reasons in the box below:

	% Total	% Answer	Count
<input type="checkbox"/> [Responses]	0.00%	0%	0
<input type="checkbox"/> [No Response]	100.00%	--	4
Total	100.00%	0%	4

Table .0.2**Table .0.1**

There is no data to display for this question

1.5

Question responses: 1 (25.00%)

If you have any additional comments, please make them in the space below:

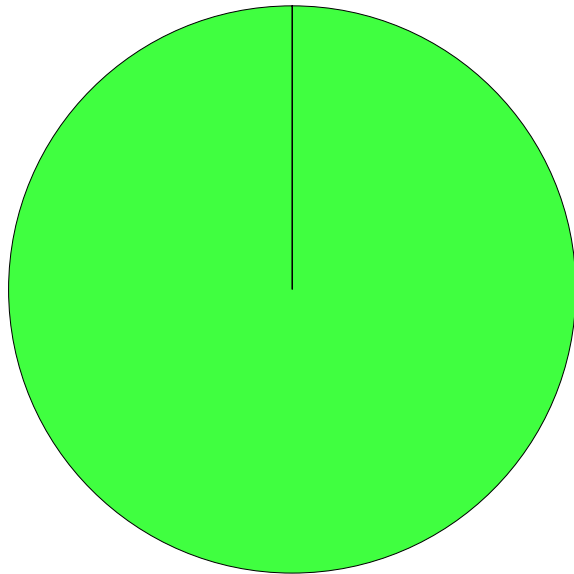


Table .0.1

	% Total	% Answer	Count
[Responses]	25.00%	100.00%	1
[No Response]	75.00%	--	3
Total	100.00%	100.00%	4

Table .0.2

ID	Consultation Point	Consultee	Agent	Answer	Date	Version	Status	Type
1				The strategy relies very heavily on ABMU partnership and partner organisations with little commitment for NPT Local authority to take a lead on supporting young cares and young adult carers.	03/02/17 09:30	0.1	Submitted	web

Table .0.3

1

The Council operates equality policies that aim to ensure that everyone is treated fairly and equally. To make sure that people are not discriminated against when accessing our services we carry out monitoring and therefore would be grateful if you could answer the following questions. The information you provide is strictly confidential. Your name and address, where provided, will be removed prior to processing.

There is no data to display for this question

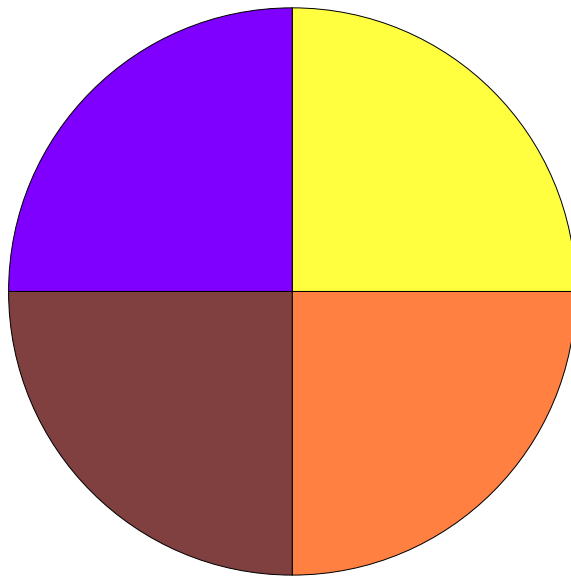
Age:

Age:

Age:

Question responses: 4 (100.00%)

Page 188



	% Total	% Answer	Count
Under 16	0.00%	0.00%	0
17-24	0.00%	0.00%	0
25-29	25.00%	25.00%	1
30-39	0.00%	0.00%	0
40-49	25.00%	25.00%	1
50-59	25.00%	25.00%	1
60-74	0.00%	0.00%	0
75-85	0.00%	0.00%	0
86+	0.00%	0.00%	0
Prefer not to say	25.00%	25.00%	1
Total	100.00%	100.00%	4

Table .0.2

Table .0.1

disability

Question responses: 4 (100.00%)

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities. Do you consider yourself to have a disability?

Page 189

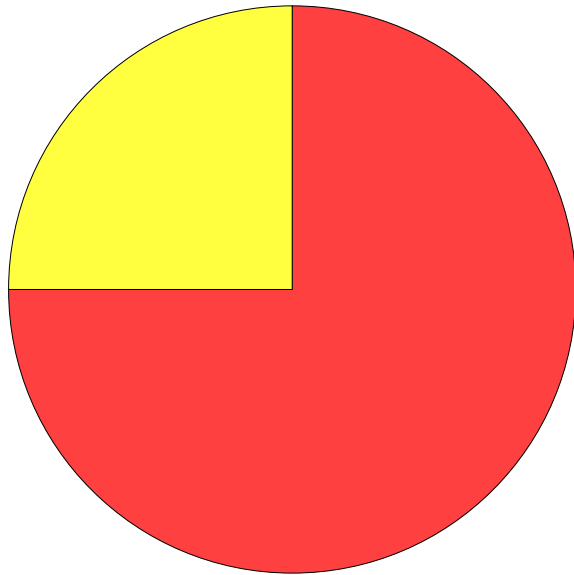


Table .0.1

	% Total	% Answer	Count
Yes	0.00%	0.00%	0
No	75.00%	75.00%	3
Prefer not to say	25.00%	25.00%	1
Total	100.00%	100.00%	4

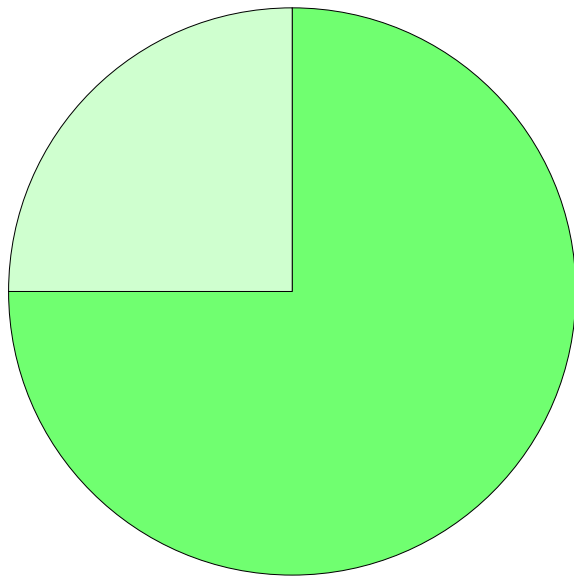
Table .0.2

Ethnic origin

Question responses: 4 (100.00%)

Ethnic origin:

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	% Total	% Answer	Count
White			
British	75.00%	75.00%	3
Irish	0.00%	0.00%	0
Other	25.00%	25.00%	1
Mixed			
White and Black Caribbean	0.00%	0.00%	0
White and Black African	0.00%	0.00%	0
White and Asian	0.00%	0.00%	0
Other	0.00%	0.00%	0
Asian			
Indian	0.00%	0.00%	0
Bangladeshi	0.00%	0.00%	0
Pakistani	0.00%	0.00%	0

	% Total	% Answer	Count
Other	0.00%	0.00%	0
Black			
African	0.00%	0.00%	0
Caribbean	0.00%	0.00%	0
Other	0.00%	0.00%	0
Chinese or other ethnic group			
Chinese	0.00%	0.00%	0
Other	0.00%	0.00%	0
Prefer not to say	0.00%	0.00%	0
Total	100.00%	100.00%	4

Table .0.2

Table .0.1

Other

Question responses: **0 (0.00%)**

Other (please state)

	% Total	% Answer	Count
<input type="checkbox"/> [Responses]	0.00%	0%	0
<input type="checkbox"/> [No Response]	100.00%	--	4
Total	100.00%	0%	4

