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dewis iaith.*

*We welcome correspondence in Welsh. Please
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**Gwasanaethau Gweithredol a Phartneriaethol /
Operational and Partnership Services**

Deialu uniongyrchol / Direct line :01656 643696
Gofynnwch am / Ask for: Mrs Julie Ellams
Ein cyf / Our ref:
Eich cyf / Your ref:

Dyddiad/Date: 7 September 2016

Dear Councillor,

ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

A meeting of the Adult Social Care Overview and Scrutiny Committee will be held in the Committee Rooms 2/3, Civic Offices Angel Street Bridgend CF31 4WB on **Tuesday, 13 September 2016 at 2.00 pm.**

AGENDA

1. Apologies for Absence
To receive apologies for absence from Members.
2. Declarations of Interest
To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members Code of Conduct adopted by Council from 1 September 2008 (including Whipping Declarations)
3. Approval of Minutes 3 - 8
To receive for approval, the minutes of the meeting of the Adult Social Care Overview and Scrutiny Committee of 19 July 2016.
4. Western Bay Draft Commissioning Strategy For Care Homes for Older People 2016 - 2025 9 - 50
Jacqueline Davies, Head of Adult Social Care
Carmel Donovan, Group Manager Older People
Councillor Philip White, Cabinet Member - Adult Social Care and Health & Wellbeing
5. Community Services Phase 2 51 - 58
Jacqueline Davies, Head of Adult Social Care
Carmel Donovan, Group Manager Older People
Michelle King, Integrated Community Services Manager
Councillor Philip White, Cabinet Member - Adult Social Care and Health & Wellbeing
6. Forward Work Programme Update 59 - 62
7. Urgent Items

To consider any items of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

Yours faithfully

P A Jolley

Corporate Director Operational and Partnership Services

Distribution:

Councillors:

M Butcher
N Clarke
PA Davies
N Farr

Councillors

EM Hughes
PN John
RC Jones
JE Lewis

Councillors

LC Morgan
D Sage
M Thomas
E Venables

MINUTES OF A MEETING OF THE ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD IN COMMITTEE ROOMS 2/3, CIVIC OFFICES ANGEL STREET BRIDGEND CF31 4WB ON TUESDAY, 19 JULY 2016 AT 10.00 AM

Present

Councillor D Sage – Chairperson

N Clarke	PA Davies	N Farr	EM Hughes
PN John	RC Jones	JE Lewis	LC Morgan
M Thomas	E Venables		

Officers:

Susan Cooper	Corporate Director - Social Services & Wellbeing
Sarah Daniel	Democratic Services Officer - Committees
Jackie Davies	Head of Adult Social Care
Gary Jones	Head of Democratic Services
Andrew Rees	Senior Democratic Services Officer - Committees

44. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor M Butcher.

45. DECLARATIONS OF INTEREST

The following Declaration of Interest was made:

Councillor N Farr – declared a personal interest in agenda item 5 - Social Services' Functions in Relation to Part 11 of the Social Services and Wellbeing (Wales) Act 2014 Update as she is employed as a Social Worker in adult social care in Neath Port Talbot County Borough Council.

46. APPROVAL OF MINUTES

- RESOLVED:
- (1) That the minutes of the meeting of the Adult Social Care Overview and Scrutiny Committee of 13 January 2016 be approved as a true and accurate record and that it be ascertained whether the information requested on the Communities First programme had been sent to the Committee.
 - (2) That the minutes of the meeting of the Adult Social Care Overview and Scrutiny Committee of 6 April 2016 be approved as a true and accurate record subject to minute 37 being amended to reflect that Councillor P Davies chaired the meeting from item 5 onwards.

47. FORWARD WORK PROGRAMME 2016-17

The Scrutiny Officer presented a report outlining the suggested topics for consideration in the development of the Committee's Forward Work Programme for 2016-17. A draft list of items for possible inclusion on the Forward Work Programme had been developed arising from the workshop held in April 2016. There was also the potential for Collaborative Committees to deal with cross-cutting issues such as Supporting People or Child and Adolescent Mental Health.

The Scrutiny Officer informed the Committee that three items required prioritisation, namely, Day Services for People with Learning Disabilities; the Social Services and Wellbeing (Wales) Act 2014 and Meals at Home which had been postponed as the consultation process had not been completed. She stated that the Corporate Director Social Services and Wellbeing had agreed to assist the Committee with suggested topics for the Forward Work Programme where there were current gaps in the programme.

The Corporate Director Social Services and Wellbeing informed the Committee of potential items it may wish to consider for inclusion in the Forward Work Programme.

The Scrutiny Officer informed the Committee that she would send a list of potential items for inclusion on the Forward Work Programme to the Committee.

Conclusion

The Committee discussed and agreed a draft provisional Forward Work Programme and that draft the list of items (Appendix B) be re-circulated to the Committee in order that it be given further consideration at the next meeting.

Members agreed to develop the detail for all Annual FWP Items before the next meeting of the Committee. It was agreed that any items for consideration should be focused and provide an opportunity to add value and improve the outcomes for residents of the County Borough.

Members agreed to consider a wider range of invitees to attend future meeting of the committee. This could include service users who were able to ensure comprehensive and balance consideration of the item.

48. SOCIAL SERVICES' FUNCTIONS IN RELATION TO PART 11 OF THE SOCIAL SERVICES AND WELLBEING (WALES) ACT 2014 UPDATE

The Scrutiny Officer introduced an update report on the local authority's responsibilities in respect of the Secure Estate, following the implementation of the Social Services and Wellbeing (Wales) Act in 2016. She informed the Committee that approval would be sought from Cabinet to enter into a Memorandum of Understanding with HMP Parc Prison for the Provision of care and Support for prisoners in the Secure Estate and agreement to sign up to an Information Sharing Protocol. Cabinet would also be requested to waive the requirement to seek competitive tenders for the provision of care and support.

The Corporate Director Social Services and Wellbeing informed the Committee that the Social Services and Wellbeing (Wales) Act had introduced significant responsibilities on local authorities for addressing and meeting the care and support needs of all adults and children in prison.

The Head of Adult Social Care informed the Committee that the Council has a training and resettlement prison accommodating 1723 males upwards of 18 years within its

boundary and which the Council is responsible for meeting the care and support needs. Work was ongoing to determine the actual number of people eligible for support from the Council and over the past year the Directorate has been working in partnership with agencies on how best to meet its obligations towards the secure estate. A Code of Practice has been issued by the Welsh Government which sets out the requirements on local authorities in the exercise of their social services functions in respect of those held in custody, bail accommodation and on release.

The Head of Adult Social Care informed the Committee that she represents the Council on a National Steering Group convened to discuss the implementation of responsibilities of the four local authorities in Wales that have prisons within their boundaries. Regional collaboration arrangements would be established to support care and support needs and to reduce the risk of offending behaviour. She also informed the Committee of the work undertaken for the care and support of adults in that a Local Implementation Group had been established to develop a local implementation plan. Two senior social work practitioners and a senior occupational therapist had been appointed on temporary 9 month contracts to carry out assessments and develop managed care and support plans for those within the secure estate. A mapping exercise has been carried out which indicated that there were 40 people waiting for integrated assessment and 40 requiring assessment for aids and equipment to support their daily living. It was intended, subject to Cabinet approval, to enter into a short term agreement with G4S Medical Services Limited for a pilot scheme for up to 9 months. A draft Information Sharing Protocol and Memorandum of Understanding have been developed for the delivery of care in this environment and to enable the delivery of effective care and support.

The Head of Adult Social Care informed the Committee that the Council has received funding of £236,774 for 2016/17 which will reduce thereafter to £217,448 on an ongoing basis.

The Committee questioned as to when would there be a better understanding of the numbers of people that will require support from the Council. The Head of Adult Social Care informed the Committee that several mapping exercises had been carried out to establish how many people would need care and support and that some referrals had been received which were not appropriate. She stated there would be an evaluation process carried out between October and December to establish whether the mix and numbers of staff supporting their care needs are appropriate. To date, there had been 27 referrals.

