



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

*Immediately Following Scrutiny Committee on  
THURSDAY, 10 MAY 2018*

**COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE**

1. To agree the Chairperson for this Meeting
2. To receive any declarations of interest from Members
3. To receive the Minutes of the previous Social Care, Health and Wellbeing Cabinet Board held on the 5 April 2018 *(Pages 3 - 6)*
4. To receive the Forward Work Programme 18/19 *(Pages 7 - 10)*

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

5. Western Bay Pooled Fund for Care Homes Options Paper  
*(Pages 11 - 32)*

### **To receive the Report of the Head of Commissioning, Support and Direct Services**

6. Update on the Commissioning Strategy for Care Homes for Older People: Neath Port Implementation Plan 2016/2019 and The Older Persons Residential Care Homes in Neath Port Talbot Report  
*(Pages 33 - 64)*

7. Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended)

## **Part 2**

8. **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.

### **To receive the Private Report of the Director of Social Services, Health and Housing (Exempt under Paragraph 14)**

9. Provision of Educational Services at Hillside (*Pages 65 - 84*)

### **To receive the Private Report of the Interim Head of Children and Young People Services (Exempt Under Paragraph 14)**

10. Contractual Arrangements for Children and Young People Short Break Services (*Pages 85 - 92*)

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

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

**3 May 2018**

### **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 Democratic Services staff.*
- (2) *The views of the earlier Scrutiny Committee are to be taken into account in arriving at decisions (pre decision scrutiny process).*

**EXECUTIVE DECISION RECORD**

**CABINET BOARD - 5 APRIL 2018**

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

**Cabinet Board Members:**

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

**Officers in Attendance:**

A.Thomas, K.Warren, J.Hodges and J.Woodman-Ralph,

**Scrutiny Chairperson and Vice Chairperson:**

Councillors L.M.Purcell and S.Freeguard

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1. **APPOINTMENT OF CHAIRPERSON**

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

2. **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD HELD ON THE 8 MARCH 2018.**

Noted by Committee.

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

**Decision:**

That approval be granted for the Residential and Non-Residential Care Charging Policy as detailed in Appendix A to the circulated report.

**Reason for Decision:**

To ensure that the charging policy is updated for the 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. **MENTAL HEALTH SERVICES STRATEGIC DELIVERY PLAN 2018-2019**

**Decision:**

That the Mental Health Services Strategic Delivery Plan 2018-19 as detailed in Appendix 1 to the circulated report be approved.

**Reason for Decision:**

To endorse the commitments and commissioning intentions to remodel services and implement a recovery/rehabilitation/progression model of care as outlined in the Directorate's Strategic Business Plan and detailed in the attached Delivery Plan.

**Implementation of Decision:**

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

5. **REMOVING THE CHARGE FOR INDIVIDUALS ACCESSING COMMUNITY CONNECTING TEAM SERVICES**

**Decisions:**

1. That approval be granted to remove the current charge for all individuals accessing Community Connecting Team Service provision, with immediate effect;
2. That the necessary changes to the NPT Charging Policy and associated documents be undertaken to reflect this change.

**Reason for Decisions:**

1. To improve access to services;
2. To develop sustainable services;
3. To develop clearer pathways and flow through services and support;
4. To reduce where possible dependence on formal services;
5. To prepare services for the next stage of development. Open door services which correlates directly to the National Prevention and Wellbeing Agenda in Wales;
6. To aid in achieving Forward Financial Plan targets set against Adult Services.

**Implementation of Decisions:**

The decision is for immediate implementation, the Chairperson of the Scrutiny Committee had agreed to this course of action and there would be therefore be no call-in of this decision.

6. **ACCESS TO MEETINGS**

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 the undermentioned Paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

7. **HILLSIDE SECURE CHILDREN'S HOME PLACEMENT FEES 2018/19 (EXEMPT UNDER PARAGRAPH 14)**

**Decision:**

That the report be noted.

**CHAIRPERSON**

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Social Care, Health and Wellbeing Cabinet Committee

**2018/2019 FORWARD WORK PLAN (DRAFT)**

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

<b>DATE</b>	<b>Agenda Items</b>	<b>Type (Decision, Monitoring or Information)</b>	<b>Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)</b>	<b>Contact Officer/ Head of Service</b>
<b>7 June</b>	Western Bay Youth Offending Service Annual Report to include the Youth Justice Plan	Decision	Annual	Caroline Dyer/ Andrew Jarrett
	Western Bay Safeguarding Children Board Business Plan	Monitoring	Annual	Lisa Hedley/ Andrew Jarrett
	Hillside Managers Report	Monitoring	Quarterly	Andrew Jarrett
	Hillside Children's Home Wales Report	Monitoring	Quarterly	Andrew Jarrett

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

<b>DATE</b>	<b>Agenda Items</b>	<b>Type (Decision, Monitoring or Information)</b>	<b>Rotation (Topical, ,Annual, Biannual, Quarterly , Monthly)</b>	<b>Contact Officer/ Head of Service</b>
<b>5 July</b>	Strategic Commissioning Plan Consultation	Decision	Topical	Angela Thomas/ Chele Howard
	Quarterly Performance Indicators	Monitoring	Quarterly	Ian Finnemore/ Angela Thomas
	Monitoring the Performance and Progress of the Wester Bay Regional Adoption Service	Monitoring	Annual	Andrew Jarrett/ Val Jones



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

<b>DATE</b>	<b>Agenda Items</b>	<b>Type (Decision, Monitoring or Information)</b>	<b>Rotation (Topical, ,Annual, Biannual , Quarterl y, Monthly)</b>	<b>Contact Officer/ Head of Service</b>
	Mental Health Review	Monitoring	Topical	Andrew Jarrett
<b>2 Aug 18</b>	Homelessness Strategy Consultation	Decision	Topical	Angela Thomas/ Chele Howard

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**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL  
SOCIAL CARE, HEALTH & WELL-BEING CABINET BOARD**

**10<sup>th</sup> MAY 2018**

**Report of the Director of Social Services, Health & Housing –  
Andrew Jarrett**

**SECTION A – MATTER FOR DECISION**

**WARD(S) AFFECTED: ALL**

**Title of Report**

**Western Bay Pooled Fund for Care Homes Options Paper**

**1. Purpose of Report**

- 1) To explain the context for Regional Pooled Funds for Care Homes. It highlights the legal duty to achieve pooled fund arrangements; proposes options for implementing pooled funds, highlights risks and benefits associated with each option and makes a recommendation for implementation.
- 2) To seek Member approval to progress option 1: Aligning Expenditure to avoid financial risk sharing with a phased approach to pooled fund. This option has been endorsed as the preferred option by the Regional Partnership Board.

**2. Legal context**

The legal duty to develop pooled fund arrangements arises under Part 9 of the Social Services and Well-being (Wales) Act. The Partnership Arrangements (Wales) Regulations 2015 require “partnership bodies for each of the partnership arrangements to establish and maintain pooled funds” including in relation to “the exercise of their care home accommodation functions.”

Section 9 of the Part 9 statutory guidance (Partnership Arrangements), states that these duties will take effect from **6<sup>th</sup> April 2018**. Section 9 states that Local Health Boards and local authorities will be expected to:

- Undertake a population needs assessment and market analysis to include the needs of self-funders.
- Agree an appropriate integrated market position statement and commissioning strategy which specifies the outcomes required of care homes; range of services required and methods of commissioning.
- Agree a common contract and specification.
- Develop an integrated approach to quality assurance.
- Adopt transparent use of resources, with aligned budgets, identifiable expenditure and shared financial commitments.

Paragraph 62 of the statutory guidance makes it clear that these arrangements will need to be subject to a formal written agreement.

Rebecca Evans AM, in her ministerial statement of the 10.10.17 has acknowledged the difficulties of achieving full implementation by April '18 and has confirmed she will allow commissioning bodies until the end of the forthcoming financial year (April '19) to deliver pooled fund requirements before considering intervention. In a meeting with representatives of the 7 Regional Partnership Boards across Wales, including Western Bay, the Minister for Children and Social Care Huw Irranca-Davies, AM indicated that pooled fund arrangements are an extension of joint working and noted an expectation that these should be in place by April 2018 (a non-risk sharing arrangement initially) and that a full pooled fund arrangement should be in place quickly after that.

### **3. Scope of the pooled fund**

The pooled fund will include care and accommodation for adults who need long term care in registered residential settings because they have complex health and social care needs that require supported interventions on a 24 hour basis that cannot be delivered in their own home or alternative settings.