Table .0.2

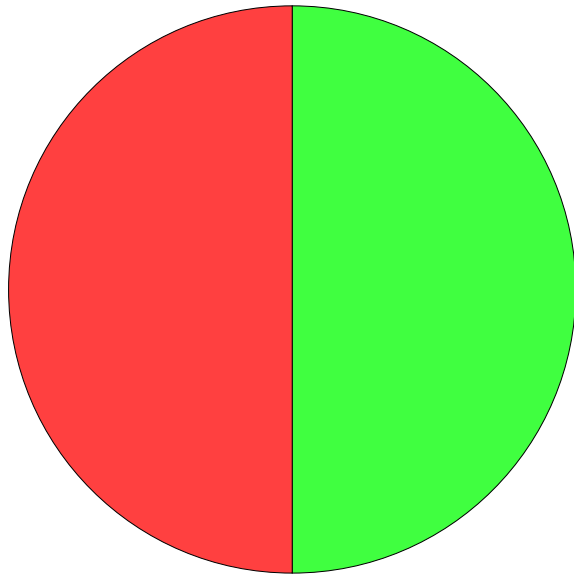
Table .0.1

There is no data to display for this question

Gender

Question responses: 4 (100.00%)

Gender



	% Total	% Answer	Count
Male	50.00%	50.00%	2
Female	50.00%	50.00%	2
Transgender	0.00%	0.00%	0
Prefer not to say	0.00%	0.00%	0
Total	100.00%	100.00%	4

Table .0.2

Table .0.1

Religion/Belief:

Question responses: 4 (100.00%)

Religion/Belief:

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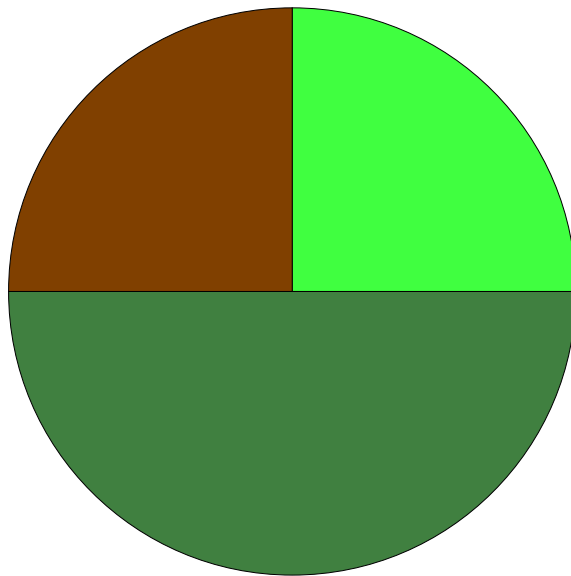


Table .0.1

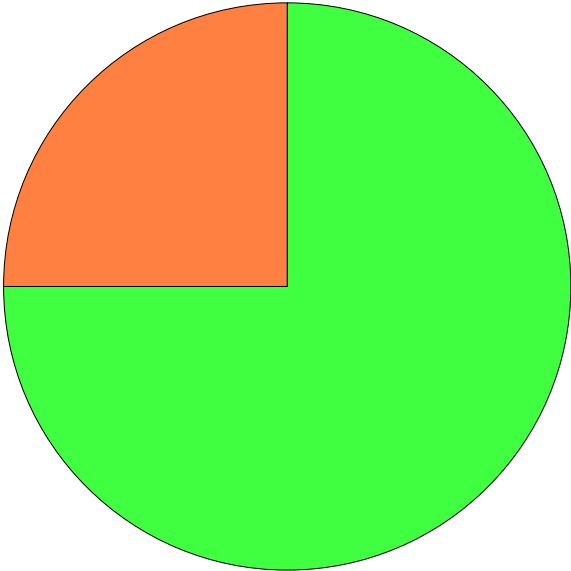
	% Total	% Answer	Count
Christian	25.00%	25.00%	1
Buddhist	0.00%	0.00%	0
Hindu	0.00%	0.00%	0
Jewish	0.00%	0.00%	0
Muslim	0.00%	0.00%	0
Sikh	0.00%	0.00%	0
No religion	50.00%	50.00%	2
Any other religion	0.00%	0.00%	0
Prefer not to say	25.00%	25.00%	1
Total	100.00%	100.00%	4

Table .0.2

Sexual Orientation

Question responses: 4 (100.00%)

Sexual Orientation



	% Total	% Answer	Count
■ Heterosexual	75.00%	75.00%	3
■ Lesbian	0.00%	0.00%	0
■ Gay	0.00%	0.00%	0
■ Bisexual	0.00%	0.00%	0
■ Prefer not to say	25.00%	25.00%	1
Total	100.00%	100.00%	4

Table .0.2

Table .0.1

Nationality

Question responses: 4 (100.00%)

Nationality

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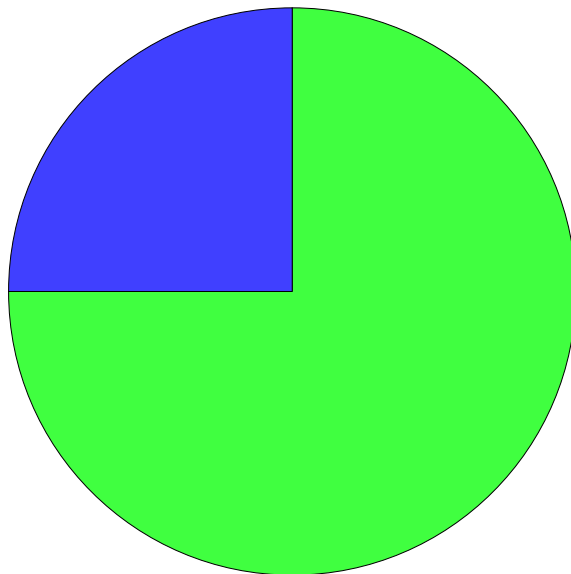


Table .0.1

	% Total	% Answer	Count
Welsh	75.00%	75.00%	3
Scottish	0.00%	0.00%	0
English	0.00%	0.00%	0
British	25.00%	25.00%	1
Irish	0.00%	0.00%	0
Other	0.00%	0.00%	0
Prefer not to say	0.00%	0.00%	0
Total	100.00%	100.00%	4

Table .0.2

Other (please state)

Question responses: **0 (0.00%)**

Other (please state)

	% Total	% Answer	Count
<input type="checkbox"/> [Responses]	0.00%	0%	0
<input type="checkbox"/> [No Response]	100.00%	--	4
Total	100.00%	0%	4

Table .0.2

Table .0.1

There is no data to display for this question

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APPENDIX 4: Comments raised through consultation and Children and Young Peoples Services Commissioning Response		
No.	Comments Received	CYPS Commissioning Response
1.	Very basic and doesn't take into consideration the impact and the value of a social interaction for young carers. Furthermore I don't think its fully illustrates that Neath Port Talbot ranks number 1 of 348 local authorities in the UK of Young Carers providing more than 19 hours of care per week (census 2011)	Further National and Local Data has been sought during the consultation process in order to realise the full impact of current needs against the identified priorities in the Strategy for more detailed and coherent commissioning intentions.
2.	It's a comprehensive piece of work that takes a holistic approach to supporting young carers.	No response required
3.	Beneficial that it will be looking at young carers in a more holistic approach.	No response required
4.	The strategy provides a sensible structure to move forward.	No response required
5.	When young carers turn 18 there is no strategy for their transition into adult provisions. Whilst the Carers Centre is available to carers the service isn't age appropriate and young adult carers don't engage with it. This is a gap in the strategy and a	A NPTCBC Young Carer Leadership Group will be established to which relevant stakeholders will be a part of taking forward the implementation of the outcomes set out in the strategy. This will include reference to