The Committee questioned whether there would be a managed release of prisoners and is there any ongoing preventative work with Western Bay to prevent re-offending. The Head of Adult Social Care informed the Committee that the release of prisoners was not the responsibility of the Council. She stated that this Council is actively involved at the point prisoners are released but the prisoner on release would become the responsibility of the local authority where they return to live. The Corporate Director Social Services and Wellbeing informed the Committee that this Council has responsibility for prisoners care and social care needs for the time they are in Parc Prison. She stated that it was the responsibility of this Council to make an assessment of prisoners' care needs and then commission that care from the provider who also formerly provided that service prior to the enactment of the legislation. The Corporate Director Social Services and Wellbeing informed the Committee that the percentage of prisoners at Parc Prison who live in Bridgend is relatively small which the authority would have responsibility for when they are released.

The Committee questioned whether each prisoner is assessed. The Head of Adult Social Care informed the Committee that the prison has responsibility for its own assessment process, but the prison would make a referral to this Council if the prisoner

had ongoing care and support needs. She stated that the prison operates a very strict and controlled environment where it was locked down at certain times of the day and social work staff would not have access to prisoners at that time.

The Committee questioned whether the grant funding provided to the Council would cover the provision of equipment such as a hoist for an individual's needs and what would happen to that equipment when the prisoner was released. The Head of Adult Social Care informed the Committee that small items of equipment would be retained by the Council in its store, whereas larger items of equipment such as a hoist would remain with the prison. She stated that the Council has a responsibility to provide items of equipment to meet the care needs of prisoners; however the delivery of equipment into the prison gives rise to issues of security. The Corporate Director Social Services and Wellbeing informed the Committee that small aids can be stored and moved around as the authority required, however the storage of large pieces of equipment would need to be the subject of negotiation with the prison. The process was one of evolution as the scheme progressed. The Committee questioned what would happen to equipment which was based at the prison following the release of the prisoner who used that equipment. The Head of Adult Social Care informed the Committee that equipment would remain at the prison but this Council would discuss with the prisoner's needs with the authority the prisoner was returning to.

The Committee questioned the duration that staff would be employed in the programme and whether the level of grant funding was sufficient. The Corporate Director Social Services and Wellbeing informed the Committee that staffing appointments had been made for the duration of 9 months and it was envisaged that the whole of the grant funding would be utilised.

In response to a question from the Committee, the Head of Adult Social Care informed the Committee that the 2 social work practitioners and a senior occupational therapist would be based in the health block at the prison. The Corporate Director Social Services and Wellbeing informed the Committee that Parc Prison is a training and re-settlement facility but is also a private prison and is at present the largest prison in Wales. She stated that the requirement of the Act to provide care and support to the Secure Estate has been a significant piece of work for the Directorate and was evolving continually and the Directorate had to deal with the care needs of a prisoner who is currently in hospital. The Cabinet Member Adult Social Care that the Council had been awarded additional funding at the current level for this year only and that the funding beyond that would decrease. He stated that as this is a new responsibility for the Council it was too early to ascertain whether the level of funding received from the Welsh Government was sufficient. The Corporate Director Social Services and Wellbeing informed the Committee that the Council has responsibility for the social care needs of prisoners during their time in Parc Prison. She stated that concerns regarding the adequacy of funding would be fed into the National Steering Group.

The Committee questioned what would happen should demand from prisoners be greater than the funding available to the Council, particularly as the Welsh Government had stated that the implementation of the Act would be cost neutral. The Head of Adult Social Care informed the Committee that local authorities with prisons had been vocal with the Welsh Government in the allocation of funding. She stated that the pilot which was continually evolving would run for 9 months and the outcome of the pilot would be fed back to the Welsh Government. The Corporate Director Social Services and Wellbeing informed the Committee that funding was top sliced and each authority with a prison received the top sliced funding. She also informed the Committee that the authority has some responsibilities for children, in that Parc Prison has a youth wing housing 50 children, where 1 social worker was in situ. She stated that the authority was already working with Parc Prison on the Invisible Walls project which works with

families affected by parental imprisonment by working to develop relationships with prisoners and their families. In response to a question from the Committee, the Corporate Director Social Services and Wellbeing stated that she would provide the Committee with details of the ages of the children in the youth wing of Parc Prison.

The Committee questioned how the team could undertake assessments of prisoners when the prison is in lock down. The Head of Adult Social Care informed the Committee that the health team would do hands on care during prison lock down.

The Committee questioned the nature of the challenging ICT issues. The Head of Adult Social Care commented that there was a need to ensure the security of the use of the Council's ICT system within a prison environment and the Council's and prison ICT Department's had worked together to resolve security issues to enable an Information Sharing Protocol to be signed and the establishment of governance arrangements.

The Head of Democratic Services requested clarification as to when the pilot would end and when officers would have a better understanding of whether there was sufficient funding. The Head of Adult Social Care informed the Committee that an evaluation of the programme will take place at the end of 6 months and by mid-November it was anticipated that the options going forward for delivering the service and resources required would be known. The Corporate Director Social Services and Wellbeing informed the Committee that the staff engaged in the programme would have a role in providing feedback into the evaluation process. She stated that as there is a different culture of working within the prison and for that reason the team of officers working as part of the programme are also part of the wider team in Social Services.

Conclusions

The Committee requested that this item is brought back to this Scrutiny Committee at their November meeting so that Officers will be better placed to provide more information to Members. The Committee requested that the following information be included in the report:

- What are the expected waiting times for an assessment and for a person to receive specialist equipment within the Secure Estate
- Further information on the costs associated with providing care and support. An example of costs associated with providing specialist equipment e.g hoists
- Is there a contingency plan for the funding of the care within the Secure Estate? What if the current funding is not enough, where will the shortfall come from?
- What are the outcomes from the Pilot? What lessons have been learned?
- Further information on the numbers of people in the Secure Estate that require care and equipment from BCBC and the age range of those that require care.
- Percentage of people within the Secure Estate that require care that were not previously domiciled in Bridgend County Borough.
- Information on the payment and ownership of specialist care equipment. What happens to the equipment when a person is released, especially customized equipment, can it be "sold" onto another Authority for example?

49. FORWARD WORK PROGRAMME UPDATE

The Scrutiny Officer presented a report which detailed the items to be considered at the next meeting of the Committee and sought confirmation of the information and invitees required.

Conclusion

The Committee noted the items to be considered at its meeting on 13 September 2016.

50. **CORPORATE PARENTING CHAMPION NOMINATION REPORT**

RESOLVED: That Councillor N Farr be nominated as its Corporate Parenting Champion to represent the Committee at meetings of the Cabinet Committee Corporate Parenting.

51. **URGENT ITEMS**

There were no urgent items.

The meeting closed at 11.50 am

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

13 SEPTEMBER 2016

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

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

1. Purpose of Report .

- 1.1 To provide the Adult Social Care Overview and Scrutiny Committee with a briefing on the development of the draft regional Western Bay Care Homes Commissioning Strategy for Older People, its objectives and commissioning priorities; to explain the current consultation process and to provide the committee with an opportunity to comment on the document.

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

- 2.1 This service development relates to:
- Helping People to be more self-reliant;
 - Smarter use of our Resources;
 - Supporting a successful economy.

Links to the following:

- The Dementia Strategy and Plan 2015-18
- Commissioning Plan for Adult Social Care, "Living independently in Bridgend in the 21st Century"

3. Background.

- 3.1 The Western Bay Care Homes Commissioning Strategy for Older People has been developed as part of the Western Bay Health and Social Care Programme.
- 3.2 The current draft strategy (attached as **Appendix 1**), is in the consultation and development phase and has been subject to a public consultation which commenced on 6th May and concluded on 3rd August 2016. The consultation included a regional consultation event attended by 65 people on 15th May, and public surveys, from which there were 25 completed surveys returned, as well as direct email responses. Participants in the stakeholder events included local authorities, health boards, the third sector, care home providers, training providers, older people's representatives, and carers; this has resulted in 300 comments that are currently in the process of being responded to and incorporated into the final version of the strategy. Early analysis from the responses has resulted in feedback being categorised into 10 groups: alternative provision, communication, cost, geography, infrastructure, leadership, legislation, sector, specialist care and staff.