The pooled arrangement will apply to commissioned services i.e. residential, nursing and continuing health care funded beds.

It will apply regardless of the cost of placement and will therefore include some specialist provision; for example care for people who have acquired brain injury or a degenerative neurological disorder.

It will apply for those who have physical health and social care needs as well as those who are living with dementia.

Initially the pooled fund will not apply to placements made under s117 or in relation to care home services specialising in functional mental health where older persons may reside. Neither will it apply to Local Authority owned and managed homes.

Welsh Government (WG) have indicated that Pooled Fund arrangements should eventually apply to all adult care homes but have not specified timescales for achieving this.

#### 4. Current expenditure

The most up to date figures confirming annual gross expenditure on care home services for older people confirms regional spend of circa £64m. See table below for breakdown:

<b>REGIONAL PARTNER</b>	<b>GROSS ANNUAL EXPENDITURE AT YR END 16/17</b>	
NPT		£ 12.7 m
BCBC		£ 8.1 m
CCOS		£ 19.6 m
ABMU HB	FNC	£ 8.3 m
	CHC	£ 15.9 m
<b>TOTAL REGIONAL SPEND</b>		<b>£ 64.6 m</b>

#### 5. Purpose of pooled funds

Pooled funds are a mechanism for achieving integrated systems of care that are more person centred and improve outcomes for people. Currently commissioning arrangements across the Western Bay region are divided across three local authorities and one Health Board and further subdivided into separate narrowly defined service area budgets. This fragmentation can make it more difficult to commission integrated care and may lead to impediments or inefficiencies. Pooling budgets between commissioners is seen by WG as the most practical and

efficient way to overcome fragmentation and jointly commission as a whole system. Examples of intended benefits include:

- Less duplication by eliminating or reducing similar processes undertaken and funded by different commissioners.
- Fewer gaps as more integrated commissioning maximises the opportunity to target resources where they are needed. For example by creating combined integrated services to meet complex needs.
- Reduced silo working where separate budget pressures and processes can lead to different priorities or unilateral decision making which can have destabilising impacts (in relation to fee rates for example).
- More efficient process with fewer coordination problems which can occur when separate organisations have differing processes, timescales for delivery and capacity levels for different roles and functions.
- Reduced delays which occur when decision-making involves more than one commissioner, requiring multiple agreements.

Integration through pooled funds is intended to create better quality and more efficient services, and encourage partners to collaborate in a way that maximises their capacity to shape the market.

The private sector care homes market is perceived to be in a weak position. Like other social care markets, the care homes sector is under considerable pressure and is characterised by certain features. Workforce pressures, recruitment and retention of staff, financial difficulties, regulatory change, population change and increasing needs are combining to impact service delivery and sector stability.

Pooled funds are an opportunity for partners to work together to understand issues affecting quality and stability of services. Shared understanding and common goals can help to develop more strategic, collaborative solutions for improving care and providing more relevant, sustainable services. This does not mean homogenising all services and practices. Rather it means creating opportunities for mutual gain. Local differences in contracting and commissioning arrangements which are

necessary to maintain effective services should be accommodated where appropriate.

## **6. Progress to date**

Much of the work needed to establish pooled fund arrangements has already commenced:

- Western Bay region has undertaken a population needs assessment with input from the 3 LAs, ABMU HB and the third sector with engagement and consultation from service users/citizens.
- A regional care homes commissioning strategy has been created and endorsed by each of the LAs and the Health Board.
- Each local authority has created a Market Position Statement (MPS) which has enabled the development of a regional integrated MPS document.
- An integrated approach to quality assurance has been developed via the Regional Quality Framework (RQF)
- Template s33 agreements for legally binding partnership agreements have been created.
- Work to create a common contract across the region commenced on 11.10.17. This will standardise contract terms and conditions across the four organisations and is scheduled for completion by April 2018.
- A common process for setting fee rates is being explored. It is intended that this will lead to a shared methodology but not a shared rate.
- Work to develop a common data set and information management system is also being developed with support from the National Commissioning Board through the shared WCCIS health and social services database which is planned to be implemented. This will enhance market understanding. A shorter term solution may be needed to share information between the partners in the interim.

## 7. Support from an independent organisation

Support from an independent organisation may be required to support partners to overcome barriers to implementation. The nature of pooled fund arrangements is complex. Achieving full implementation may require independent support to facilitate a detailed evaluation of problems and solutions in relation to the following factors:

- Financial risks
- Commissioning process compatibility
- Organisational and workforce capacity
- Political and organisational acceptability
- Impact on market stability

Risks associated with each of these issues is described later in the report. Independent support to assess the magnitude of change required and the responses needed to achieve acceptable change may be essential given the degree of work involved, capacity of commissioning teams to take on additional workloads, and need for bipartisan solutions.

The role of the independent organisation is to act as “honest broker.” This may involve:

- Review and make recommendations regarding the operational model, including the workforce components that are required for effective fund management in the context of the Western Bay Care Homes Commissioning Strategy.
- Make recommendations regarding the processes that will be needed to ensure that eligibility decisions are made appropriately.
- Ensure there is a comprehensive engagement process to ensure ownership across all partner organisations including developing a common language and common objectives and outcomes for the use of the pooled fund.
- Use local data including the population assessments to inform the creation of the fund and make recommendations for a Resource Contribution Model that considers the current levels of expenditure.
- Recommend a process for ongoing future review and alignment of Partner Contributions.



- Make recommendations concerning the opportunities to develop a fair and consistent approach to fee setting.
- Develop a communications plan for informing and engaging all relevant staff, stakeholders in particular independent sector providers, care home residents and their carers.

## **8. Outcomes to be achieved via pooled funds**

Pooled funds are merely a means to an end. Ultimately pooled funds must be used to create commissioning models which will:

- a. Improve the experience of residents and their families;
- b. Address local and regional commissioning priorities;
- c. Create positive financial impacts or improved efficiency for each partner;
- d. Deliver more sustainable and resilient services;
- e. Be manageable and deliverable.

Achieving these changes will mean doing things differently. It may mean commissioning different models of care, improving pathways into care, reducing process problems that impede timely and flexible solutions for residents, improving information sharing between partners and creating more congruent and more efficient commissioning processes.

The suggested options available for implementation have been considered against the high level criteria at later in the report.

## **9. Perceived risks which may impact deliverability**

Pooled funds on such a large scale are new territory for all partners. Understandably there is some degree of nervousness about the complexity and level of risk that these arrangements will present. Examples of risk issues raised by partners include:

**Financial Risks** - underestimating the contribution of partners; Managing resource shortages where contributions of partners are insufficient perhaps due to unforeseen levels of demand or problems controlling types of placement; The potential for cross subsidisation; the loss of control over treasury management rights; difficulty committing future resources without knowing settlement figures and in the context of reduced budgets; VAT complications which could arise when purchasing

services from a pooled fund (given different rules which apply for LA's and Health Boards).

***Deliverability due to complexity*** - establishing a regional pooled fund may have implications for all processes which operate to enable care home placements. This could include "pathway" processes from initial assessment, authorisation, placement options, contracting, performance management, payment of providers and termination. It could also include planning and commissioning functions such as demand analysis, service model development, strategy design, contract development and fee rate negotiations. Assessing the implication of regional pooled funds on these functions may require a whole systems review.

***Organisational and workforce capacity*** - reengineering processes may have big implications. If a one partner is asked to take a host or lead role this could significantly impact workloads. For example, if one finance team were to make payments to all Providers across the region on behalf of all partners, this could triple the current workload. This is just one of the functions that may need to be redesigned.

***Political and organisational acceptability*** - underpinning part 9 is the principle that doing things 22 different ways is not sustainable. This position, though not explicit, is one which encourages greater centralisation or standardisation as a way to achieve improved efficiency. This has obvious workforce connotations that carry legal and political acceptability risks and may pose democratic accountability problems where one authority commissions on behalf of another.

The WG led consultation regarding the Bridgend CBC separation from Western Bay and alignment with the Cwm Taf region will have political and practical implications. Bridgend CBC and the Western Bay Programme Office officers have been working closely with Cwm Taf region to ensure minimum duplication of approach. WG senior officials have indicated that Bridgend's participation in the pooled fund arrangement may be delayed until April 2019. The Section 33 agreement binding the partners to the pooled fund arrangement has been drafted to allow one party to the agreement to terminate without impacting on arrangements for the remaining partners. This is possible on the basis that preferred options favour a phased approach to achieving pooled funds which starts with aligning activity and spend in the first year. No actual financial risk sharing is intended until 2019/20. By this time the position regarding Bridgend CBC's future will be known.