	<p>gap in provisions for young adult carers. In addition, the process of young carers accessing support isn't illustrated. For a young carer to access support in NPT, they have to have gone through the SPOC system and be assigned a TAF or social worker then access the commissioned service. However, if the family don't give permission for a SPOC referral then they don't get assessed and their needs not identified. This again becomes a gap in provisions and unless supported by the youth service the young carer receives no support and definitely means young carers don't receive an assessment.</p>	<p>current and future provisions and gaps analysis.</p>
6.	<p>There is no clear plan of identifying and raising awareness of young carers in this strategy. It evidences the need for identification but other than relying on partner organisations to do this there is no "strategy" of how this is going to be conducted.</p>	<p>The Strategy has been amended to reflect the feedback received during consultation.</p>
7.	<p>The strategy recognises that young carers are difficult to engage with e.g as they don't often recognise themselves in a caring role, the stigma attached to caring, hard to reach. Whilst I think the strategy does make reference to how some of these barriers will be addressed, I think it is important to be more explicit on this. In particular with regard to information, awareness raising, marketing and communication. It is imperative that children and young people are communicated with in a clear and appropriate way, with the right tone of voice, format, place (access), and through their preferred communication channels. A diverse range of young carers should be involved in the development of any marketing materials and communication campaigns. It is also important to involve children and young people in the development of services, policies, procedures, process and commissioning. I'm not sure that the strategy is explicit enough in communicating to what degree this will happen but I think it is imperative to ensure that the strategy meets their needs.</p>	<p>During the consultation 2 focus groups were held with young carers and their views sought on the Draft Strategy. Numerous themes were identified as part of this exercise which has been imperative to the amendments featured in the final version.</p> <p>Please also refer to Q6 response.</p>

8.	The strategy relies very heavily on ABMU partnership and partner organisations with little commitment for NPT Local authority to take a lead on supporting young cares and young adult carers.	Please see response to Q6
9.	More awareness for illnesses amongst professionals	Please see response to Q6.
10.	More educational awareness with regards to teachers understanding of the role	Please see response to Q7
11.	More communication with other children as so they understand the role of a young carer	Please see response to Q7
12.	A mascot for young carers from the Council	Please see response to Q7.
13.	More marketing material for raising awareness for young carers	Please see response to Q7

14.	I.D Cards for young carers, so that the cared for person isn't cared for if the Young person is in an accident.	Please see response to Q7.
15.	The strategy is boring and not suitable for young people to read and understand	Please see response to Q7
16.	Use interactive games to help young people be involved in decision making	Please see response to Q14
17.	Young carers would like more opportunities to speak and advocate their role with more professionals and staff, such as Young Carer led presentations in school assembly's	Please see response to Q7
18.	Inclusion should enable young carers to also do their favourite activities	Please see response to Q6
19.	More information on who to contact should there be any difficulties	Please see response to Q6
20.	More work to be done in schools, especially year 6	Please see response to Q6 and Q7

21.	The emergency services should have more awareness of Young Carers not just the Council and Education.	Please see response to Q7
22.	Need consistency in support for young carers	Please see response to Q6
23.	Need to reduce stigma attached to Young Carer identification	Please see response to Q9
24.	WREC welcomes the draft Neath Port Talbot County Borough Council (NPTCBC) Young Carers Strategy to improve the lives of YCs and their families in Neath Port Talbot.	No response required
25.	We agree that YCs can be very difficult to identify as they often do not recognise that they are providing care, particularly if the cared-for person is a family member. As a commissioned service we have worked with the local authority to promote the service, such as writing to all Head Teachers, attending school assemblies, linking with Jobcentres and Work-Based Learning providers, circulating flyers in GP surgeries, utilising social media and issuing frequent press releases to highlight the service.	No response required
26.	We have worked with the local authority's Youth Service to promote the commissioned services so believe there is already a good level of awareness with authority-delivered youth provision. We welcome one action in the draft Strategy to roll out identification and awareness training to relevant staff in statutory and non-statutory organisations, as additional awareness raising could be improved. In particular, we believe the local authority should lead in working more closely	Please see response to Q7.

	with health colleagues to identify young carers in their respective services, particularly due to the size and structure of the NHS.	
27.	As a commissioned service we would like to see the coordination of a network facilitated and chaired by the local authority. Since we are not a third sector organisation we are not invited by NPTCVS to local voluntary sector networks and forums. This can sometimes detach commissioned services from other complementary services offered by the voluntary sector where stronger collaboration could be beneficial for service users.	Please see response to Q7.
28.	One observation is the difficulty in knowing the actual number of YCs living in NPT. We note that the estimated total population aged 0 to 24 providing unpaid care is 1,474 YCs, based on the Census 2011 reference LC3304EW 'Provision of unpaid care by age'. However, we do note these are only estimates and question the accuracy of the estimations.	Please see response to Q6
29.	Whilst the Families First provision was originally designed for up to 100 YCs per annum, the actual number of YCs accessing the service has averaged around 50 YCs per annum despite the promotional efforts of the Carers Trust Swansea Bay Crossroads Care Service from April 2015 to September 2016, followed by WREC since we commenced directly delivering the service from 1st October 2016.	No response required
30.	We support the development work currently being led by the local authority in establishing an Information, Advice and Assistance (IAA) service to meet this statutory obligation. This would be another resource for stakeholders working with YCs to utilise and refer into. As an organisation we are due to be assessed for the Matrix, the quality standard for measuring advice and support services, which supports individuals in their choice of career and life goals. We believe all local authority and commissioned services should strive towards achieving the Matrix to give increased confidence in the quality of provision being provided to YCs.	No response required

31.	We believe the foundations for enabling YCs to be involved in decision making are already present. For example, on 13th March 2017 our Young Carers Youth Club was part of a Welsh Government Youth Work Quality Mark (Bronze) assessment, which examined how young people contribute to the planning of provision and are involved in feedback of the services their access. We achieved the Quality Mark. In addition, YCs are empowered in contributing to decision marking as part of their initial PANOC assessments and regular support plans.	No response required.
32.	One challenge is how dispersed YCs can be in terms of geography. This can sometimes create barriers to accessing services, particularly if a YC lives in a rural location. Of the 42 electoral wards in the county borough, 24 are classed as rural. From experience this has created challenges in providing transport for YCs to access our commissioned services. We believe the Strategy should recognise this, particularly in facilitating outreach services.	Please see response to Q7.

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Equality Impact Assessment (EIA) Report Form

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 and Diversity.

Please refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Corporate Strategy Team or your directorate Heads of Service Equality Champion.

Where do you work?
Service Area: Children & Young Peoples Services
Directorate: Social Services Health and Housing

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

Service/ Function <input type="checkbox"/>	Policy/ Procedure <input type="checkbox"/>	Project <input type="checkbox"/>	Strategy x <input type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input type="checkbox"/>
--	--	-------------------------------------	--	----------------------------------	--------------------------------------

(b) Please name and describe below...

Neath Port Talbot Young Carers Strategy

The strategy has been developed in line with the Carers Strategy (Wales) Measure 2010, the NPT Joint Carers Commissioning Strategy 2015-18 and the Social Services and Well Being (Wales) Act 2014 (SSWB). It sets out the commitment, vision and principles in Neath Port Talbot County Borough Council to enable the commissioning of appropriate needs led services for Young Carers and their families.

(c) It was initially screened for relevance to Equality and Diversity on

Although the document recognises the diversity of Young Carers in Neath Port Talbot, we hold information on young carers that enter into commissioned services, however there is insufficient information about young carers who are not recognising themselves as providing care within the protected characteristics outlined below; further information on these individuals will hopefully result from the public consultation process.