- 3.3 During September and October the Western Bay Care Home Commissioning Task and Finish group will be incorporating all feedback and comments into the final strategy and final approval of the document will be sought from partner organisations by the New Year. Although the public consultation process ended at the beginning of August, the Adult Social Care Overview and Scrutiny Committee is still able to comment on this document, because it is still in the development phase.
- 3.4 The draft commissioning strategy sets out a strong, shared commitment by the Western Bay Health and Social Care Partnership to ensure that there will be a sustainable range of high quality care home placements to meet the needs of older people within the local authorities of Bridgend, Neath Port Talbot and Swansea.
- 3.5 The vision for the draft commissioning strategy is:
- “We will commission care homes that support independence, choice and wellbeing in a person-centred and responsive manner providing high quality services across Western Bay.”*
- 3.6 The objectives of the draft commissioning strategy are to have:
- 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.
- 3.7 The draft commissioning strategy outlines the key characteristics of the marketplace (both supply and demand), the regulatory environment, and the commissioning intentions of the members of the Western Bay Partnership.
- 3.8 The strategy builds on the quality framework developed in Bridgend County Borough for residential and nursing home placements; which was in turn developed into a regional quality framework for care homes for older people, following consultation with stakeholders and residents across Western Bay in 2015.

4. Current Situation / Proposal.

- 4.1 The draft strategy concentrates on the provision of high quality nursing and residential care delivered in a collaborative and co-ordinated manner to those in need.
- 4.2 The commissioning of care home services is regulated by a wide range of existing legislation; however there are new regulations due to be enacted during the next twelve months. The new statutory requirements are outlined within The Social Services and Wellbeing (Wales) Act (2014), the Regulation and Inspection of Social Care (Wales) Act (2016) and the draft strategy needs to take account of the new duties and responsibilities of those pieces of legislation. The impact of regulatory changes on services will be the subject of a further report to Adult Social Care Overview and Scrutiny Committee.

- 4.3 The draft commissioning strategy has given consideration to the following non-statutory guidance as well as the ‘What Matters To Me’ model created by Western Bay partnership in 2015, the detail of which is to be found in the appendices of the commissioning strategy document, in section 11.3:
- A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs (2014);
 - The Social Services National Outcome Framework (2014);
 - “A Place to Call Home” drafted by the Older People’s Commissioner for Wales (2014);
 - “Older People in Care Homes” (2015) NICE; and
 - “National Dementia Vision for Wales – Dementia Supportive Communities” WAG and Alzheimer’s Society.
- 4.4 The commissioning strategy sets out the challenges for the future as a result of the changing demographic profile across the population, not only for the health and social care system, but also by the providers of residential care services, who are increasingly providing care to older people who are at their ‘end of life’ and who often have greater complex needs than ever before.
- 4.5 More generally, the commissioning strategy seeks to:
- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.
 - Support private care home managers and owners to meet regulations stipulated by the Older People’s Commissioner, Social Services and Wellbeing (Wales) Act, NICE guidelines including Medicines Management guidance and the Regulations and Inspection of Social Care Wales) Act.
 - Work in collaboration with key stakeholders e.g. CSSIW.
 - Improve the quality of provision via the Regional Quality Framework and in turn deliver person centred outcomes for everyone in residential care.
 - Build relationships and trust with providers to enhance understanding of the operation of the market and how to help providers respond to ongoing changes in demand.
 - Develop options for commissioning and contracting to improve sustainability of care homes whilst continuing to improve value for money and taking a strategic approach.
 - Draw up new terms and conditions and service specifications in contracts to ensure they are fit for purpose and will meet the needs of the personalisation agenda.
 - Work closely with providers to improve sustainability of the workforce. In particular to include an analysis of skills and training requirements and gaps, issues of recruitment challenges and gaps and opportunities for role and career development.
 - Continue to build strong collaboration between the Health Board and Local Authority partners to include formal partnership arrangements such as pooled budgets.
 - Continue to review, at a minimum of every three years, population ageing and demography to anticipate required changes to the market in line with the Social Services & Wellbeing Act’s Population Needs Assessment.

- Where possible and appropriate, collect service quality and performance data in a consistent format across the Western Bay region sharing best practice.
- Encourage new and innovative providers into the region to meet demand and support care homes providers in the innovations they want to take forward.

Priorities

- 4.6 The Western Bay Health and Social Care Partnership has identified a series of commissioning priorities and key strategic intentions which are as follows:
- To develop strong relationships with existing care home providers to support them to meet the changing needs of our population with high quality services
 - To work strategically with new care home providers to develop a sustainable range of care home facilities across the region
 - And where care home services are not in line with the regional strategic approach and/or are not of adequate quality, to seek to decommission these.

5. Effect upon Policy Framework and Procedure Rules.

- 5.1 There is no effect upon the policy framework and procedure rules.

6. Equality Impact Assessments.

- 6.1 This is a regional strategy which is currently subject to consultation; once concluded an Equality Impact Assessment will be completed across the Western Bay collaborative region.

7. Financial Implications.

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

In Bridgend the budget in 2016/2017 includes:

- Residential care £8m;
 - Community based and non-residential services £11m (includes assessment and care management).
- 7.2 The cost of delivering social care continues to experience significant price inflation in a period of ongoing financial constraint; it will be essential to deliver efficiencies in the commissioning of long term care in the future.
- 7.3 The Adult Social Care budget in Bridgend is developed in line with the Medium Term Financial Strategy (MTFS). The service strives to manage the cost of residential care within the overall budgets for Adult Services and will ensure that the financial implications of the strategy will be managed within the overall context of the MTFS.

8. Recommendation.

- 8.1 The Committee is recommended to consider the content of the draft strategy and offer comment to inform the final version of the Commissioning Strategy for Care Homes for Older People 2016 – 2025.

Susan Cooper
Corporate Director - Social Services and Wellbeing
August 2016

- 9. Contact Officers: Carmel Donovan**
Telephone:
Email: Carmel.Donovan@bridgend.gov.uk

10 Background documents:

The Western bay Draft Commissioning Strategy for Care Homes for Older People 2016 – 2025.

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DRAFT – for consultation with stakeholders



Commissioning Strategy for Care Homes for Older People 2016 - 2025

(Draft for consultation)



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board




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Our Vision



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

Executive Summary

Introduction

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

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

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

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

Supply and Demand

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

- The total population of people over the age of 65 is expected to grow from 103,140 to 120,260; an **increase of 17%**
- The population of people over the age of 80 years will grow from 27,430 to 35,870; an **increase of 30%**
- The rise in the population of individuals aged 80+ and over living with dementia is projected **to increase by 35%**

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

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

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

Commissioning Priorities

On the basis of the analysis and conclusions described above, the Western Bay Health and Social Care Partnership has identified a series of commissioning priorities. Over the ten year period of this strategy, our key strategic intentions are:

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

More generally, we will:

- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.
- Support private care home managers and owners to meet regulations stipulated by the Older People's Commissioner, Social Services and Wellbeing (Wales) Act, NICE guidelines including Medicines Management guidance and the Regulations and Inspection (Wales) Bill.
- Work in collaboration with a range of stakeholders including regulatory bodies
- Improve the quality of provision via the Regional Quality Framework and in turn deliver person centred outcomes for everyone in residential care.
- Build relationships and trust with providers to enhance understanding of the operation of the market and how to help providers respond to ongoing changes in demand.
- Develop options for commissioning and contracting to improve sustainability of care homes whilst continuing to improve value for money and taking a strategic approach.
- Draw up new terms and conditions and service specifications in contracts to ensure they are fit for purpose and will meet the needs of the personalisation agenda.
- Work closely with providers to improve sustainability of the workforce. In particular to include an analysis of skills and training requirements and gaps, issues of recruitment challenges and gaps and opportunities for role and career development.
- Continue to build strong collaboration between the Health Board and Local Authority partners to include formal partnership arrangements such as pooled budgets.
- Continue to review, at a minimum of every three years, population ageing and demography to anticipate required changes to the market in line with the Social Services & Wellbeing Act's Population Needs Assessment.
- Encourage new innovative providers into the region to meet demand and support care homes providers in the innovations they want to take forward.