Impact on market stability. Systems changes may need to be carefully planned to avoid negative market impacts. Any proposed changes to systems which affect ability to make placements, ensure quality or pay providers should be assessed carefully. Changes to commissioning processes or structures must be capable of responding to market volatility. Process for achieving political approval across several organisations may well lead to a delay in decision making and responsiveness. Pooled fund arrangements will need to ensure that commissioners (or the lead commissioner if appropriate) can respond quickly to sudden market changes such as closure or crisis affecting continuity of services.

**Risks to Service Users** - rushing to achieve change could lead to problems described and may negatively affect services and people who use them.

At this stage, the extent to which these issues are a genuine threat is not clear. Further work is needed to explore the impacts of options for delivering pooled arrangements.

## **10. The Options**

Having regard to the risks and benefits referred to, the following options are suggested. These options are presented as examples of possible solutions. There are elements of each which in a sense are transferrable and this allows for other permutations:

### **OPTION 1 – Aligning Expenditure to avoid financial risk sharing with a phased approach to pooled fund**

Creation of a S33 agreement between all of the parties to define the scope and high level aims and objectives of pooled fund arrangements. Allow for a termination clause which enables one party to exit without impacting on the validity of the agreement for the remaining parties. Creation of a mechanism for capturing a detailed understanding of each partners expenditure on care home placements for 2018/19.

Generate a regional view of all activity and placement data, including Continuing Health Care spend, 1:1 staffing level expenditure and other high cost placements and areas of unmet need.

Generate a plan during 2018/19 to undertake small scale targeted pooled fund commissioning to address to common areas of unmet need for 2019/20. This could include:

- Development of additional dementia nursing services, perhaps with more detailed service specifications that are clearer about service level requirements such as staffing levels, training expectations, environmental standards and outcomes requirements, as examples.
- Development of Bariatric services to provide specialist care for people with severe obesity. This could involve developing a single unit within an existing service or encouraging development of a small number of specialist beds across a number of settings.
- Development of assessment and reablement services which enable temporary step up to care home accommodation in response to illness or crisis and prevent avoidable hospital admissions; or which enable more timely transfer of care from hospital, followed by a period of care that enables a return home and prevents an avoidable long term care home placement.
- Development of dedicated respite beds to provide greater support for carers which enhances potential for people to remain living independently and potentially delays or avoids long term care home admission. This could include developing respite services for people with more complex dementia and nursing needs.
- Development of enhanced residential personal care services which offer some level of nursing provision, or access to additional community nursing and associated wrap around services. This has potential to enable people to remain in their preferred care home for longer, and is consistent with regulatory changes which encourage more flexible services. It could prevent escalation of need and avoid the need to transfer residents to more intensive and costly services, and could contribute to more effective use of nursing resources across the sector.

(These options are offered as examples only. A more detailed evaluation of options and objectives will be agreed by the pooled fund task and finish group).

Use learning from targeted pooled fund arrangements to develop detailed full pooled proposals with shared responsibility for agreeing liability for costs for 2020/21.

Create a mechanism for aligning expenditure which will enable each party to contribute revenue at quarterly or monthly intervals based on planned expenditure for 2018/19, and receive an equivalent sum back from the pooled fund prior to the start of each period; or each partner to invoice the pool fund for expenditure incurred against their contribution at the end of the period, (an in and out arrangement). This method would prevent any financial risk sharing for the first year and would avoid the possibility of any cross subsidisation.

### **OPTION 2 – Pooled Fund with limited hosting responsibilities**

Creation of s33 as per option 1.

Create hosting and governance arrangements to allow 1 party to receive and manage funds at fixed intervals (monthly or quarterly).

Introduce contract variations to allow Providers from across the region to receive monthly payment from the host organisation.

Create mechanisms to reconcile monthly over / underspend for each partner and minimise financial risks.

Except for payment arrangements, maintain all other functions, processes and workforce arrangements at a local level (e.g. separate contracts, commissioning teams, social work, access to care and quality assurance arrangements etc.).

Develop arrangements as stated in option 1 (point 3) to assess opportunities for further developing pooled fund arrangements from 2019/20 (targeted joint commissioning to address gaps in services or reshaping commissioning process / structures to achieve efficiencies, as examples).

### **OPTION 3 – full pooled fund for 2018/19**

A whole systems regional approach to commissioning care home placements from point of assessment of need to payment of Providers and termination of contracts.

Requires full financial risk sharing with systems for calculating contributions, reconciling over and underspends at frequent intervals and timely adjustments to maintain manageable cash flow for host partner.

This option suggests either standardisation of commissioning processes to ensure compatibility, or centralisation to achieve efficiencies and avoid duplication (otherwise why create pooled resources?).

A pooled fund may involve developing lead commissioning arrangements so that one party can coordinate the development of overarching strategies and processes for making placements, or, shared arrangements whereby partners accept responsibility for leading on certain aspects.

Ultimately this option must lead to better outcomes for people and achieve efficiencies. It should lead to doing things differently so that commissioning strengthens the resilience of the market; achieves a level of equilibrium between demand and supply; improves access, promotes choice and reduces delayed transfers of care; optimises value for money by improving understanding of provider costs and combining resources to add value and achieve savings. This option will need to be evaluated carefully to determine how processes and services can be changed to achieve these objectives.

### 11. Assessment of each option (Against high level outcome criteria)

The table below offers an initial assessment of each of the proposed options against the suggested outcomes criteria (including risk factors) and assumes that each outcome is weighted equally.

<b>OUTCOMES</b>		Option 1 Phased approach Align budgets yr 1 Targeted pf yr 2 Full PF yr 3-5	Option 2 Phased approach Align budgets yr 1 PF with limited hosting responsibilities Yr 2	Option 3 Full PF year 1
Improve outcomes for residents and families	A	4	3	1
Address local and regional commissioning priorities	B	4	3	1
Create positive financial impacts or improved	C	4	4	1

efficiency for each partner				
Deliver more sustainable and resilient services	D	4	2	1
Be manageable and deliverable (having regard to the risks)	E	3	3	1
<b>TOTAL SCORES</b>		19	15	5

Score	Description
4 or 5	Meets criteria. Major improvement likely. Potential for substantial advantages. Best Outcome
2 or 3	Partially meets the criteria. Some improvements. Potential advantages outweigh potential disadvantages. Acceptable Outcome.
0 or 1	Does not meet the criteria. No improvement is likely or could be worse off. Potential disadvantages outweigh any potential advantages. Worst Outcome.

## 12. Preferred options with rationale

The table above suggests that option 1 scores highest against the proposed criteria for evaluation and is therefore the preferred option. This conclusion has been presented to partners as the basis for further discussion. All stakeholders have been asked to fully consider the options and evaluation criteria before assessing the implications and deciding whether one of the proposed options or some other variation is preferred.

## 13. Further considerations

A Pooled Fund meeting with WG officials and representatives from the 7 health and social care regions occurred on 20<sup>th</sup> November. The following position emerged:

- WG assumption and expectation that a pooled fund arrangement will be in place by 1 April 2018 in each region, or significant progress towards it.
- WG wishes to provide a coherent package of support to achieve this (discussed what this might look like in terms of back fill capacity but nothing specific beyond that but we were invited to consider what it could look like)

- Policy officials have made the case to Ministers that the deadline will be challenging and the position ultimately is that we need to show progress towards a pooled fund arrangement.
- Several regions are progressing a 'non risk sharing pooled budget' arrangement.
- Strong representations have been made concerning the potential boundary change of Bridgend / part ABMU HB to Cwm Taf region but nothing confirmed by WG to date in terms of timings (consultation closed on 7<sup>th</sup> March 2018), except acknowledgement that any work undertaken should allow for the simple disaggregation of Bridgend from Western Bay to Cwm Taf. There is an expectation that Bridgend will have a pooled fund in place.
- Some regions have agreed the host for the pooled fund, some have not.
- Expectation that the pooled fund would be progressed for care home accommodation for older people by April 2018 and potentially for Learning Disability and Mental Health by April 2019 but further advice was sought on this and in a timely way.
- Emphasis from several regions that the requirement for the pooled fund as a tool to evidence a commitment to joint working was distracting from the progress being made in integrated working between health and social care.
- Discussion about cross subsidisation and clarity on legality sought by some regions.
- WG have sought a high level description of progress to date and what the commitment looks like to the pooled fund arrangements. It was noted that until decisions are taken through Cabinets and Health Boards, that level of commitment cannot be confirmed. WG keen to support the regions achieve the requirement.
- Discussion about either, the National Commissioning Board, ADSS and WLGA looking to call people together to discuss the issues, or seeking assurance from leads regionally of the position by April 2018.