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

Age x <input type="checkbox"/>	Race x <input type="checkbox"/>
Disability x <input type="checkbox"/>	Religion or belief x <input type="checkbox"/>
Gender reassignment x <input type="checkbox"/>	Sex x <input type="checkbox"/>
Marriage & civil partnership x <input type="checkbox"/>	Sexual orientation x <input type="checkbox"/>
Pregnancy and maternity x <input type="checkbox"/>	Welsh language x <input type="checkbox"/>

(e) Lead Officer

Name: Alexis Saunders

Job title: Commissioning Officer

Date: 05.12.2016

(f) Approved by Head of Service

Name:

Date:

Section 1 – Aims (See guidance):

Briefly describe the aims of the function, service, policy, procedure, strategy, plan, proposal or project

What are the aims?

The aim of the draft strategy is to improve the quality of life for young carers and young adult carers and the people they care for. It is important that inclusion for Young carers and young adult carers is promoted as to ensure they are not denied the life chances available to other young persons within Neath Port Talbot.

Who has responsibility?

Andrew Jarrett, Head of Service, Children and Young People Services

Who are the stakeholders?

Young and young adult carers are the primary stakeholders. The draft strategy is intended to benefit these individuals.

The draft strategy may also indirectly benefit individuals who are 'cared for', that is people who have a disability or care/support needs.

The document would be of interest to the general public, statutory bodies, health and social services, 3rd Sector and private organisations. Children and young people services staff and internal service providers.

Section 2 - Information

(a) Service Users

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

Age	x <input type="checkbox"/>	Race	x <input type="checkbox"/>
Disability	x <input type="checkbox"/>	Religion or belief.....	x <input type="checkbox"/>
Gender reassignment	x <input type="checkbox"/>	Sex	x <input type="checkbox"/>
Marriage & civil partnership	x <input type="checkbox"/>	Sexual orientation.....	x <input type="checkbox"/>
Pregnancy and maternity	x	Welsh language.....	x

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

We hold EIA information on young carers that enter into commissioned services; this is collected through EIA reporting mechanisms directly from the commissioned service, whereby the information collected covers all the protected characteristics above. This includes 84 individuals.

However there is insufficient information about young carers who are not recognising themselves as providing care within the protected characteristics.

Any Actions Required?

To continue to collect this information in relation to young carers using the service.

(b) General

What information do you know and how is this information collected?

The 2011 Census showed that there are 370, 230 carers in Wales, of this 29,155 have been identified as young carers under the age of 25. Further to this, Wales has the highest percentage of young carers under the age of 18 UK wide.

Any Actions Required?

Respondents to the consultation, including those from non-commissioned services will be asked for information on 'protected characteristics' in order to mitigate the above.

Section 3 – Impact

(a) Impact on Protected Characteristics

Please consider the possible impact on people with 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
Age	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh language	➔ <input checked="" type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about your answers above, please explain (in detail) why this is the case. Include details of any consultation (and/or other information) which has been undertaken to support your view.

The commissioned service monitor and record equality and diversity information on all young carers who access the service, which is used to inform service delivery.

The commissioned service captures feedback from every young carer that accesses their service which is used to improve services and resources.

Our commissioned service are working collaboratively with education, health and social services to highlight the needs of the young carers who they assess so that support can be put in place to help young carers achieve their potential.

The Draft Strategy will involve young carers, the cared-for person, families and other organisations to ensure that services can be developed and delivered in a holistic approach. The Council wants to maximise our current pool of resources and plan effectively together for future need identified through the consultation process.

(b) Impact on the Welsh Language

What is the likely impact of the policy on:

- **Opportunities for people to use Welsh**
- **The equal treatment of the Welsh and English languages**

Please give details

Information for Young Carers and Young Adult Carers produced by NPTCBC will be available in English and Welsh from the go live date if the consultation is approved.

Both documents will be available in any focus groups or meetings, whereby there will be an opportunity for questions to be asked in English and/or Welsh.

The Draft NPT Young Carers Strategy will be available in both English and Welsh at the same go Live date, subject to consultation at CYPE.

Could the policy be developed to improve positive impacts or lessen negative impacts? Please give details

As stated above and actions below.

Actions (to increase positive/mitigate adverse impact).

To ensure a Local Authority Welsh Language Officer is available to attend any public meetings during the consultation, and to offer the opportunity in partner meetings.

Ensure there is a Welsh Language Officer assigned as a contact to discuss the Draft Strategy should there be a request to discuss in Welsh.

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).

(a) Equalities

Public Sector Equality Duty (PSED)

- to eliminate discrimination, harassment and victimisation;
- to advance equality of opportunity between different groups; and
- to foster good relations between different groups

Please explain any possible impact on meeting the Public Sector Equality Duty

The strategy emphasises the importance of young carers and young adult carers recognising and accessing their rights through advice signposting to appropriate services.

The document emphasises the importance of Young Carers recognising and accessing their rights and the services available to them. A core objective of the strategy is to assist Young and adult carers access the same opportunities, outcome and information as other NPT young people

What work have you already done to improve the above?

Section 17 of the new Act places a duty on Local Authorities to establish an Information, Advice and Assistance (IAA) service. In NPT, we are currently developing our Family Information Service to meet this statutory obligation.

The Local Authority has a commissioned service which has been designed to provide targeted support to build the resilience of young carers. It is focussed on providing support at an early stage and aims to prevent and reduce escalation of need.

We have identified the following outcomes that need to be developed to ensure that we are meeting the needs of our young carers:

- 1) Identification
- 2) Access to information
- 3) Decision making
- 4) Service integration
- 5) Inclusion

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

We need to ensure that young carers know who to contact in respect of IAA and that there is adequate information and sign posting facilities in place to ensure that young carers know what services are available to them and know how to access those services.

(b) Reduce Social Exclusion and Poverty

Please explain any possible impact

The strategy emphasises the importance of making information available which will enable Young and young Adult carers to make informed choices. Young Carers are vulnerable and can be socially isolated from their peers. The strategy document acknowledges and includes actions to address this.

Our commissioned service are working collaboratively with education, health and social services to highlight the needs of the young carers who they assess so that support can be put in place to help young carers achieve their potential

What work have you already done to improve the above?

- In 2015-16, our commissioned service provided support services to 41 young carers in NPT. From April to September 2016 they have worked with a further 26 young carers.

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

- We need to work with local employment and training agencies to develop service delivery so that young carers can access the same education and work opportunities as their peers

(c) Community Cohesion

Is the initiative likely to have an impact on Community Cohesion?

The document promotes recognition of young carers and young adult carers from all backgrounds and promotes positive relationships between Health, Social care and 3rd sector staff and young carers and young adult carers, by acknowledging and consulting with Young and young adult carers.

It is anticipated that the strategy will have a positive effect on community cohesion by raising awareness of the issues Young Carers and Young Adult Carers face and encouraging young and young adult carers to engage in opportunities available to other young people.

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

- We need to work holistically with health and education agencies so that there is a multi-agency response to the resources and services developed for young carers
- Where possible we need to provide services within young carers communities so that they can access them more frequently

What consultation and engagement has been undertaken (e.g. with the public and/or members of protected groups) to support the views in section 3 and 4?

The EIA and referral information held on Young carers and young adult carers via Welsh Government commissioned services within the Local Authority have provided information which has informed the strategy.

The draft strategy document clearly states that there must be recognition of the diversity of young carers and young adult carers, due to the population levels of NPT and the reasons behind the caring role, and the needs of the cared-for person

There is insufficient information about carers which do not access our commissioned services. There will be opportunity after the public consultation period to amend the final version of the Strategy document should an issue arise. If approved for consultation we need to work with partner organisations to identify young carers and their unique needs so that we can ensure that they receive appropriate support, and ensure that any unidentified needs are accounted for.