1. Introduction

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

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

More specifically, this document will inform key stakeholders of:

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

1.1 The Western Bay Health and Social Care Partnership

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

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

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

1.2 Our Objectives

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

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

1.3 Our Values

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

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

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

2. Definitions

2.1 Commissioning

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

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

2.2 The Commissioning Process

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

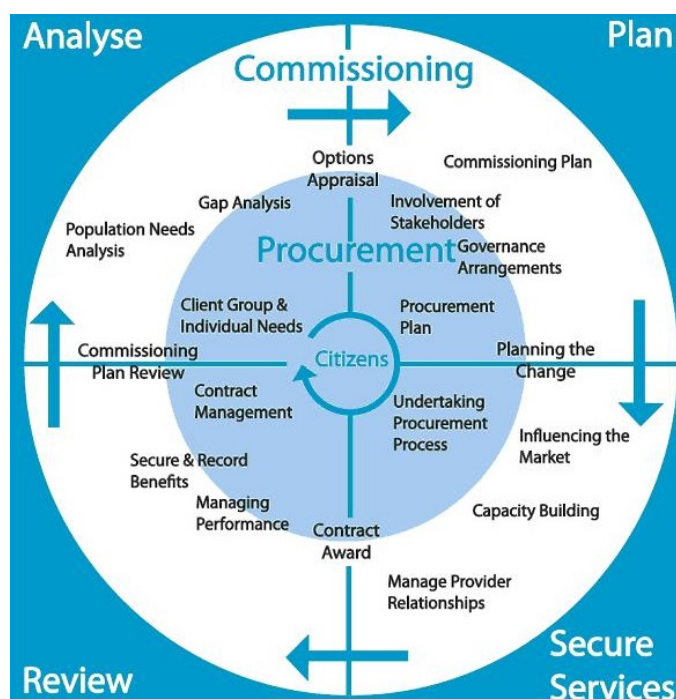


Figure 1: The Commissioning Cycle

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

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

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

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

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

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

2.3 Care Home Services

The charity HousingCare.org defines a care home as:

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

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

3. National and Local Context

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

3.1 Legislation and National Policy

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

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

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

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

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

The Social Services National Outcome Framework (2014)⁶ notes that the current model of social care provision in Wales is not sustainable and services will come under

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

⁵ A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs: Welsh Government, 2014

<http://wales.gov.uk/docs/dhss/publications/140319integrationen.pdf>

⁶ <http://gov.wales/docs/dhss/publications/140814nofen.pdf>.

increasing pressure through rising demand and reduced budgets. Along with the Social Services & Wellbeing (Wales) Act (2014) the Framework aims to secure excellent wellbeing for every person in Wales.

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

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

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

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

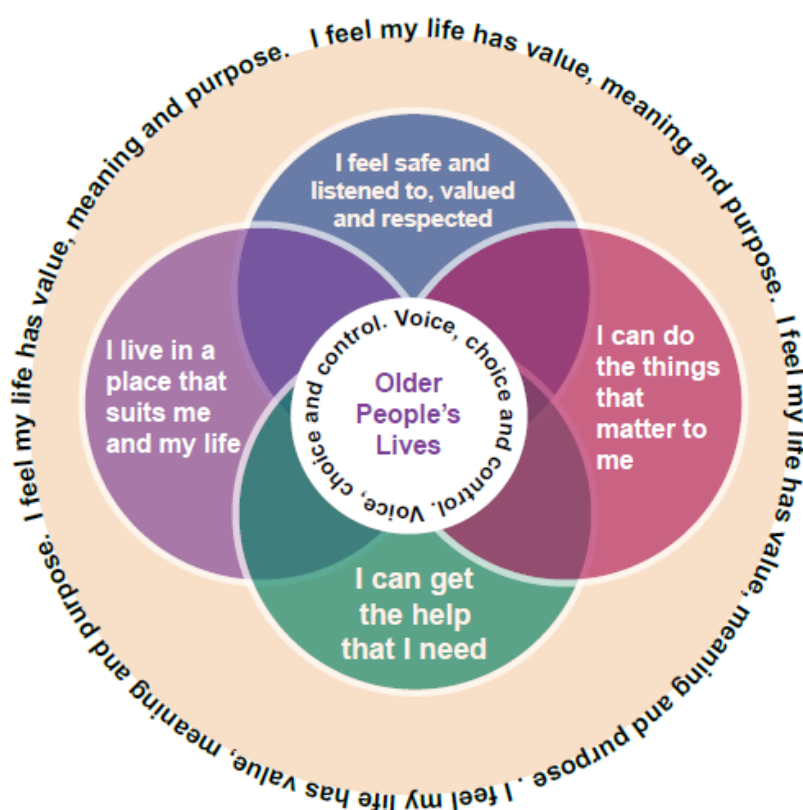


Figure 2: Older People’s Commissioner’s Quality of Life Model, ‘A Place to Call Home’ (2014)

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

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

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

The Regulation and Inspection of Social Care (Wales) Bill (2015)¹⁰ will include provision for:

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

3.2 Local Policies

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

The Statement of Intent¹¹ (2014) outlined:

'All three areas have reviewed or are reviewing care home provision with a view to delivering a clear and sustainable future for current or former Local Authority care home provision, to improve the quality and provision of independent sector care home provision, particularly for people with dementia, and to continue a move to care for people in their own homes, where appropriate in extra care settings in the community'.

It also outlines that the integration of Health and Social Care across Western Bay aims to ensure '*a suite of support care services are available so less people are asked to consider long term residential or nursing home care, particularly in a crisis*'.

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

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

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

¹¹ Western Bay Community Services Statement of Intent (2013)
<http://www.wales.nhs.uk/sitesplus/863/opendoc/244237>

If this aim is met, the paper outlines that its implementation should result in a shift in the delivery of care from institutional models to community models:

“It is critically important that where a care home is the preferred option of an individual that this is a positive choice, planned for and that the care home is of a high quality in terms of the care provision, the living environment and that people in care homes can feel part of the community and retain as much independence as possible.”¹²

3.3 “What Matters To Me” Model

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

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

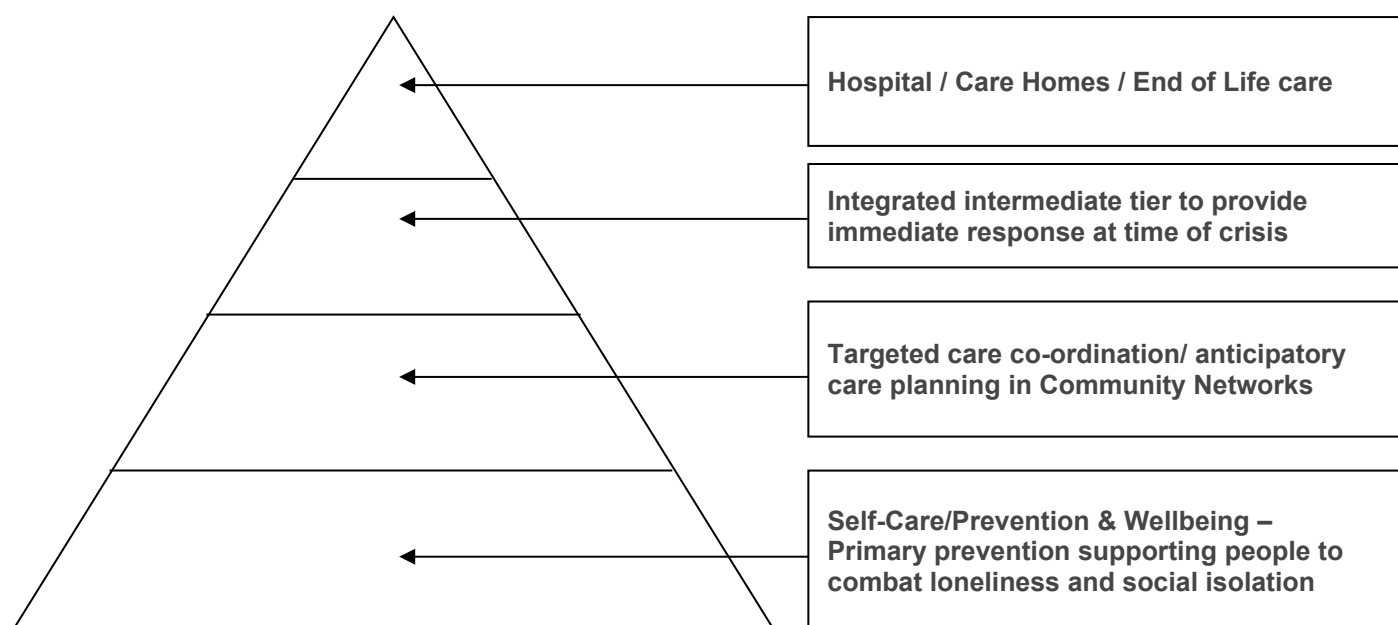


Figure 3: The “What Matters to Me” Model

¹² Western Bay Joint Commitment Delivering Improved Community Services
<http://www.scvs.org.uk/Resources/SCVS/SCVS%20Documents/western-bay-joint-commitment-for-delivering-improved-community-services.pdf>

4 Our Population (Demand for Services)

4.1 The National Picture

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

Across Wales, in the next 15 years we expect:

- The total population of people over the age of 65 is expected to grow from 626,300 to 804,680; an increase of 28%.
- More significantly, we expect our population of people over the age of 80 years to grow from 166,230 to 275,150; an increase of 65%.
- At the same time, we expect our population of younger adults to decline slightly with the population of people aged 18-55 falling by 2.5% from 1,479,110 to 1,441,430.
- The number of older people (over the age of 65) living alone is expected to grow significantly by 43% from 283,313 to 363,241.
- The number of people aged 16 years and above providing unpaid care is expected to grow by nearly 6% from 365,789 to 386,874.
- The number of people over 65 years who aren't able to manage at least one domestic task is expected to grow by 38% from 251,188 to 347,518.
- The number of people aged 65 and over unable to manage at least one mobility activity on their own is expected to grow by 41% from 112,887 to 159,599.
- The number of people over the age of 65 years with dementia is expected to grow by 51% from 42,322 to 64,087¹³.