WG have acknowledged the challenges associated with establishing pooled fund arrangements and during the initial implementation phase are content with non-risk sharing arrangements; however, WG have created a clear expectation that proper full pooled fund arrangements are implemented for 2019/20.

#### **14. Proposed Options**



Members will note that the options outlined have been considered at the Community Services Board on the 14<sup>th</sup> December which concluded:

- Western Bay are unable to commit to a completely regional pooled fund due to the proposed boundary change of the Health Board that, if agreed, will affect Bridgend.
- Western Bay will need to manage messages to WG in a more constructive and positive way to best reflect the progress already made.
- It would be most realistic to progress the transactional approach with suggested pilots as outlined in Option 1.
- Action is needed to ensure all Western Bay colleagues across all organisations are invested in developing the Pooled Fund and have the same understanding of what the pooled fund aims to achieve for services.

A task and finish group comprising legal, finance and senior managers from each partner organisation met on the 11<sup>th</sup> of January to decide which option or combination of options is preferred. Having regard to the issues set out in this paper and giving consideration to the strengths, weaknesses, risks and benefits outlined, the following decisions were reached.

**Option 1:** It is recommended that each partner organisation commits to the creation of a pooled fund which involves implementing options with the City and County of Swansea acting as host organisation during 2018/19. Under option 1 the costs incurred by each of the four organisations during each quarter will be charged to the pooled budget held by CCOS and offset by the contributions made by each partner. Contributions will be based on the actual costs incurred in that quarter and will be timed to coincide with the charges so that no adverse cash flow implications are incurred by any of the Partners. The mechanism as described would mean there is no financial risk sharing in the first year of this new arrangement and no possibility of cross subsidisation between the parties.

**Option 2:** offers little value to citizens and should be disregarded.

**Option 3:** is too complex to achieve in the short-term. Further work is required to evaluate obstacles and propose solutions.

The options described have been considered by the Western Bay Leadership Group on 12/01/2018 who supported the decision of the Pooled Fund Task and Finish group to recommend Option 1.

The Western Bay Regional Partnership Board have also endorsed option 1: Aligning Expenditure to avoid financial risk sharing with a phased approach to pooled fund, as the preferred approach

## **15. Recommendation**

Members are asked to approve that Neath Port Talbot County Borough Council agree to take forward option 1 as the preferred approach and for officers to work with Western Bay partner organisations to progress this option.

## **16. Reasons for Proposed Decision**

Option 1 will allow Neath Port Talbot County Borough Council to be compliant with the Social Services and Wellbeing (Wales) Act 2014 and has been identified as being the option that will produce the greatest benefits in 18/19.

## **17. Implementation of Decision**

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

## **18. Next steps**

Further work is required to progress joint commissioning arrangements and fully implement requirements outlined under Part 9 of SSWBA. This work will be coordinated by the Pooled Fund Task and Finish Group and overseen by the Care Homes Sub Group of the Community Services Board. Immediate actions identified by the task and finish group to progress arrangements are as follows:

	<b>ACTION</b>	<b>TIMESCALE</b>
1.	Finalise amendments to S33 legal agreement and share for comment / sign off	20.04.18
2.	Update IPC on likely future requirements	Completed

3.	Care Home Sub Grp / Pooled Fund Task and Finish group to agree detailed arrangements for progressing option 1	Ongoing
4.	Develop detail of method for capturing spend / aligning expenditure during 2018	Initial draft completed
5.	CCOS to confirm hosting and governance arrangements for 18/19	01.04.18
6.	Pooled Fund Task and Finish Group / Care Homes Sub Grp to agree detailed arrangements/timescales for progressing fee setting process.	01.04.18
7.	Contracts working group to complete regional care homes contract terms and conditions.	01.04.18
8.	Undertake further evaluation of obstacles and risks which prevent full pooled fund implementation.	20.04.18

### **19. Equality impact assessment**

Pooled Fund objectives are intended to create more integrated services which improve services. An EIA screening form has been completed by Western Bay, with the agreed outcome that a full EIA report is not required at this stage. Some consultation may occur as more detailed proposals are developed. Proposals will continue to be screened for equality impacts as work progresses and full EIA reports will be completed if required.

The EIA screening can be found at Appendix 2.

### **20. Workforce impacts**

There are no workforce impacts arising from this report.

### **21. Legal impacts**

There are no legal impacts arising from this report.

### **22. Financial impacts**

There are no financial impacts arising from this report for 2018/19. Pursuing Option 1 and jointly commissioning a small number of specialist beds to meet shared areas of unmet need during 19/20 could have cost implications. This would depend on the models commissioned

and arrangements for hosting and governing the pooled funds. These details are to be determined. Implementing Option 1 in the way described would mean there is no risk sharing in the first year of this new arrangement and no possibility of cross subsidisation between the parties.

### **23. Consultation**

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

### **24. Risk Management**

There are no risk management requirements arising from this report.

### **25. Appendices**

Appendix 1: EIA Screening

### **26. Background Papers**

Not Applicable

### **27. Officer Contact**

For further information on this report item, please contact Chele Howard, P.O. Commissioning Unit, email: [c.howard@npt.gov.uk](mailto:c.howard@npt.gov.uk) and Geoff Powell, Group Accountant tel: 01639 686602, email: [g.powell@npt.gov.uk](mailto:g.powell@npt.gov.uk)

## Equality Impact Assessment Screening Form – 2017/8

**Please ensure that you refer to the Screening Form Guidance while completing this form. If you would like further guidance please contact the Access to Services team (see guidance for details).**

### Section 1

Which service area and directorate are you from?

Service Area: Social Services

Directorate: People

### Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

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

### (b) Please name and describe here:

Proposals for implementing Pooled Fund Arrangements for care homes; to meet duties under part 9 of the SSWBA by adopting a phased approach which allows for non-risking sharing alignment of spend and activity during the first 12 months, and a small scaled pilot pooled fund from 2019/20 to create some additional capacity to address unmet needs for older people.

### Q2(a) WHAT DOES Q1a RELATE TO?

Direct front line  
service delivery

(H)

Indirect front line  
service delivery

(M)

Indirect back room  
service delivery

(L)

### (b) DO YOUR CUSTOMERS/CLIENTS ACCESS THIS...?

Because they  
need to

(H)

Because they  
want to

(M)

Because it is  
automatically provided to  
everyone in Swansea

(M)

On an internal  
basis  
i.e. Staff

(L)

### Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING...

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Children/young people (0-18) →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older people (50+) →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race (including refugees) →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asylum seekers →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or (non-)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"/>
Gender reassignment	→	<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"/>
Poverty/social exclusion	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers)	→	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion	→	<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"/>

---

**Q4 WHAT ENGAGEMENT / CONSULTATION / CO-PRODUCTIVE APPROACHES WILL YOU UNDERTAKE?**

**Please provide details below – either of your planned activities or your reasons for not undertaking engagement**

Options presented will not initially have any direct impact on residents or citizens. Some small scale pooled fund proposals will be generated as a mechanism for achieving integrated systems of care that are more person centred and improve outcomes for people. Pooled funds are an opportunity for partners to work together to understand issues affecting quality and stability of services. Shared understanding and common goals can help to develop more strategic, collaborative solutions for improving care and providing more relevant, sustainable services. No detrimental impacts are foreseen for people with protected characteristics. Some consultation may occur as more detailed proposals are developed but at these stage no specific proposals have been developed.