The current version of the Young Carers Commissioning Strategy 2016-19 is a draft for Public consultation. The document will be available on NPTCBC Objective consultation pages.

If the consultation is approved it will be promoted to young carers via Young Carers Service(s) within the local authority, plus promoted through the AMBU Carers Partnership Board and Young Carers Sub-group.

If the Consultation is approved, an action will be to seek views on what positive or negative impacts the policy would have and how it could be developed to have positive or not have negative impacts on:

- opportunities to use the Welsh language
- treating Welsh and English equally

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

Addressed initially through consultation process. Advance opportunities to engage with young carers and young adult carers with protected characteristics via the following

- Online consultation questionnaire tool Objective.
- Meetings
- Focus Groups

Section 6 – Post Consultation

What was the outcome of the consultation?

The Consultation was widely promoted to a wide range of Young Carers' Services and Third Sector Partners, including our internal directorates with a vested interest.

Including Focus Groups with Young Carers, the consultation was produced live on Neath Port Talbot County Borough Councils 'OBJECTIVE' pages. A link to this portal was distributed during the consultation via email to the relevant stakeholders and widely promoted through social media via Council for Voluntary Services.

Feedback has been received via email, online submissions and verbal themes through focus Group activity.

The main themes of the comments received during consultation can be summarised as follows:-

The requirement for a Young Person 'friendly' document which outlines the strategy

The requirement for more awareness of Young Carers and the barriers faced to be promoted in Schools and Colleges.

Appropriate support for Young Carers other than that of peer support groups.

The requirement for raised awareness among the local community in relation to Young Carers.

Easily accessible online tool kits/advice lines and awareness promotion to be available for young carers to access independently.

More appropriate support for the cared for person to enable Young Carers to feel safer about being away from the house, such as Assistive technology intervention

The above comments do not suggest significant amendments to the proposed Draft Young Carers Strategy that was presented to CYPE on 5th January 2017. However, they do highlight the areas of requirements which will allow Young Carers to have a voice in the Action Plan and its implementation.

The Draft Young Carers Strategy has therefore been amended to reflect feedback during the consultation in a more detailed manner; however additional data sets have also been included in this EIA to provide Members and the public with the local picture in relation to Young Carers and the National picture.

During the Consultation, more research was undertaken to develop our understanding of the National Data sets, including a detailed account of our Local figures:-

Regional position - Western Bay Population Assessment

"According to the 2011 Census, across Wales there has been a 7.6% increase in the number of Carers aged 5 to 17 in the 10 years between 2001 (10,741) and 2011 (11,555).

In Wales, in relation to the 5 to 17 year old population, the percentage of young Carers is significantly higher than in England. Providing unpaid care may have an adverse affect on young carers' general health, Part of 2011 Census, Detailed Characteristics for Local Authorities in England and Wales Release) -(Wales 2.6%, England 2.1%)

The young Carers aged between 5 and 17 in Wales who provide 50 or more hours of care per week are 4.4 times more likely to report their general health as 'not good' compared to the general population of 5

to 17 year olds'. (Source: 2011 Census)

According to the 2011 Census there are 1,351 young Carers aged 0 – 15 in the Western Bay area of which approximately 155 (11%) spend over 50 hours a week in a caring role.”

“According to the 2011 Census there are 4,198 young adult Carers aged 16 – 24 in the Western Bay area, of which 510 (12%) spend over 50 hours a week in a caring role.”

	Number of Young Carers known to Social Services			Number of Young Carers known to Social Services who were assessed			Number of Young Carers known to Social Services who were provided with a service		
	2013-14	2014-15	2015-16	2013-14	2014-15	2015-16	2013-14	2014-15	2015-16
Bridgend	36	28	19	36	28	19	33	28	18
Neath Port Talbot	34	13	31	34	13	31	22	13	31
Swansea	49	87	29	49	57	29	49	58	28

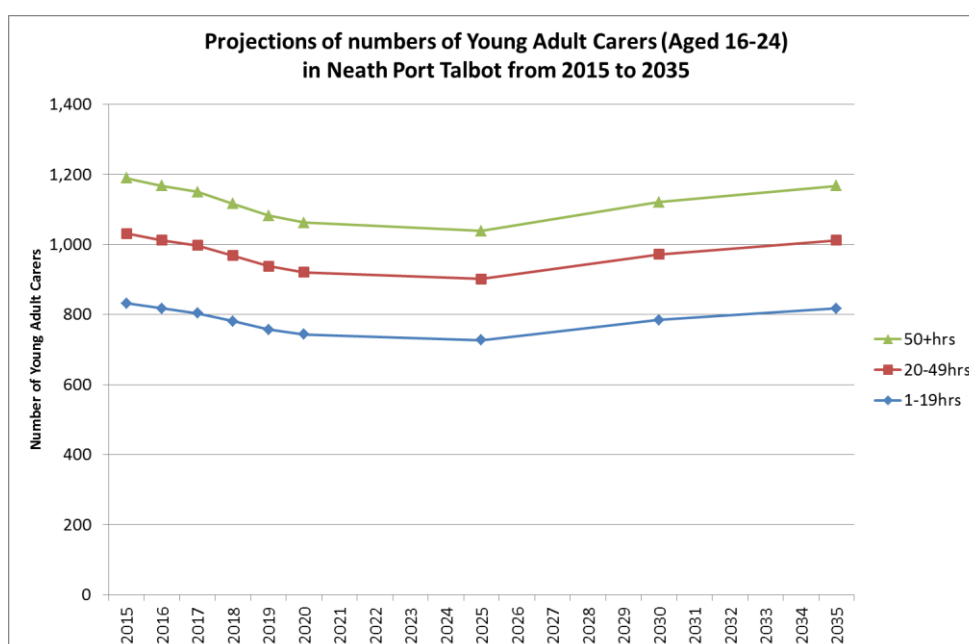
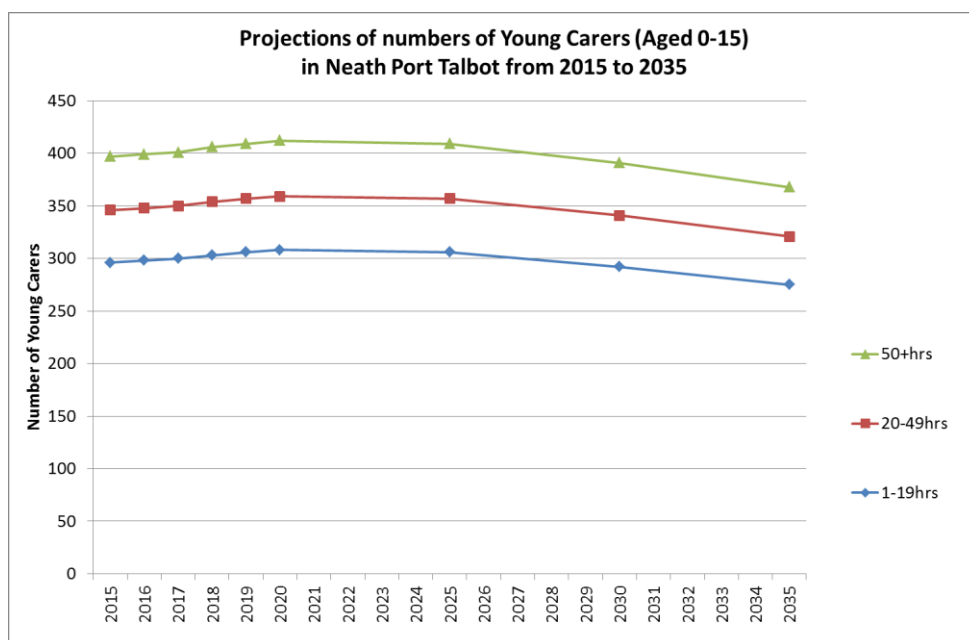
Number of Young Carers and Young Adult Carers/Identifying Young Carers and Young Adult Carers