4.2 The Local Picture

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

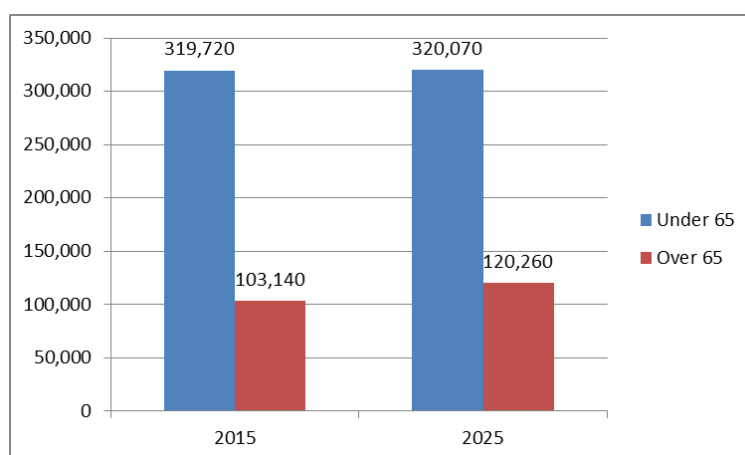


Figure 4 – Change in population from 2015 to 2025 across ABMU

¹³ Daffodil: Projecting the Need for Care Services in Wales <http://www.daffodilcymru.org.uk/>

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

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

Age	Wales	Western Bay	Bridgend CBC	Swansea	Neath Port Talbot
65-69	-5	-2	+1	-2	-1
70-74	+10	+11	+12	+9	+14
75-79	+39	+35	+37	+33	+35
80-84	+30	+25	+35	+19	+26
85+	+40	+37	+51	+36	+26

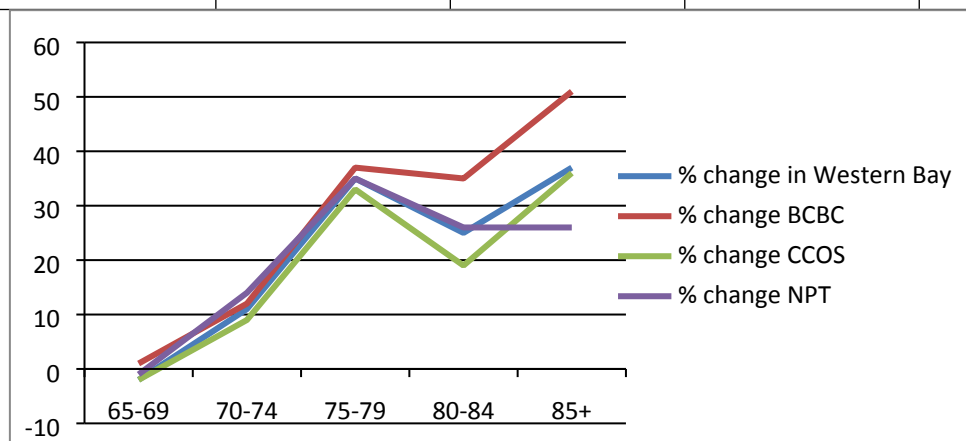


Figure 5: Percentage increase in population across Western Bay and in specific localities by 2025 compared to 2015 figures.

4.3 Dementia

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

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

- One in six people aged 80 and over have dementia

The rise in the population of individuals aged 80 and over living with dementia is projected to increase by 35% in the Western Bay area as a whole by 2025 as shown in Table 2 and Figure 6 below.

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

Age	Wales	Western Bay	Bridgend CBC	Swansea	Neath Port Talbot
65-69	-5	-2	-1	-6	0
70-74	+10	+11	+12	+9	+14
75-79	+39	+35	+36	+33	+35
80-84	+29	+25	+35	+19	+25
85+	+38	+36	+50	+35	+25

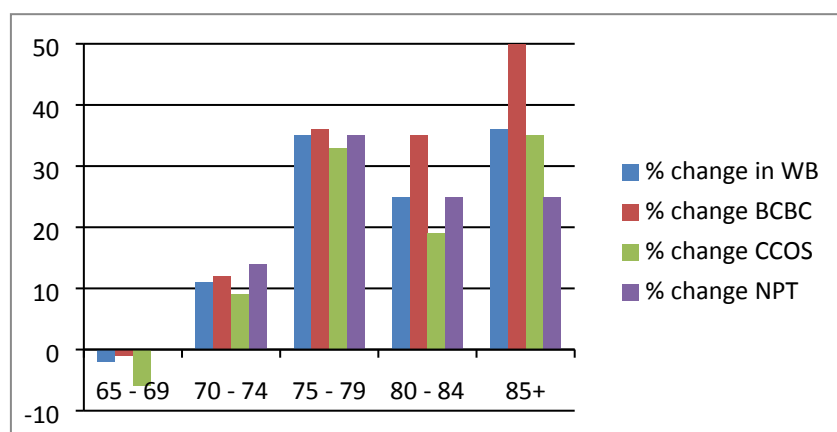


Figure 6: Percentage change in dementia prevalence by age across Western Bay in 2025 compared to 2015 data.

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

4.4 Complex Care

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

It is expected that due to the increase in Intermediate Care services in the community which aims to keep people living a more independent life for longer within their own

homes that individuals are likely to go into residential services later in their life with more complex needs requiring additional services and attention than previous generations. Therefore although the number of residential placements is indicated to rise due to the ageing population there is an expectation that these placements will be for a shorter period and primarily in nursing/dementia care rather than 'traditional' residential care.

5. Our Resources

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

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

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

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

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

The 2014/15 total budget across the three local authorities for social care was circa £300million and for all services for older people in Western Bay is circa £19.3m.

In addition, older people's services include:

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

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

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

6. The Current Picture

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

6.1 Capacity

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

Table 4: Care Home Capacity by Local Authority Area

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

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

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

6.2 Vacancies

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

Table 5: Care Home Vacancies by LA Area

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

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

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

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

6.3 Quality

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

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

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

Building on the importance of providing high quality care across all of our services, the Western Bay Collaboration has developed the Regional Quality Framework (RQF) for Care Homes for Older People (2015) following on from consultation from stakeholders and residents across the Western Bay area. It cross references with a number of other person centred plans including "Action After Andrews"¹⁴ drafted with input from "My Home Life"¹⁵ and provides a thorough and robust monitoring tool to record the quality of care homes to be measured. The RQF has identified six quality domains that are measured to categorise care homes and, if they pass, the homes score a Gold, Silver or Bronze level of compliance. The domains include criteria such as knowing the resident and ensuring they live a full life in an enriched environment as well as maintaining and promoting health and wellbeing for older people.

Additionally relating to quality, a scheme encouraging people to use a 'TripAdvisor' type website for care homes in Newport was launched in March 2015. The "Think About Me: Good Care Guide"¹⁶ allows individuals living in care homes and their families to post reviews on the care home service they receive. It is an opportunity for prospective residents to evaluate what other people's experiences of the homes have been without having to address official reports which focus on adherence to policies and legislation.