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**Q5(a) HOW VISIBLE IS THIS INITIATIVE TO THE GENERAL PUBLIC?**

High visibility <input type="checkbox"/> (H)	Medium visibility <input type="checkbox"/> (M)	Low visibility <input checked="" type="checkbox"/> (L)
---	---	---

**(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION?** *(Consider the following impacts – legal, financial, political, media, public perception etc...)*

High risk <input type="checkbox"/> (H)	Medium risk <input type="checkbox"/> (M)	Low risk <input checked="" type="checkbox"/> (L)
---	---	---

**Q6 Will this initiative have an impact (however minor) on any other Council service?**

Yes       No      **If yes, please provide details below**

**Q7 HOW DID YOU SCORE?**

*Please tick the relevant box*

**MOSTLY H and/or M → HIGH PRIORITY →  EIA to be completed**

**Please go to Section 2**

**MOSTLY L → LOW PRIORITY / EIA →  Do not complete**

**NOT RELEVANT**

**Please go to Q8 followed by Section 2**

**Q8 If you determine that this initiative is not relevant for an EIA report, you must provide a full explanation here. Please ensure that you cover all of the relevant protected groups.**

Recommendations made will not initially have any direct impact on residents or citizens. Some small scale pooled fund proposals will be generated as a mechanism for achieving integrated systems of care that are more person centred and improve outcomes for people. Pooled funds are an opportunity for partners to work together to understand issues affecting quality and stability of services. More integrated commissioning will enhance shared understanding and development of more strategic, collaborative solutions for improving care and providing more relevant, sustainable services. No detrimental impacts are foreseen for people with protected characteristics. Proposals will continue to be screened for equalities impacts as work progresses and a full equalities impact assessment will be undertaken if required.

**Section 2**

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email – no electronic signatures or paper copies are needed.

<b>Screening completed by:</b>
Name: Peter Field
Job title: Western Bay Pooled Fund Manager
Date: 24.01.2018
<b>Approval by Head of Service:</b>
Name:
Position:
Date:

**Please return the completed form to [accesstoservices@swansea.gov.uk](mailto:accesstoservices@swansea.gov.uk)**



**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

**SOCIAL CARE, HEALTH & WELL-BEING CABINET  
BOARD**

**10th May 2018**

**Report of the Head of Commissioning, Support and  
Direct Services - A. Thomas**

**Matter for Information**

**Wards Affected:**

All wards

**UPDATE ON THE COMMISSIONING STRATAGY FOR  
CARE HOMES FOR OLDER PEOPLE: NEATH PORT  
TALBOT IMPLEMENTATION PLAN 2016/2019 AND  
THE OLDER PERSONS RESIDENTIAL CARE HOMES  
IN NEATH PORT TALBOT REPORT**

**Purpose of the Report**

1. To provide Members with an update on the progress of the Commissioning Strategy for Care Homes for Older People: Neath Port Talbot Implementation Plan 2016-2019 (Appendix 1).
2. To provide Members with a report on the Care Home market in Neath Port Talbot (Appendix 2).

## **Executive Summary**

3. The Commissioning Strategy for Care Homes for Older People: Neath Port Talbot Implementation Plan 2016-2019 update sets out key achievements against the identified objectives.
4. The Older Persons Residential Care Homes in Neath Port Talbot Report provides an overview of the current market position for these services in the local area.

## **Background**

### **The Commissioning Strategy for Care Homes for Older People: Neath Port Talbot Implementation Plan 2016-2019 (the Implementation Plan)**

5. Members approved the regional Western Bay Commissioning Strategy for Care Homes for Older People (the Strategy) (Background Paper 1) and accompanying Implementation Plan on 2nd November 2017.
6. The aim of the Strategy is to set out a shared commitment from the Western Bay Health and Social Care Partnership, to ensure that there continues to be a sustainable range of high quality care home placements to meet the needs of older people within the Western Bay (WB) local authority areas.
7. Implementation plans that span the period 2016-2019 have been developed for each local authority area in partnership with Abertawe Bro Morgannwg University Health Board (ABMU HB).
8. The Implementation Plan has been developed from the Strategy and aims to describe the actions and activities that Neath Port Talbot County Borough Council (the Council) will be undertaking in response to the key objectives identified in the Strategy, namely:-
  - a. Better access to care home services most suitable to people's needs;
  - b. Increased choice for service users;

- c. Consistent high levels of quality standards for service users;
  - d. Services that offer value for money;
  - e. An effective and sustainable care home market;
  - f. Attract high quality care home providers to the Western Bay area.
9. In order to achieve these objectives, the following key strategic areas have been identified for the 10 year period of this Strategy:
- a. Build trust and strengthen partnership;
  - b. Ensure quality;
  - c. Build and communicate an accurate understanding of future demand for services;
  - d. Work together to develop and support a sustainable and motivated workforce;
  - e. Build a fair and sustainable care home market supported by reasonable fee levels;
  - f. Ensure care homes fit within and are supported by a well organised local health and social care system.
10. Areas of The Implementation Plan will be delivered by those responsible leads named in the Plan, with monitoring of the Implementation Plan undertaken by the Western Bay Care Home Sub group as part of the standard agenda item. The Implementation Plan will be reviewed with the Cabinet Member for Social Care, Health & Well-being on an annual basis.

### **The Older Persons Residential Care Homes in Neath Port Talbot Report**

11. There are currently 23 care homes in the Neath Port Talbot area, with a total of 983 beds, including 14 private dual registered homes, five private residential homes and four homes managed by Pobl/Gwalia.

12. Evidence shows that people wish to remain within their own homes and communities for as long as possible. In response to changing expectations, needs and demands, the Council has proactively worked with partners, including ABMU HB, the third sector, local community resources and private providers to implement a range of responses that supports people to regain or maintain optimum levels of independence within their own homes and communities.
13. As a result of these interventions, the demand for standard residential care has reduced. In addition, as the local older age population increases, it is anticipated that the number of people with dementia, requiring specialist complex dementia nursing support will also increase.
14. In response to the above changes in demand, there is a need for the Council to work with the market to ensure that there is sufficient care home capacity to meet future demand, in particular specialist complex dementia nursing beds.
15. The Report sets out the current position for the care home market in Neath Port Talbot and the types of provision we will need to meet future demands.

### **Financial Impact**

16. In Neath Port Talbot the budget for older people's services in 2018/19 includes £13,268,930 for residential care.
17. The Councils Adult Social Care budget is set in line with the Forward Financial Plan (FFP). The Directorate strives to manage the cost of residential care within the overall budget for Adult Social Care and will ensure that the financial implications of the Strategy and Implementation Plan will be managed within the overall context of the FFP.

### **Equality Impact Assessment**

18. There are no equality impacts associated with this report.

### **Workforce Impacts**

19. There are no workforce impacts associated with this report.

## **Legal Impacts**

20. There are no legal impacts associated with this report.

## **Risk Management**

21. There are no additional risks associated this report.

## **Consultation**

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

## **Recommendations**

23. It is recommended that Members note The Commissioning Strategy for Care Homes for Older People: Neath Port Talbot Implementation Plan 2016-2019 update and the Older Persons Residential Care Homes in Neath Port Talbot Report.

## **Appendices**

24. Appendix 1 – Commissioning Strategy for Care Homes for Older People: Neath Port Talbot County Borough Council Implementation Plan 2016/2019 Update.
25. Appendix 2 - Older Persons Residential Care Homes in Neath Port Talbot Report

## **List of Background Papers**

26. Cabinet Report - Western Bay Commissioning Strategy for Care Homes for Older People, 2nd November 2017:

<http://moderngov.neath-porttalbot.gov.uk/documents/s33263/NEATH%20PORT%20TALBOT%20COUNTY%20BOROUGH%20COUNCIL%20CAB%20REP%20DRAFT%20NOV%20final.pdf>

## **Officer Contact**

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Social Services, Health & Housing

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Email: [a.j.thomas@neath-porttalbot.gov.uk](mailto:a.j.thomas@neath-porttalbot.gov.uk)

Chele Howard, Interim PO for Commissioning

Phone: 01639 685221

Email: [c.howard@npt.gov.uk](mailto:c.howard@npt.gov.uk)



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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 we will be undertaking in response to the key priorities identified in this strategy.

## 2. Objectives and Priorities

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

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

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

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

### 3. Our Implementation Plan

Strategic Area 1: Build trust and strengthen partnership				
Outcomes	<ul style="list-style-type: none"> <li>• Supports innovation</li> <li>• Improves quality</li> <li>• Attracts high quality care home providers to the Western Bay area</li> <li>• Providers better able to plan and develop to meet changing needs</li> <li>• Positive climate for addressing workforce and financial challenges</li> </ul>			
Objective/Activity	Milestones	Responsible	Timescale	Update
Publish and consult on Market Position Statement (MPS)	<ul style="list-style-type: none"> <li>• Engage with providers</li> <li>• Draft MPS</li> <li>• Agree and publish</li> </ul>	Principal Officer - Commissioning / Contracting Officer Local Authority (LA)	October 2016	Refreshed MPS was published in Summer 2017. This updated version has been circulated to all providers. The aim of the MPS is to assist providers to plan future services and the document informs them of expected future demand and type of service that the LA and ABMU will be looking to commission in the future.
To build further on the	<ul style="list-style-type: none"> <li>• Terms of Reference have been reviewed</li> </ul>	Commissioning /	April 2017	TOR have been reviewed and agreed by providers.