Wales (Daffodil projections)

Age Group	Number of hours care provided	2015	2016	2017	2018	2019	2020	2025	2030	2035
People aged 0-15	1-19	5,954	5,990	6,034	6,089	6,143	6,187	6,218	6,080	5,901
People aged 0-15	20-49	815	847	852	833	808	847	852	833	808
People aged 0-15	50+	805	810	816	824	831	837	841	822	798
People aged 16-24	1-19	14,791	14,509	14,225	13,945	13,667	13,493	13,350	14,243	14,518
People aged 16-24	20-49	3,493	3,426	3,359	3,293	3,227	3,186	3,152	3,363	3,428
People aged 16-24	50+	2,624	2,574	2,524	2,474	2,425	2,394	2,369	2,527	2,576
Total population aged 0 to 24 providing unpaid care		28,482	28,129	27,784	27,459	27,134	26,944	26,782	27,868	28,029

NPT (Daffodil Projections)

Age Group	Number of hours care provided	2015	2016	2017	2018	2019	2020	2025	2030	2035
People aged 0-15	1-19	296	298	300	303	306	308	306	292	275
People aged 0-15	20-49	50	50	50	51	51	51	51	49	46
People aged 0-15	50+	51	51	51	52	52	53	52	50	47
People aged 16-24	1-19	832	817	804	781	757	743	727	784	817
People aged 16-24	20-49	199	195	193	187	181	178	174	188	195
People aged 16-24	50+	158	155	153	148	144	141	138	149	155
Total population aged 0 to 24 providing unpaid care		1,586	1,566	1,551	1,522	1,491	1,474	1,448	1,512	1,535

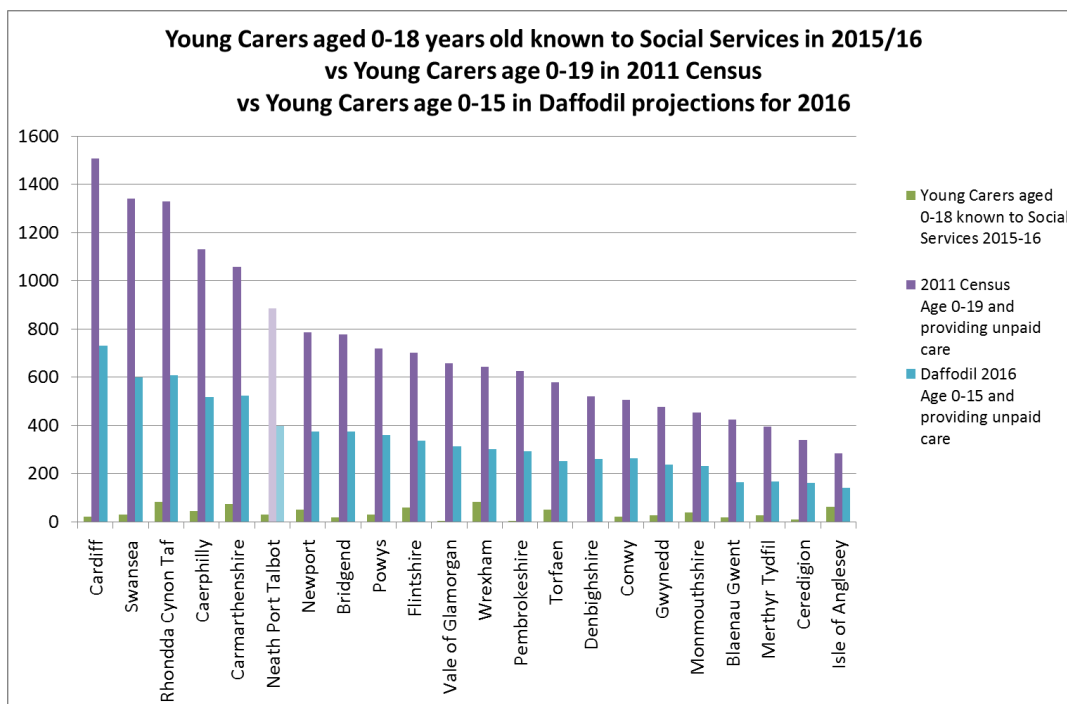
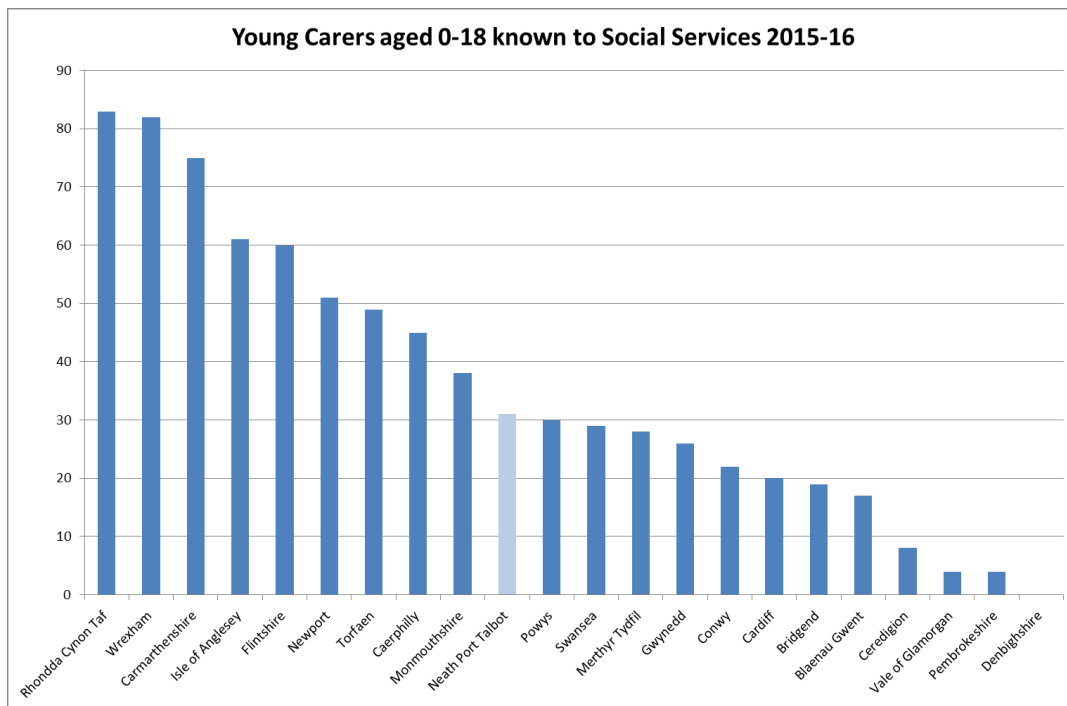


The projections for Neath Port Talbot reflect the projections for young carers in Wales, as well as the whole population projections for these age groups, which basically show a small gradual rise from 2015 to 2020 then fall to 2035 for those aged 0-15 years old, and a gradual fall from 2015 to 2020 and then

small rise from 2020 to 2035 for those aged 16-24 years old.

