SCHEDULE 1: THE SERVICES:

Host Partner, Aims and Outcomes & Access to Service

INTRODUCTION

Services Aims and Outcomes for the service at commencement of this Agreement are as set out here with details of the Host Partner.

1. HOST PARTNER: The Council of the City & County of Swansea

2. POOLED FUND FOR CARE HOMES JOINT MANAGEMENT BOARD:

2.1 The Partnership Lead Officer:…….
2.2 The Pooled Fund Manager …….
2.3 Other members comprising
One non-host partner officer……..
One Finance officer (Council)……..
One Finance officer (Health Board)…….

3.0 AIMS & OBJECTIVES

3.1 The overarching strategic aim of this Agreement is:-

3.2 To ensure coordinated arrangements for ensuring integrated provision of high quality, cost effective Care Home services for older people aged 65 and over, which meet local health and social care needs, through the establishment of pooled fund arrangements under Section 33 of the Act from 6th April 2018.

3.3 The Regional Health and Social Care partnership was established to co-design and deliver services that meet the current and future needs of people in Neath and Port Talbot and Swansea Local Authority areas.

3.4 This Agreement seeks to maximise the efficiency of Care Home services for older people aged 65 and over by delivering integrated provision from a pooled fund from 2019/20.

It builds on the Western Bay documents: ”Delivering Improved Community Services (2013), the *“Statement of Intent on Integration”* (2014) and the Commissioning Strategy for Care Homes for Older People (2016 – 2025). It further builds on the Western Bay Population Assessment developed in 2017 and subsequent Area Plan developed in 2018.

3.5 The document takes account of other local plans being developed, such as the Health Board’s Three Year Plan, the Primary and Community Delivery Unit Strategy, the Local Authority’s Commissioning intensions and each Local Authority area’s Wellbeing Assessments and subsequent Wellbeing Plans.

4. PURPOSE AND KEY PRINCIPLES

4.1 Across the regional footprint there are excellent examples of effective partnership working, with health and social care increasingly being delivered through integrated care models. Similar arrangements are being implemented in the three Local Authority areas for intermediate care models and each has a similar Pooled Fund Agreement. This Agreement enhances achievements to date by building on an established set of principles to provide a mechanism for closer and faster integration in relation to older persons care home services across West Glamorgan.

4.2 The approach of the Partners will be consistent with requirements arising under the Social Services and Wellbeing (Wales) Act 2014 and the principles in "Sustainable Social Services: A Framework for Action" which sets out the action needed to ensure care and support services respond to rising levels of demand and changing expectations, particularly for frail older people.

4.3 This will help the Partners achieve more integrated commissioning arrangements which benefit citizens in the following ways as stated in the Western Bay Commissioning Strategy for Care Homes for Older People:

- **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 Glamorgan 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** – Having regard to regional quality standards framework and other contract monitoring activity such as evidence from service users, family members and staff feedback.

- **Increased independence for service users** – This focuses on the way services are delivered, opportunities for service users to return to independent living where possible, and where this is not possible, 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 West Glamorgan area** – Ensure the concept of developing and expanding business practices for care home providers is an attractive option within West Glamorgan region.

4.4 Through this Agreement the Partners will pool their funds and resources to deliver the maximum impact for residents.

4.5 The Agreement's primary purpose is to:-

- Achieve the highest quality of care with service users being at the heart of service planning, commissioning and delivery via a single Pooled Fund.
- Adopt transparent use of resources with shared decision making, aligned budgets, identifiable expenditure and shared financial commitments.
- Achieve more integrated commissioning processes which create a shared understanding of the market and maximises capacity to shape the market.
- To increase the operational efficiency and economies of scale of the services and ensure equitable and sustainable use of health and social care resources.
- To maximise opportunity to target resources where they are most needed.
- To optimise the mix of service provision skills across health and social care and develop more rewarding jobs and careers for staff working in the care home sector
- To enhance creativity and problem solving within the various multidisciplinary services with quicker decision making
- To support the delivery of the Primary Care and Community Strategy for Wales, Welsh Older Person's NSF, Fulfilled Lives Supportive Communities and the Welsh Government's Chronic Condition Model.

5. SERVICE DELIVERY SCOPE AND OBJECTIVES

5.1 The pooled fund will include care and accommodation for older people aged 65 years and over 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.

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

5.3 It will apply regardless of the cost of placement and will therefore include some specialist provision; for example care for older people aged 65 and

over who have acquired brain injury or a degenerative neurological disorder.

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

5.5 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.

5.6 The scope of the pooled fund will be reviewed annually and if necessary updated to reflect changes to commissioning priorities and/or requirements of Welsh Government.

5.7 Pooled funds should operate as a mechanism for achieving integrated systems of care that are more person centred and improve outcomes for people. This agreement should support integrated commissioning arrangements which ensure that every older person in a care home:

- 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
- Is able to 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 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

6. Key strategic service delivery objectives shall include:-

- To achieve equilibrium between supply and demand for services at both local and regional levels and enable sufficient choice for citizens at ordinary rates regardless of need.
- To reduce unscheduled hospital admissions through enhanced focus on reablement or step up services.
- To reduce occupancy of hospital beds by residents of the Local Authority area used for post-acute recuperation or step up.

- To reduce the proportion of people receiving managed care entering long term residential and nursing homes.
- To optimise support for carers through availability of respite services which support the region's preventative agenda.

8. SERVICE IMPROVEMENT OBJECTIVES

8.1 The Pooled Fund arrangement is being implemented as part of the West Glamorgan Adult Services Transformation Programme. It will support a range of service improvements as required and funded by the Partners.

8.2 The objectives for improvement will include:

- Improved resident experience by improving access to services and pathways between services.
- Embedding the new model of integrated care and ensuring the benefits are delivered as planned to patients, service users and each organisation
- Development of the support processes and improvement of efficiency by reducing duplication, improving business processes and reducing administration effort
- Optimisation of the skills mix across health, social care, third sector and carer provision
- Workforce development and enhancing job satisfaction and career options by addressing the traditional barriers to inter-disciplinary working and staff progression
- Capture and reporting of better information about service user outcomes, the use of resources and the cost of services for use in continuous improvement
- The development of an informal and systematic ways in which to ensure better understanding of the quality of life of older people through listening to them directly and ensuring the issues they raise are acted upon
- Maximising the impact of the Budget by improving the resourcing processes, developing multi-disciplinary teams, enhancing cross-organisation team working, reducing operational duplication/administration and sharing equipment and facilities.

9. SERVICE PERFORMANCE MEASUREMENT

9.1 A set of measures will be adopted to monitor, report and improve the service. They will be produced quarterly to demonstrate the extent to which the Partnership's objectives are being delivered.

9.2 They will include:

- Unscheduled care admissions from care homes
- Post-Acute bed occupancy Care Home admissions
- Number of care home placements commencing directly from hospital
- Expenditure on residential care placements, funded nursing care placements and continuing health care placements
- Demand and expenditure for respite services (emergency and planned)
- Demand and expenditure for intermediate care step up/step down services