<p>Provider Forums which have been successfully relaunched.</p>	<ul style="list-style-type: none"> <li>• New style Provider Forums have been launched as a result of workshops with providers.</li> <li>• Continue to consult and improve provider meetings going forward in 2017.</li> <li>• Provide appropriate presentations, advice and information.</li> </ul>	<p>Contracting Officer LA Providers</p>		<p>The relaunch of provider forums has improved attendance, averaging 85% compared to the previous 65%. Consultation with providers is ongoing through questionnaires, they also have input into presentations requests for provider forums.</p>
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**Strategic Area 2: Ensure quality**

<p align="center"><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Consistent high levels of quality standards for service users</li> <li>• Increased choice for service users</li> <li>• Attract high quality care home providers to the Western Bay area.</li> </ul>			
<p align="center"><b>Objective/Activity</b></p>	<p align="center"><b>Milestones</b></p>	<p align="center"><b>Responsible</b></p>	<p align="center"><b>Timescale</b></p>	<p align="center"><b>Update</b></p>
<p>Implement joint health and social care monitoring using the Regional Quality Framework</p>	<ul style="list-style-type: none"> <li>• Review procedures for use of the RQF</li> <li>• Review reporting mechanisms to LA &amp; ABMU</li> <li>• Instigate joint monitoring meetings</li> </ul>	<p align="center">Contracting Officer/ Lead Nurse LTC LA &amp; ABMU</p>	<p align="center">January 2017</p>	<p>NPT is the only LA across Western Bay to have implemented joint monitoring with ABMU since 2008, i.e. prior to the RQF. A joint review of procedures and reporting methods takes place on an annual basis or sooner if necessary.</p>

<p>Continue to implement an enhanced payment system based on the Regional Quality Framework</p>	<ul style="list-style-type: none"> <li>• Implementation of the RQF since January 2016</li> <li>• All care homes have been benchmarked against the Bronze standard. Ongoing consultations with providers on how the monitoring team can best support care homes to raise standards and meet the next award.</li> </ul>	<p>Principal Officer – Commissioning Officer Commissioning Team/Providers</p>	<p>2016/17</p>	<p>Neath Port Talbot continue to award a Quality Premium for homes that have delivered a high standard of service; payments will be subject to review for 2018/19. During 2017/18 all care homes including Border Homes have been reviewed and accredited for 2017/18 against both Bronze and Silver standards of the RQF. Consultations with providers on how the monitoring team can best support care homes to raise standards and meet the next award are ongoing.</p>
<p>Develop a tool for the 15 step challenge in the care home setting</p>	<ul style="list-style-type: none"> <li>• Care Homes sub-group to develop the tool and methodology</li> </ul>	<p>Contracting Officer/ Lead Nurse LTC LA &amp; ABMU</p>	<p>March 2017</p>	<p>The Western Bay Care Homes sub-group is developing a tool that will follow the 15 step challenge, which is a healthcare document first used in hospitals. The document will be adapted for use in care homes and will set out guidance for non-officers and elected members to assist them when carrying out lay visits to care homes.</p>

<p>Audit care home providers to identify risks to future sustainability of individual care homes</p>	<ul style="list-style-type: none"> <li>• Introduce survey at provider forum</li> <li>• Design survey with Providers</li> <li>• Implement</li> <li>• Analysis</li> <li>• Discuss at provider forum</li> <li>• Recommendations</li> </ul>	<p>Commissioning Officer</p>	<p>September 2018</p>	<p>Work is underway across Western Bay to standardise the approach.</p>
<p>Early indicators in place that identifies concerns at care homes. Review existing arrangements for preventing and managing provider failures</p>	<ul style="list-style-type: none"> <li>• Processes in place to identify and respond to early indicators of concerns in care homes</li> <li>• Recruit task/finish group</li> <li>• Review and update existing Provider Failure policies</li> <li>• Complete consultation</li> <li>• Sign off</li> </ul>	<p>Commissioning Officer</p>	<p>September 2018</p>	<p>The Escalating Concerns Policy has been updated and approved by the Adult Safeguarding Board. The new document was circulated to care home providers for feedback. The updated document contains guidance for identifying homes that should be considered at risk. This helps to manage potential escalating concerns at a much earlier stage. In addition, working with and supporting the care home at an early stage helps to resolve concerns and issues before they progress. This approach has been welcomed by the</p>

				care home sector.
<b>Strategic Area 3: Build and communicate an accurate understanding of future demand for services</b>				
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Better access to care home services most suitable to people's needs</li> <li>• Improved outcomes for citizens</li> <li>• Reduced waiting lists and "blockages" elsewhere in the health and social care system</li> </ul>			
<b>Objective/Activity</b>	<b>Milestones</b>	<b>Responsible</b>	<b>Timescale</b>	<b>Update</b>
Consider opportunities to enhance integration with ABMU in the commissioning of long-term care services	<ul style="list-style-type: none"> <li>• Task/finish group</li> <li>• Proposals to appropriate governance body</li> </ul>	LA/ABMU	2016/17	The LA and ABMU are working together to commission long term care, there are a number of initiatives being considered at present to encourage new providers into the area. There is also a move towards enhanced integration with joint commissioning for care home placements. A Pooled Fund Manager was recruited into the post in October 2017 and a Task & Finish Group was established in January 2018. An options paper that was developed agreed a staged implementation when the pooled budget initiative starts in April 2018.



<p>Continue to engage with service providers regarding future population need and suitable service provision</p>	<ul style="list-style-type: none"> <li>• Consult with providers about future demand.</li> <li>• Share the Market Position Statement with providers.</li> <li>• Actively review commissioned services</li> </ul>	<p>LA Commissioning Team/ABMU Long Term Care Team/Providers</p>	<p>2016/17</p>	<p>The aim of the MPS is to assist providers to plan future services and the document informs them of expected future demand and type of service that LA's and ABMU will be looking to commission in the future.</p> <p>There is also a review underway of short term care provision available across the borough; this will look at demand for step up/down beds, reablement, emergency short term placements and respite.</p>
<p>Review reablement and interim provision in care homes</p>	<ul style="list-style-type: none"> <li>• Based on demand actively seek new services to commission.</li> <li>• Review the step up/down bed provision</li> <li>• Review the Reablement bed provision Care homes are providing emergency short term placements in NPT</li> </ul>	<p>LA Commissioning Team/ABMU Long Term Care Team/Providers</p>	<p>2017/18</p>	<p>A review is underway for short term care provision availability across the borough, this will look at demand for step up/down beds, reablement, emergency short term placements and respite.</p>

**Strategic Area 4: Work together to develop and support a sustainable and motivated workforce**

<p align="center"><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Improved recruitment and retention</li> <li>• A well trained and motivated workforce</li> <li>• Improved outcomes and satisfaction for citizens and their families</li> <li>• </li> </ul>			
<p align="center"><b>Objective/Activity</b></p>	<p align="center"><b>Milestones</b></p>	<p align="center"><b>Responsible</b></p>	<p align="center"><b>Timescale</b></p>	<p align="center"><b>Update</b></p>
<p>Co-produce a Nurse Recruitment Protocol - work together with care home sector to develop a sustainable approach to recruitment and retention</p>	<ul style="list-style-type: none"> <li>• Recruit task/finish group</li> <li>• Complete draft Nurse Recruitment Protocol</li> <li>• Complete consultation</li> <li>• Sign off</li> </ul>	<p align="center">Head of Nursing and Lead Nurse Long Term Care ABMU</p>	<p align="center">Sep 2018</p>	<p>Recruitment of qualified nurses continues to be a concern not just in Western Bay but at a national level. ABMU are currently looking at recruitment with a view of including care homes in the process. A Recruitment campaign at a national level is being considered</p>
<p>Work across the ABMU footprint to develop a proactive approach to clinical support for care homes. Implement revised Directly Enhanced Service</p>	<ul style="list-style-type: none"> <li>• Draft Terms of Reference</li> <li>• Agree meeting dates</li> <li>• Implement 4 x Clinical Support group meetings</li> <li>• Review</li> <li>• Report</li> </ul>	<p align="center">Head of Nursing and Lead Nurse Long Term Care ABMU</p>	<p align="center">April 2018</p>	<p>A direct enhanced GP service (DES) is available to support care homes and is provided by local surgeries, this is part of the ABMU initiative in developing a proactive approach to providing clinical support to care homes. There is currently a revised Direct Enhanced Service in the</p>