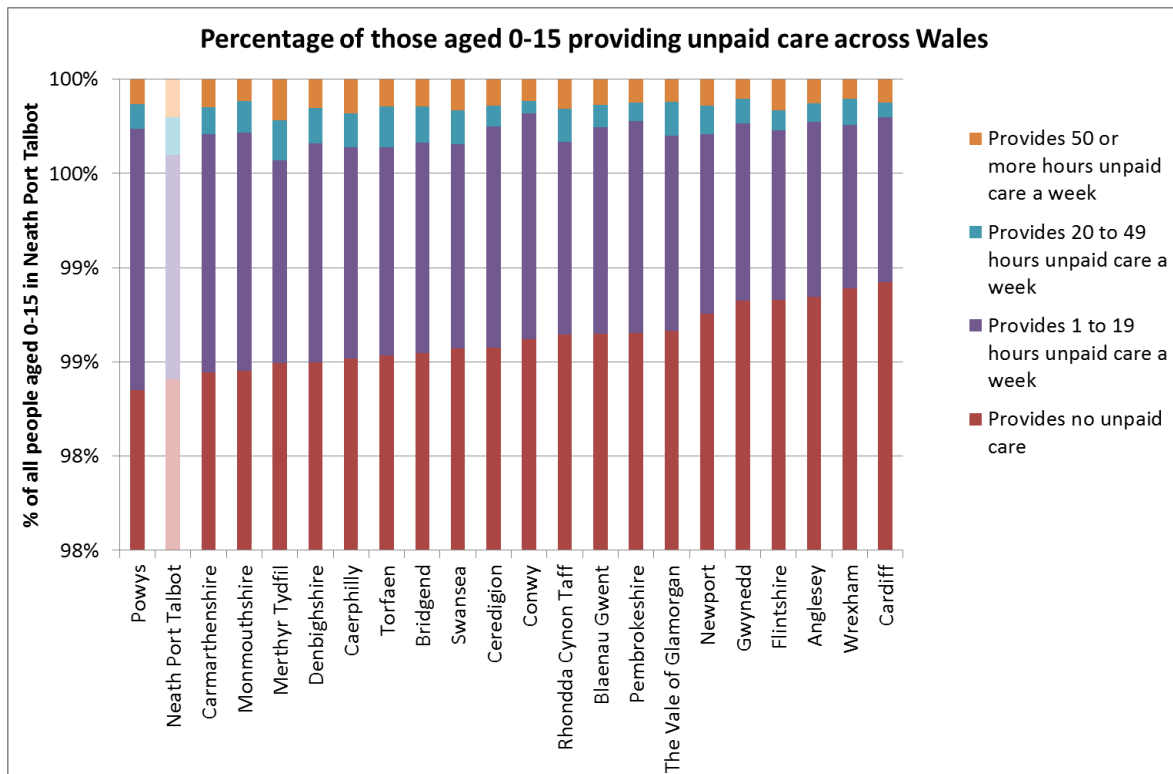
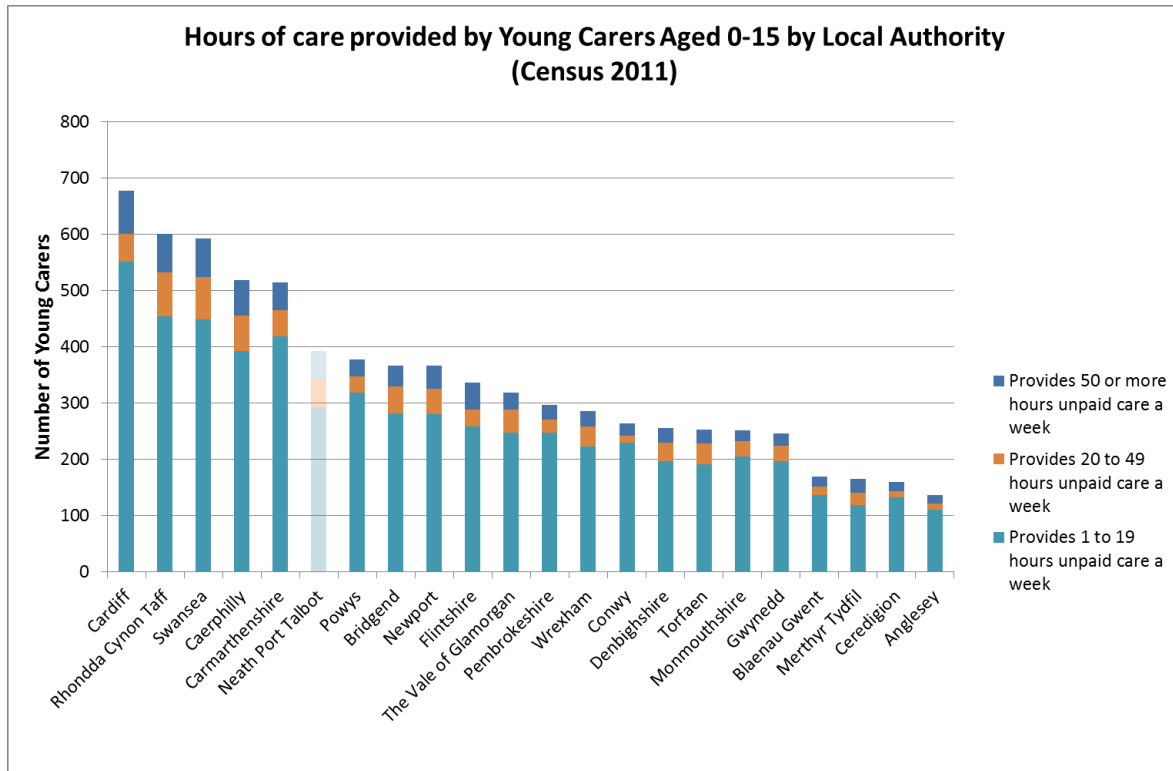
The figures indicate difficulties in Neath Port Talbot with identifying young carers, there were 1586 young carers in NPT according to the 2011 Census, yet only 31 known to social services in 2015/16 – less than 2% of those estimated to be in the population. This is not unique to Neath Port Talbot, according to an article by The Carers Trust, less than 10% of young carers in Wales were known to Social Services departments in 2014/15 (<https://carers.org/news-item/less-10-young-carers-wales-known-social-services>)

Looking more in depth, if we compare numbers of young carers aged under 18 known to social services across Wales (see charts below) you can see there is a great variation in numbers, and Neath Port Talbot is near the middle (10th out of the 22 LA's). However if we then compare to Census figures for 2011 of those aged 19 and under and providing unpaid care, and Daffodil projections for 2016 of those aged under 16 and providing unpaid care, Neath Port Talbot has the 6th highest numbers of those providing unpaid care, so is identifying a smaller proportion of the young carers out there.