¹⁴ <http://www.wales.nhs.uk/sitesplus/863/page/73970>

¹⁵ <http://www.ageuk.org.uk/cymru/home-and-care/my-home-life-cymru-home/>

¹⁶ <http://www.goodcareguide.co.uk/>

6.4 Market Issues

6.4.1 Placements

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

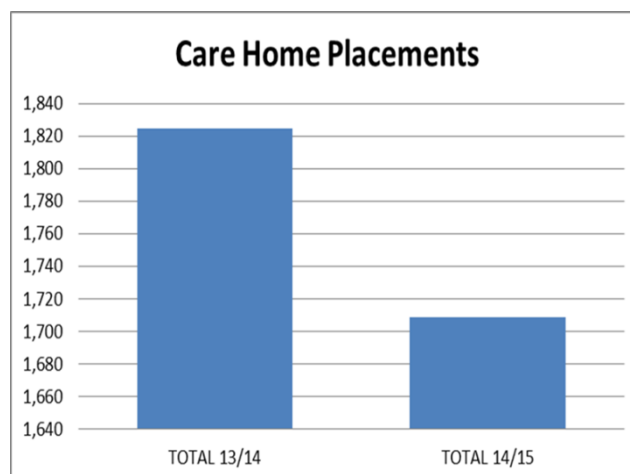


Figure 7: Care Home total population across Western Bay in 13/14 and 14/15.

6.4.2 Care Home Closures

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

6.4.3 Workforce

Historically there has been difficulty in recruiting qualified registered nurses within care homes due to the monetary compensation being, on average, less than when working for e.g. the NHS.

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

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

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

This is further emphasised in an article by the Nursing Times from July 2015 titled 'Care home sector facing nurse recruitment crisis'¹⁷.

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

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

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

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

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

6.4.4 Extra Care

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

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

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

6.4.5 Short Breaks

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

¹⁷<http://www.nursingtimes.net/roles/nurse-managers/care-home-sector-facing-nurse-recruitment-crisis/5087416.fullarticle>

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

6.4.6 Residential Reablement Provision

There is a residential reablement provision in each Local Authority area that is currently providing a stepping stone from a period of crisis before returning to their own home by facilitating earlier discharges from hospital and preventing avoidable admission to acute hospital care or long term residential or nursing care. It also aims to reduce the need for complex packages of domiciliary care. The units are attended to by a group of therapists e.g. occupational therapists, physiotherapists and nurse practitioners that provide therapies and health care to the residents on a short term basis focusing on ensuring they are able to return to their optimal level of independence as soon as possible. The service provides on-going multi-disciplinary assessment and reablement programmes with 24 hour support over an agreed period of six weeks.

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

6.4.7 End of Life Care

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

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

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

The new Regional Quality Framework highlights the importance of staff receiving specific training for palliative and end of life care and communication. Each home will be

awarded on the level of education and training achieved and the quality of palliative and end of life care they provide.

6.4.8 Delayed Transfers of Care

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

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

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

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

6.4.9 Fees

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

For nursing placements, a funded nursing care (FNC) payment is made for the nursing elements of care. This is in addition to the fee which local authority’s fund. Historically this FNC payment has been set at a rate which has been applied universally across all Health Boards in Wales. Across the Western Bay region, it is ABMU Health Board which funds the nursing components for a nursing home placement.

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

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

6.4.10 Self-Funders

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

Data in relation to people self-funding their own care across Western Bay has not been consistently collected. Often the first contact is when an individual requires assistance with funding because they have reached the threshold of savings of less than £24,000 (Charging for Residential Accommodation Guide – CRAG 2015, Welsh Government).

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

6.4.11 Third Sector Support for Care Homes

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

Total referrals 254 of which 185 of clients were aged 65+ (69 referrals aged 50-64)
Regional breakdown as follows:

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

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

6.4.12 Dementia and Complex Care

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

7. Key Messages

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

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

Generally we expect:

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

8. Our Approach in the Future

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

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

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

8.1 Workforce

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

8.1.1 Residential and Nursing Care Homes

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

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

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

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

the same rate. Additionally, the Regulations and Inspections Bill due to become law in 2017 sets out a comprehensive system for the development and regulation of the workforce which will require registration of adult residential care workers by 2022 before they can work in the care sector. This will ensure all residential care workers are appropriately trained to deliver high quality care in a role that is both demanding and challenging.

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

8.1.2 Dementia and Complex Care

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

Adequate minimum training should be provided for all staff, with additional value based training to include support for staff to deal with the different types of residents they will be caring for and their differing and complex needs, whilst ensuring that person centred care is not lost. Mandatory training has been identified by the Care Council for Wales in the guise of the Social Care Induction Framework¹⁷. Additionally, all staff will need to work towards the Code of Professional Practice for Social Care published by the Care Council for Wales¹⁸

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

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

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

¹⁸ <http://www.ccwales.org.uk/resources-for-the-social-care-induction-framework/>.

¹⁹ <http://www.ccwales.org.uk/code-of-professional-practice/>.

9. Our Commissioning Intentions

On the basis of the analysis and conclusions described above, the Western Bay Health and Social Care Partnership has identified a series of commissioning priorities. Over the ten year period of this strategy, our key strategic intentions are to:

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

More generally, we will:

- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.
- Support private care home managers and owners to meet regulations stipulated by the Older People's Commissioner, Social Services and Wellbeing (Wales) Act, NICE guidelines including Medicines Management guidance and the Regulations and Inspection (Wales) Bill.
- Work in collaboration with key stakeholders e.g. CSSIW.
- Improve the quality of provision via the Regional Quality Framework and in turn deliver person centred outcomes for everyone in residential care.
- Build relationships and trust with providers to enhance understanding of the operation of the market and how to help providers respond to ongoing changes in demand.
- Develop options for commissioning and contracting to improve sustainability of care homes whilst continuing to improve value for money and taking a strategic approach.
- Draw up new terms and conditions and service specifications in contracts to ensure they are fit for purpose and will meet the needs of the personalisation agenda.
- Work closely with providers to improve sustainability of the workforce. In particular to include an analysis of skills and training requirements and gaps, issues of recruitment challenges and gaps and opportunities for role and career development.
- Continue to build strong collaboration between the Health Board and Local Authority partners to include formal partnership arrangements such as pooled budgets.
- Continue to review, at a minimum of every three years, population ageing and demography to anticipate required changes to the market in line with the Social Services & Wellbeing Act's Population Needs Assessment.
- Where possible and appropriate, we collect service quality and performance data in a consistent format across the Western Bay region sharing best practice.
- Encourage new innovative providers into the region to meet demand and support care homes providers in the innovations they want to take forward.

9.1 Moving Towards Outcomes

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

- Personal Outcomes
 - Quality of life
 - Quality of care
 - Person centred
 - Choice
- Market Outcomes
 - More choice and different models of care
 - Flexible provision where changes in health won't always mean moving
 - Planning for the future
 - Stimulate provider sustainability
 - Commission a sustainable business being clear on what is needed
 - Work with secondary care to improve the flow of people from hospital into care homes
 - Value for money
- Workforce Outcomes
 - Make the care sector a viable career choice with more training opportunities
 - Improving leadership and staffing levels

9.2 Monitoring the Strategy

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

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

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

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

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

The success of this commissioning strategy will be demonstrated by:

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

10. Consultation Process

10.1 Consultation Approach

Once this document has been seen and agreed by each Western Bay partner, senior management and political leadership, it will be issued to all stakeholders and form a key part of a formal 12-week consultation. The proposals in this document will be considered, discussed, challenged and more than likely changed, during this consultation. This will be done through an event for service users, providers and third sector partners. The views of key people will also be obtained in other ways (such as e-surveys) to ensure views from all stakeholders within the Care Home market across Western Bay are taken into account and ensure that all those affected by these changes have their opportunity to contribute. Western Bay will then make the best use of this information to design the best possible commissioning model for care home services across the region.

10.2 Proposed Timeline

Milestone	Deadline of completion
12-week Consultation Period begins	15 th February 2016
12-week Consultation Period ends	13 th May 2016
Western Bay shares responses	31 st May 2016
Responses incorporated into Care Home Commissioning Strategy	1 st June 2016 – 30 th June 2016
Western Bay produces final Care Home Commissioning Strategy	1 st July 2016
Implementation Plan to commence of Care Home Commissioning Strategy across Western Bay	From 1 st July 2016

11. Appendices

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



Bridgend-Neath-Port
-Talbot-Swansea-Dire

11.2 Western Bay Market Position Statement (2015)



Market Position
Statement - Western

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



What Matters to Me
Model - FINAL.docx

11.4 Western Bay Intermediate Care Business Case (2014)



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

11.5 Glossary of Care Home Terms



WB Care Home
Strategy Glossary and

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

13 SEPTEMBER 2016

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

COMMUNITY SERVICES PHASE 2

1. Purpose of Report

- 1.1 This report will update the committee on the development and progress of new short-term and long-term approaches to Community Services that have been developed in response to the implementation of the Social Services and Wellbeing Act (Wales) 2014 and as part of the Western Bay Collaborative.
- 1.2 It will explain the developments of short-term preventative and pre-emptive approaches to information, advice and assistance, including developments in Bryn y Cae home for Older People, to support and enable our citizens to continue to live independently in our communities.
- 1.3 It will explain how these developments will affect the organisation of services for people who need managed care and support at home and long-term care in residential or nursing care settings.