<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"> <li>• Review care home training opportunities</li> <li>• Publish care home training programme</li> <li>• Approved list of external training providers</li> </ul>	<p>LA Commissioning Team/ LA Training Department</p>	<p>2016/17</p>	<p>process of being implemented</p> <p>A review of training opportunities for care homes by the Training Subgroup established via Western Bay is currently taking place and will be in line with the revised Social Care Wales Health &amp; Social Care Induction Framework.</p> <p>The training programme will also link to the training requirements identified for care staff under the Regional Quality Framework. Under Social Care Workforce Development Partnership and in line with the grant requirements all care homes within NPT can access training free of charge. Care staff are able to gain a number of recognised qualifications including a Diploma in Dementia Care.</p>
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**Strategic Area 5: Build a fair and sustainable care home market supported by reasonable fee levels**

<p align="center"><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Better access to care home services most suitable to people’s needs</li> <li>• Increased choice for service users</li> <li>• Services that offer value for money</li> <li>• An effective and sustainable care home market</li> <li>• Attract high quality care home providers to the Western Bay area</li> </ul>			
<p align="center"><b>Objective/Activity</b></p>	<p align="center"><b>Milestones</b></p>	<p align="center"><b>Responsible</b></p>	<p align="center"><b>Timescale</b></p>	<p align="center"><b>Update</b></p>
<p>Implement Care Homes Pooled Budget</p>	<ul style="list-style-type: none"> <li>• Draft S33 agreement</li> <li>• Complete consultation</li> <li>• Sign off</li> </ul>	<p align="center">Head of Nursing/Head of Adult Services LA &amp; ABMU</p>	<p align="center">April 2018</p>	<p>A Pooled Fund Manager was recruited into the post in October 2017 and a Task &amp; Finish Group was established in January 2018. An options paper that was developed agreed on staged implementation when the pooled budget initiative starts in April 2018.</p>

<p>Continue with ongoing review of the commercial model used by service providers</p> <p>Review the open book exercise</p>	<ul style="list-style-type: none"> <li>• Review Care home fees by Open Book Method</li> <li>• Review concessionary payment award March 2017</li> <li>• Annual review and accreditation of care Home Services including border homes.</li> <li>• Consider Direct Payments to fund choice of care in care homes.</li> </ul>	<p>LA Commissioning Team/ LA Finance</p>	<p>2017/18/19</p>	<p>As part of the fair fee setting and sustainable care home market strategy, a sub group was set up to consult with providers regarding care home fee setting. The group were given options on the method used to set the fees for 2018/19. The providers preferred method was a light touch approach which took into consideration their cost pressures and was analysed against the CPI, and linked to the NLW. This exercise is expected to take place on an annual basis. There has been a steady increase in people opting for a Direct Payment, this has been particularly beneficial for those individuals wanting to choose to have respite in a care home other than Dan Y Bryn (a Pobl home) which at present is the default care home for all residential respite within NPT. Direct payments are providing</p>
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				people with greater choice and control. Further work is needed to maximise the benefits of Direct Payments for individuals.
Review home closure procedure through Western Bay escalating concerns sub-group	<ul style="list-style-type: none"> <li>• Review home closure procedure</li> <li>• Revise and update procedures where necessary</li> <li>• Complete consultation</li> <li>• Sign off</li> </ul>	Contracting Officer / Care Homes Quality Team Leader/Lead Nurse Long Term Care LA & ABMU	September 2018	The Escalating Concerns Policy contains procedures for home closures. This document has been updated by the Western Bay Escalating Concerns sub-group and circulated. The Policy has been signed off by the Regional Adult Safeguarding Board.

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

<p><b>Outcomes</b></p>	<ul style="list-style-type: none"> <li>• Improved outcomes for services users</li> <li>• Improved stability of placements</li> <li>• Reduced waiting lists and “blockages” elsewhere in the health and social care system</li> <li>• Improved staff morale in care homes</li> </ul>			
<p><b>Objective/Activity</b></p>	<p><b>Milestones</b></p>	<p><b>Responsible</b></p>	<p><b>Timescale</b></p>	<p><b>Update</b></p>
<p>Review and implement ABMU Interface Nurse Posts</p>	<ul style="list-style-type: none"> <li>• Complete pilot</li> <li>• Complete review</li> <li>• Implement recommendations</li> </ul>	<p>Head of Nursing ABMU</p>		<p>Work continues to take place by ABMU to review the interface of nurse posts. The Care Home Interface Nursing posts were funded from a temporary Welsh Government (WG) allocation This has been reviewed by WG and reduced significantly, therefore all schemes that were funded via this route (including the Care Home Interface Nurses) are currently under review</p>

<p>Review assessment procedures for individuals in hospital moving to care home placements</p>	<ul style="list-style-type: none"> <li>• Task &amp; Finish group</li> <li>• Complete review</li> <li>• Agree recommendations</li> </ul>	<p>Heads of Nursing ABMU</p>	<p>Western Bay have worked collaboratively between health and social care to develop acceptable timescales for assessment and service provision in and out of hospital in order to better support patient flow through the system and deliver better outcomes for patients. The LA and ABMU are working together to commission long term care,</p>
<p>Review of process relating specifically to delays in discharge from hospitals.</p>	<ul style="list-style-type: none"> <li>• Complete review</li> <li>• Agree recommendations</li> </ul>	<p>Heads of Nursing ABMU</p>	<p>Western Bay have worked collaboratively between health and social care to develop acceptable timescales for assessment and service provision in and out of hospital in order to better support patient flow through the system and deliver better outcomes for patients ABMU and LA's have established patient flow interface groups and / or equivalent partnership arrangements (including medically fit meetings and escalation conference calls) to ensure processes relating to discharge are monitored. A broker has now been employed by NPT to oversee admissions into care homes this</p>



				is assisting with Delayed Transfers of Care (DTC).
<p>Care homes have named care management assigned to individuals and care homes. Care homes have named nurse assessors</p>	<ul style="list-style-type: none"> <li>• Continue to work closely with ABMU for Joint Monitoring</li> <li>• Ensure Reablement beds are used effectively</li> <li>• Consider ways to reduce DTC</li> <li>• Review the current joint contract with ABMU</li> </ul>	LA/ABMU	2016/17	<p>In order to ensure continuity of care each care home in NPT has a designated reviewing officer for individuals, ABMU also have nurse assessors who are dedicated to a named care home and the individuals with nursing needs at the home. A broker has now been employed to oversee admissions into care homes, who is assisting with DTC. The care home contract is currently being reviewed across Western Bay and will be replaced by a regional contract. Local differences will be reflected in a number of schedules.</p>

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## APPENDIX 2



### Older Persons Residential Care Homes in Neath Port Talbot Report

#### 1. Introduction

- 1.1 Over the years, the way in which people wish to be cared for in old age has changed as more people want to remain as independent as possible within their own homes and communities. As such, care homes are no longer a first choice option for many people.
- 1.2 Neath Port Talbot County Borough Council (the Council) is committed to supporting people to remain independent within their own homes and communities. The Council has worked successfully with partners, including Abertawe Bro Morgannwg University Health Board (ABMU HB), the third sector, local community resources and the private sector to help people regain or maintain optimum levels of independence within their own homes and communities.
- 1.3 As a result of changing needs, demands, demographics and personal choices, the care home market has seen a number of changes. This report provides an overview of the current care home market in order to illustrate current and future demands for care home services.