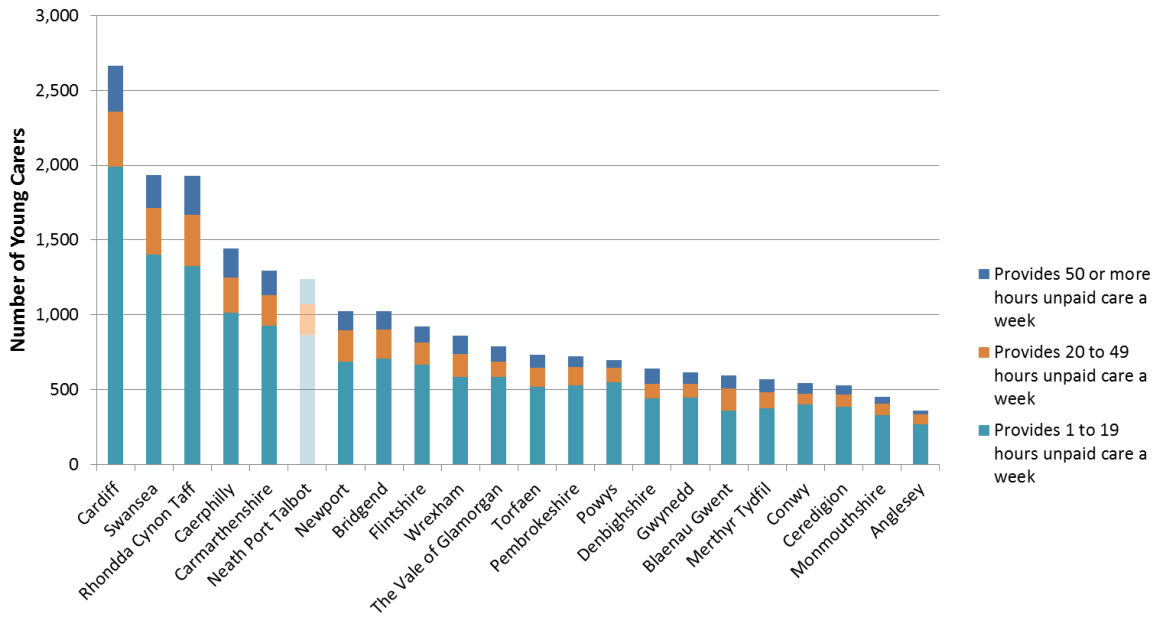


Census 2011

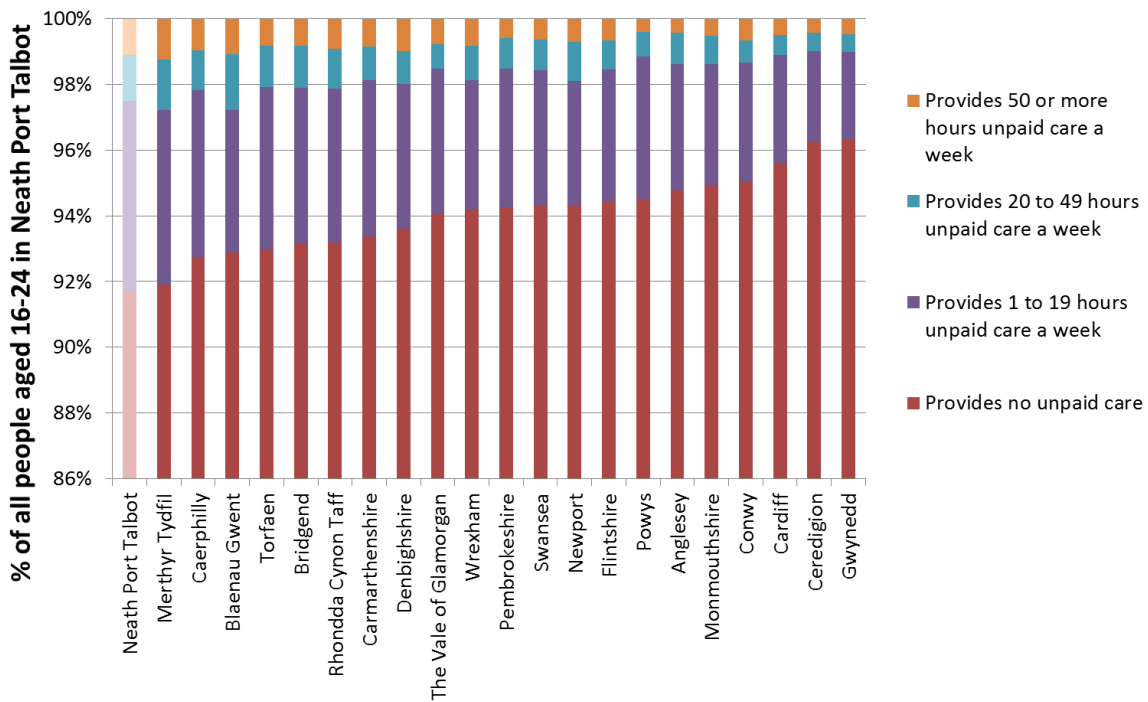
Number and Percentages of young carers and young adult carers across Wales and in Neath Port Talbot



Hours of care provided by Young Adult Carers Aged 16-24 by Local Authority (Census 2011)



Percentages of 16-24 yr olds providing unpaid care across Wales



The 2011 Census shows that though the number of young carers and young adult carers in Neath Port Talbot is not the highest in Wales, the percentage of those under 15 who are providing unpaid care in Neath Port Talbot (1.6%) is the second highest in Wales – only lower than Powys(1.7%). The percentage of those aged 16-24 who are providing unpaid care in Neath Port Talbot is the highest in Wales at 8.3%. The majority of those providing unpaid care are providing 0-19 hrs care per week, but there are also significant numbers providing 20-49 hours and 50 or more hours care per week.

Section 7 - Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor the impact of this function, service, policy, procedure, strategy, plan or project:

Monitoring arrangements:

If approval to consult is granted by CYPE Committee the strategy will be updated to reflect consultation feedback and a final version will need to be approved by CYPE Committee. NPT CYPS will monitor the strategy and an annual progress report will be produced.

Monitoring of the impact of the Draft Strategy will take form of conducting questionnaires or surveys with Young Carers and Young Adult Carers, Meetings and attending focus groups, plus the above targeting non-commissioned services on their views of the draft strategy. 'Protected characteristics' will be collected through these formats and the strategy developed according to any new information.


Actions:

Section 8 – Outcomes:

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

- Outcome 1: Continue the initiative...
- Outcome 2: Adjust the initiative...
- Outcome 3: Justify the initiative...
- Outcome 4: Stop and remove the initiative...

x	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>



For outcome 3, detail the justification for proceeding here

Section 9 - Publication arrangements:

Information on the publication arrangements for equality impact assessments is available in the guidance notes

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>Neath Port Talbot CBC Draft Young Carers Commissioning Strategy will be subject to public consultation. The consultation and engagement plan identifies stakeholders and outlines how feedback will be sought.</p>	<p>Alexis Saunders-Commissioning Officer</p>	<p>After approval from NPT CBC CYPE Committee. Subject to approval from the above a 90 day consultation period will commence 01.02.2017</p>	<p>The final version of the NPT CBC Draft Young Carers Commissioning Strategy will reflect feedback received during the period of consultation.</p>	<p>Final Version being presented to Board on 03.07.17</p>
<p>Seek views on what positive or negative impacts the policy would have and how it could be developed to have positive or not have negative impacts on:</p> <ul style="list-style-type: none"> -opportunities to use the Welsh language -treating Welsh and English equally 	<p>Alexis Saunders-Commissioning Officer</p>	<p>After approval from NPT CBC CYPE Committee. Subject to approval from the above a 90 day consultation period will commence 01.02.2017</p>	<p>positive or not have negative impacts on:</p> <ul style="list-style-type: none"> -opportunities to use the Welsh language -treating Welsh and English equally will have been established 	<p>Please see C&E Plan</p>
<p>Address initially through consultation process. Advance opportunities to engage with young carers and young adult carers with protected characteristics via the following</p> <ul style="list-style-type: none"> • Online consultation questionnaire tool Objective. • Meetings • Focus Groups 	<p>Alexis Saunders-Commissioning Officer</p>	<p>After approval from NPT CBC CYPE Committee. Subject to approval from the above a 90 day consultation period will commence 01.02.2017</p>	<p>Set up online consultation tool</p> <p>Book and attend:-</p> <ul style="list-style-type: none"> • Meetings • Focus Groups 	<p>Please see C&E Plan</p>

<p>To ensure a Local Authority Welsh Language Officer is available to attend any public meetings during the consultation, and to offer the opportunity in partner meetings.</p> <p>Ensure there is a Welsh Language Officer assigned as a contact to discuss the Draft Strategy should there be a request to discuss in Welsh.</p>	<p>Alexis Saunders-Commissioning Officer</p>	<p>After approval from NPT CBC CYPE Committee. Subject to approval from the above a 90 day consultation period will commence 01.02.17</p>	<p>Assigning a Welsh Language Officer to be a point of contact post approval and during any consultation groups/meetings.</p>	<p>Please see C&E Plan</p>
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* Please remember to be 'SMART' when completing your action plan.

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