2. Connection to Corporate Improvement Plan / Other Corporate Priority

- 2.1 This service development relates to:
 - Helping People to Be More Self-Reliant;
 - Smarter Use of Our Resources.

3. Background

Delivering Improved Community Services: Western Bay Optimum Model

- 3.1 *“Integrated care describes the coordinated delivery of support to individuals in a way that enables them to maximise their independence, health and wellbeing”*
(DH Care Networks, 2009)
- 3.2 Over the last five years Bridgend County Borough Council and ABMU Health Board have demonstrated a commitment to delivering integrated services and have developed a wide range of services as part of the integrated health and social teams. This has ensured better outcomes for people whilst also meeting the policy aspirations of Welsh Government for better joined up care.
- 3.3 In September 2013, the Western Bay Health and Social Care Programme set out a joint commitment to work together to integrate and improve the planning and delivery of community services for older people, delivering improved community services. There has been a whole systems approach to addressing the challenges

presented by an ageing population. The first phase of integration focused on intermediate care services and this has been a catalyst for change across the rest of the system.

- 3.4 The key priority of ‘Delivering Improved Community Services’ and the subsequent business case was to achieve a sustainable approach to the delivery of health and social care for frail, disabled, or older people. We needed to provide better assessment, care and support at lower cost; something that was impossible were we to be tied to traditional, silo-type forms of both health and social care delivery.
- 3.5 As a consequence of the business case, investment was made in an optimal intermediate care service model as set out below.
- 3.6 In January 2016, the Overview and Scrutiny Committee was informed of the following progress against the Optimum Model from a Bridgend perspective.

KEY:

Y- Yes N- No D- Under development

Key features of optimal model	
Multi-disciplinary triage in common access point	Y
Mental Health provision within common access point	N
Third Sector Brokerage in common access point	Y
Acute clinical response, Nurse Practitioners and Community Consultant – virtual ward model	D
Therapy led reablement service	Y
Intake & review reablement	Y
Therapy led residential reablement	Y
Support & stay for people with dementia	N
Step up / down intermediate care (residential or community)	Y

- 3.7 By way of definition of each element:

Common Access Point - The Western Bay Community Services model has at its front end a Common Access Point (CAP) into health and social care services. The CAP can be accessed by the public and professionals and performs the following functions:

- Information, advice and assistance including directing to Third sector and community services where this is the best place to have well-being needs met
- Multi-disciplinary triage and urgent response in the community for people who do require assessment or immediate service.

Acute Clinical Service - The Western Bay Community Services Board agreed an acute clinical model which is led by a community consultant and delivered by a highly experienced nurse practitioner workforce. The purpose of this function is to provide rapid (within 4 hours) assessment, diagnostics and treatment in the community, thus avoiding a hospital admission. This service would link the day hospital; community based clinics (known as hot clinics) and provides a virtual

hospital ward in the community. This model continues its development in Bridgend where the current consultant and the Lead Advanced Nurse Practitioner are redesigning the operational model to meet the agreed optimal service model.

Reablement – This is therapy led and is critical to supporting timely discharge from hospital (Also known as Step Down support). The Western Bay model is based on supporting effective safe discharge from hospital either into a residential or community based reablement service. Timely discharge is supported within Bridgend with the service known as Better@Home. This provides a short term bridging care service that supports people with levels of care whilst they wait for either the initiation of a reablement service or the restart of a current package of care; this can be usually up to 5 days, depending on the complexity of the discharge. Although, if someone has only been in hospital a short time their existing care package can usually be re-instated within 3 days. Step up Reablement provides a therapy led service that aims to address deterioration in the person's condition, putting an individual's independence and ability to remain at home at risk.

Residential Reablement – In addition to community based Reablement capacity, the service model also provides residential based reablement for people who would otherwise require a longer hospital stay prior to commencement of a community based service and also assessment of people who are potentially on a pathway to a long term residential care placement. In Bridgend there are 6 beds in Bryn y Cae Residential Home performing this function. Please see paragraph 4.4 below.

The Long-Term Managed Care and Support Services

- 3.8 The implementation of comprehensive short-term intervention and reablement services for all frail, older and disabled has resulted in many people being enabled to return to live independently within their own community. However there are people, who following six weeks of intensive support and intervention, still require assistance with personal care and daily living tasks, because they have eligible needs for care and support in accordance with the 2014 Act. The guidance from the Social Services and Wellbeing Act states that,

The adult has an eligible need for care and support if an assessment establishes that they can only overcome barriers to achieving their personal outcomes by the local authority working with them in jointly preparing a care and support plan, and ensuring that the plan is delivered.

The New National Eligibility Criteria for Wales

- 3.9 Eligible needs for adults are determined to be as follows by *The Care and Support (Eligibility)(Wales) Regulations 2015:p4, are where :*
- (a) The need arises from the adult's physical or mental ill-health, age, disability, dependence on alcohol or drugs, or other similar circumstances;
 - (b) The need relates to one or more of the following —
 - i. ability to carry out self-care or domestic routines;
 - ii. ability to communicate;
 - iii. protection from abuse or neglect;
 - iv. involvement in work, education, learning or in leisure activities;

- v. maintenance or development of family or other significant personal relationships;
- vi. development and maintenance of social relationships and involvement in the community; or
- vii. fulfilment of caring responsibilities for a child.

3.10 To be eligible for a plan of care and support from the Local Authority, the Social Services and Wellbeing Act, determines that an individual needs must be such that, *“...the adult is not able to meet that need, either,*

- (i) alone;*
- (ii) with the care and support of others who are willing to provide that care and support; or*
- (iii) with the assistance of services in the community to which the adult has access; and*

...the adult is unlikely to achieve one or more of the adult’s personal outcomes unless,

- (i) the local authority provides or arranges care and support to meet the need; or*
- (ii) the local authority enables the need to be met by making direct payments*

(The Care and Support (Eligibility)(Wales) Regulations 2015 p4-5)

3.11 The guidance from the Act requires, that for people with care and support plans (and for carers with plans of support), local authorities must keep under review, care and support plans for adults and support plans for carers, who have needs for care and support which meet the eligibility criteria. This duty also applies to people, where it appears to the local authority that it is necessary to meet the person’s needs in order to protect the person from abuse or neglect, or the risk of abuse and neglect.

3.12 In the Act, Local Authorities and Health Boards are instructed to enter into partnership arrangements for the provision of care and support and specifically:

... are required to establish and maintain pooled funds in relation to –

- (a) the exercise of their care home accommodation functions*

2015 number 1989 (W.299) social care, Wales the partnership arrangements (Wales) regulations 2015 P13

3.13 Presently within the Directorate, there are a number of teams providing long term managed care and support who also support people in care home placements. Currently these include teams within the newly developed short-term services of the Community Resource Team, including the common access point, as well as in the long-term Integrated Community Network Teams. Many of the existing social work management structures are legacy arrangements from previous organisational structures and no longer meet the needs of the service, as it is redesigned to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014.

3.14 It is in that context and in order to offer clarity of roles and responsibilities across the adult social care services, it is felt necessary to realign the existing social work resource into teams supporting short term, pre-emptive and preventative services based within the Community Resource Team, and into long-term managed care and support services, based within the Integrated Community Networks.