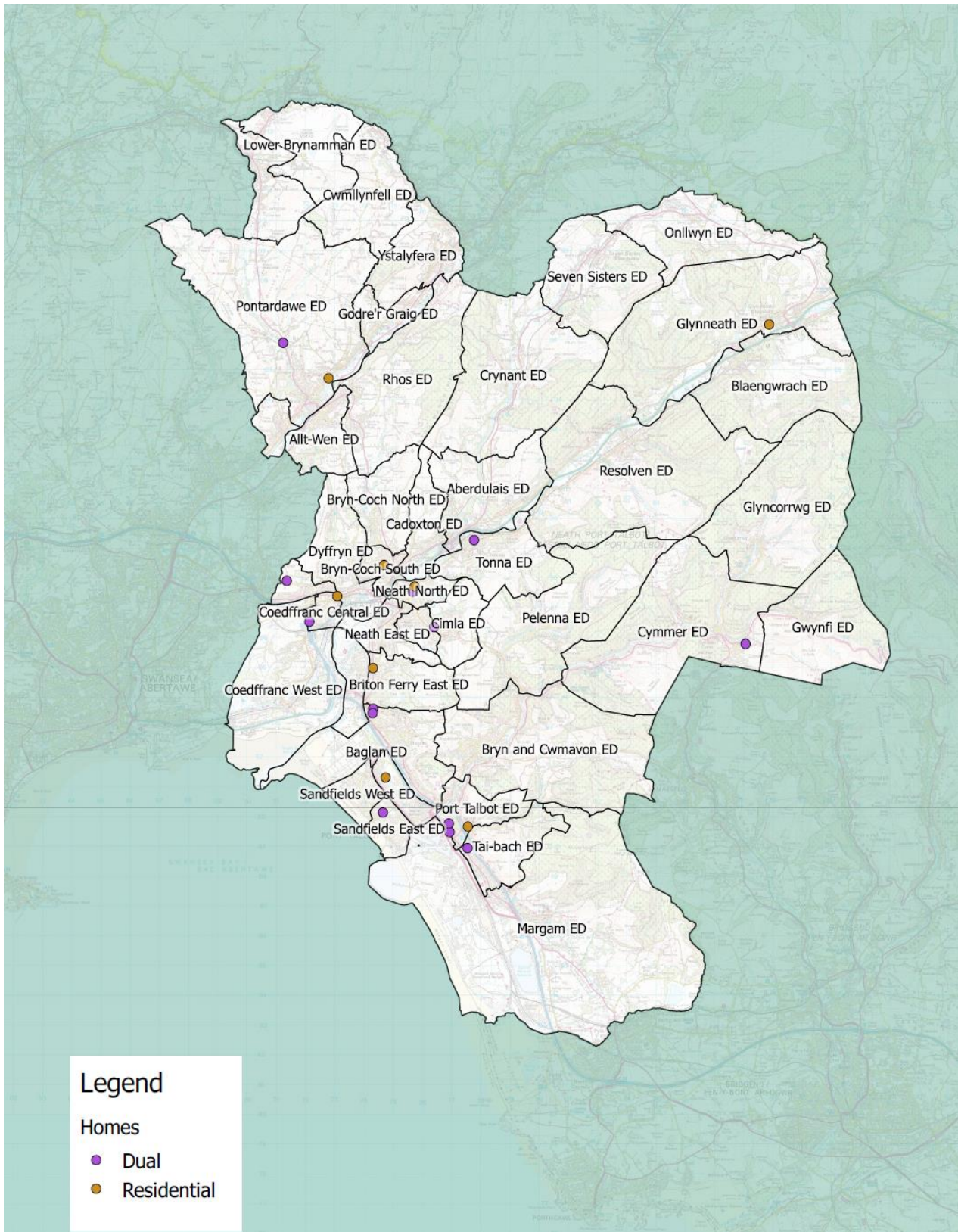
#### 2. Overview of Provision

- 2.1 Table 1 (below) sets out the current care home provision in Neath Port Talbot:

Table 1: Care Home Provision

Type of Home	Number of Homes	Total Beds	
Private Dual Registered	14	645	
Private Residential	5	148	
Pobl/Gwalia	4	Total	190
		Respite	8
		Re-ablement	11
		Assessment	12
<b>Total</b>	<b>23</b>	<b>983</b>	

2.2 The below map illustrates the spread of care homes across Neath Port Talbot. In addition to the 23 homes located in Neath Port Talbot, the Council currently has placements in two dual registered care homes and one residential care home in other local authority areas boarding Neath Port Talbot.



### **3. Anticipated Demand**

- 3.1 Whilst a changing demographic profile shows that the older age population in Neath Port Talbot will increase, this does not necessarily mean that demand for residential care homes will increase at the same rate.
- 3.2 In response to changing needs, demands, demographics and people's personal choices the Council has successfully worked with partners to implement a range of interventions and services to help people to remain or regain optimum levels of independence within their own homes and communities.
- 3.3 These interventions should result in an overall reduction in demand for standard residential care. It is also more likely that as a result of these services, people will transition into residential care at later stages of their life and have more complex needs that cannot be managed within their communities.
- 3.4 As the older age population increases, it will also be more likely that there be a growth in the numbers of people experiencing dementia, especially amongst people aged 85 and over.

### **4. Current and Future Needs**

- 4.1 In Neath Port Talbot we know that many care homes have vacancies, implying there are currently enough beds to meet demand. However, some care homes in the area hold waiting lists.
- 4.2 Existing data shows that demand for pure residential care is falling, whether as a result of intermediate tier services which allow people to stay in their communities longer, or because those with more complex health and social care needs require specialised nursing care – a pattern reflected across other parts of Wales.
- 4.3 However, demand is increasing for high level dementia care homes able to meet the needs of those people requiring EMI/dementia residential care and EMI/dementia nursing care. At present there is only one home in Neath Port Talbot that is able to meet the needs of people requiring EMI/dementia nursing care.

### **5. Wellbeing Outcomes in Care Homes**

- 5.1 The Older People's Commissioner for Wales' report "A Place to Call Home?" highlighted a range of identified areas that impact on the quality of life for people living in care homes. This will require some providers to implement changes to the way they deliver care home services.
- 5.2 In addition, The Social Services and Well-being (Wales) Act 2014 requires local authorities to focus specifically on making provisions to improve well-being outcomes for people who need care and support. This means that local authorities now need to consider the extent to which care home providers focus on improving well-being outcomes as part of the commissioning and quality monitoring process.
- 5.3 A number of care homes have made good progress in implementing ways of working that ensure residents are able to receive personalised care. The below case study is an example of how a care

home has been innovative in ensuring that their residents are able to continue doing the things that matter to them.

#### 5.4 Case Study:

A resident had been part of a group called the Friday group for a number of years, members of this group took it in turns to meet socially every Friday in each other's homes. This resident was upset that this might no longer continue once he was living in a care home. However, the home fully embraced this important aspect of his life and has supported him to continue with this social evening including providing a curry night for the resident and his friends.

### **6. Conclusion**

- 6.1 Although demand for services to support people in their own homes and communities has increased, for some people residential care may be the most appropriate solution to meet their complex needs. As such, care homes continue to be an important part of the local market going forward.
- 6.2 The report clearly demonstrates the need to look at commissioning services with providers who are forward thinking and have a positive and proactive commitment to working in partnership with the Council in order to re-shape traditional models of care, so that we are able to continue meeting future demands and needs.
- 6.3 It is for this reason that commissioners will work to encourage new providers into the borough to provide homes that will cater for people with more complex needs and dementia, for example EMI/dementia nursing care homes. In addition, commissioners will work with existing providers to transform their current provision in line with identified demands. This is an identified priority for commissioners who are currently considering available options.

### **7. Definition of Terms**

#### **Residential Home**

Residential care homes provide personal care and accommodation only.

People who live in these homes either fund themselves or could be partly or fully funded by the local authority, depending on their individual financial circumstances.

They do not have high dependent nursing needs and any nursing intervention can be managed by district nurses (e.g. pressure sores, dressings that need changing or to administer injections).

#### **Nursing Home**

Nursing homes provide 24/7 around the clock nursing care to people who have been assessed as requiring a high level of nursing input. Their nursing care is paid for by the health board. The local authority fund their personal care and accommodation if their financial circumstances qualify them.

#### **Dual Registered Home**

These homes are able to provide nursing and residential care.

#### **Reablement Unit**

Reablement is a short stay service that is designed to rehabilitate someone to enable them to return home. The service will identify if the individual requires an ongoing package of care to support them once back home.

**Assessment unit**

An assessment unit is designed to assess someone usually over a 6 week period to establish whether the individuals long term needs are best met in a care home. The assessment process ensures that decision making is not done in haste or at a time when the person may be having a health crisis.

**Special dementia care**

These specialist homes are able to provide care for people with complex high dementia needs, which are usually accompanied by behavioural issues requiring input from a community psychiatric nurse and mental health services. Staff at these homes would have a higher level of dementia training and staffing levels would be higher.

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