4. Current Situation / Proposal.

Delivering Improved Community Services: Western Bay Optimum Model

4.1 This table is a revised summary of progress against the optimum model in Bridgend:

KEY: Y - Yes N - No D - Under development

Key features of optimal model	
Multi-disciplinary triage in common access point at Trem y Mor	Y
Mental Health provision within common access point at Trem y Mor	Y
Third Sector Brokerage in common access point at Trem y Mor	Y
Acute clinical response, Nurse Practitioners and Community Consultant – virtual ward model	D
Therapy led reablement service	Y
Intake & review reablement	Y
Therapy led residential reablement	Y
Support & stay for people with dementia	N
Step up / down intermediate care (residential or community)	Y

4.2 In order to access these services, referrals are via, for example, social workers, hospital professionals, and GPs.

4.3 The table above summarises the progress since January in delivering the optimal model in Bridgend. The table indicates requirement to further develop certain aspects, those being:

- Acute Clinical Response remains Amber - this service requires additional funding to move to a 7 day provision and an announcement is due shortly from Welsh Government with regard to additional Intermediate Care Funding. Additional funding will enable the recruitment of nurses in sufficient numbers to deliver more acute care services such as Intra Venous antibiotics. At present the community services are unable to respond to these types of referrals and therefore individuals are highly likely to be referred to hospital.
- Support and Stay for people with Dementia: this service forms part of the services under the Mental Health Directorate within ABMUHB. This has specific criteria under which individuals are able to be referred and access this service. Further work is required between the mental health directorate and community services to clarify and develop the right model for people with dementia. This will be undertaken on regional basis when the re-structure in ABMUHB Mental Health Services is completed.

Further Development of the Integrated Reablement Unit at Bryn y Cae Residential Home, Brackla

- 4.4 The Residential Reablement Unit in Bryn y Cae Residential Home has provided a residential reablement unit to compliment the services delivered by the Integrated Community Resource Team. This made reablement accessible to individuals whose presenting needs could not be supported by a large package of care in the community and thus enabled them to improve their independent living skills.
- 4.5 The success of this unit in terms of outcomes for individuals and impact on the whole health and social care system enables the opportunity to explore extending this service jointly with Health. There are, however, resource funding requirements on an ongoing basis that need to be scoped out and discussed further with partners before any large scale commitments are made.
- 4.6 Extending the service in this way could potentially deliver opportunities to:
- extend access to Reablement to individuals living at home and not in secondary care;
 - extend access to a period of assessment of functional skills to individuals living at home and not in secondary care;
 - provide crisis respite bed(s) capacity for individuals living at home;
 - provide planned respite that is delivered in an enabling way to ensure individuals' independent living skills are not compromised during their respite stay;
 - develop Bryn y Cae as a centre of excellence for community bed based Intermediate Care within a residential setting;
 - develop the skills and competencies of the workforce within Bryn y Cae by enabling them to focus on promoting independence.
- 4.7 The anticipated potential benefits for people living in Bridgend County Borough:
- For the older person who has had a hospital admission and is clinically ready to leave hospital, will have the opportunity of time to rebuild confidence, regain abilities and maximise independence in a reablement/ enabling setting.
 - For the older person at home and due to deterioration in health and wellbeing is at risk of an avoidable admission to hospital, to provide the opportunity to receive appropriate level of intervention, care and support within a reablement/ enabling setting.
 - For the older person at home, who, due to a change in their health and wellbeing or due to a change in their social circumstance (includes adult protection concerns) is at risk of premature admission to long term care establishments, to have the opportunity to receive an assessment of their functional abilities and time to rebuild confidence and regain abilities in a reablement/ enabling setting. This will facilitate decision making and planning in a less pressured context.
 - For the older person at home, supported by a carer who becomes unexpectedly, temporarily unable to provide support, who is at risk of an avoidable admission to hospital or long-term care, to receive support in an enabling setting. Returning home with the same (or hopefully improved) functional abilities they arrived with.

- For the older person who continues to be supported at home due to access to planned regular periods of respite, preventing unscheduled/ crisis triggered transitions of care.

4.8 The development of such a facility in the community will take a considerable amount of collaborative work with partners and stakeholders to develop the model, and consider the impact and requirements on the building of such a facility; it is proposed that scoping and development work will commence within the next year.

Realignment of Social Work to Meet the Needs of Short-Term Intervention Services and Long-Term Manage Care and Support

4.9 In order to ensure the Directorate's existing social work resources within Adult Social Care, are realigned to meet the needs of the Social Services and Wellbeing (Wales) Act, work is currently being undertaken to scope the required workforce realignments to deliver on a model of short-term pre-emptive intervention and long-term manage care and support, and resource that can support an integrated approach and pooled fund for the provision of long-term care home placements. The proposals will be finalised and form part of a consultation with staff towards the end of this year.

5. Effect upon Policy Framework and Procedure Rules.

5.1 None

6. Equality Impact Assessments.

6.1 An equality impact screening assessment was completed in 2011 when the integration of community health and social care services commenced. If the proposed developments are progressed, a review of the equality impact assessment will be completed.

7. Financial Implications.

7.1 In relation to further exploring the potential to extend the current Reablement provision in Bryn y Cae Residential Home, there are both Capital and Revenue implications. The proposal is still in its early stages and the financial model is almost complete as the proposal continues to be scoped.

7.2 There has been a successful bid (agreed in principle) against the Welsh Government's Intermediate Care Funding Capital Grant, with grant potentially available to the cover the costs of any agreed building works. The financial model is almost complete to enable further discussions with partners. The capital bid will not be formally approved until recurring revenue funding is identified.

7.3 Early discussions have commenced with ABMUHB regarding the proposal and the implications for staffing and medical cover. In addition the Western Bay partnership are also awaiting confirmation relating to additional revenue monies attached to the Intermediate Care Funding stream, which potentially could support such development amongst other priorities. However, due to the uncertainty of the grant

availability from one financial year to the next, this would only be on a short term basis and would not meet recurrent revenue costs.

7.4 There are no financial implications in the realignment of the health and social care teams and provision into short term intervention and long managed care and support term approaches; all of the proposals are to be managed within the existing budget.

8. Recommendation.

8.1 It is recommended that the Committee note:

- The progress in the last year on delivering the Western Bay optimum model for intermediate care within Bridgend County Borough;
- The early proposals for the development Bryn y Cae residential home into a facility that delivers intermediate care alongside planned and crisis respite services;
- The proposals are considered for the realignment of the social work provision for adult social care within the integrated services required to deliver on the requirements of the Social Services and Wellbeing (Wales) Act 2014.

Susan Cooper
Corporate Director - Social Services and Wellbeing
August 2016

9. **Contact Officers: Michelle King and Carmel Donovan**

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10 **Background documents:**

None

REPORT TO ADULT SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE 13 SEPTEMBER 2016

REPORT OF THE CORPORATE DIRECTOR – OPERATIONAL AND PARTNERSHIP SERVICES

FORWARD WORK PROGRAMME UPDATE

1. Purpose of Report

1.1 The purpose of this report is to:

- a) present the items due to be considered at the Committee’s meeting to be held on 8 November 2016; and
- b) present a list of further potential items for prioritisation by the Committee.

2. Connection to Corporate Improvement Objectives / Other Corporate Priorities

2.1 The improvement priorities identified in the Corporate Plan 2016-2020 have been embodied in the Overview & Scrutiny Forward Work Programmes. The amended Corporate Plan adopted by Council on 10 March 2016 formally set out the improvement priorities that the Council will seek to implement between 2016 and 2020. The Overview and Scrutiny Committees engage in review and development of plans, policy or strategies that support the Corporate Themes.

3. Background

3.1 At its meeting 19 July 2016, the Adult Social Care Overview and Scrutiny Committee determined its Annual Forward Work Programme for 2016/17.

4. Current Situation / Proposal

Meetings of the Adult Social Care Overview and Scrutiny Committee

4.1 In relation to the Committee’s next scheduled meeting to be held on 8 November 2016, the table below lists the items to be considered and the invitees due to attend should the Committee agree it’s proposed annual forward work programme.

Topic	Invitees	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
Prevention and Wellbeing		Progress to date, including impact on individuals and communities resulting in financial savings	
Secure Estate (Parc Prison)		An update following the July meeting to update the Committee on the conclusions from the meeting	

4.2 The table below lists all potential items that the Committee has considered during their planning workshop and, subject to any changes from the approval of the Annual Forward Work Programme, are put forward for reprioritisation as appropriate.

Topic	Proposed Date	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
Directorate Budget Consultation	14 December 2016		
Update on the Implementation of the Social Services and Wellbeing Act	21 February 2017	An update on the implementation of the Act to also include DOLS as requested by Members	
Day Services for people with learning disabilities	21 February 2017		
New Extra Care Housing Schemes	21 March 2017	From the ASC OVSC meeting on 13 January 2016 - Members requested that an item on the two new Extra Care facilities is added to the 2016/17 Forward Work Programme.	
Bryn Y Cae	21 March 2017		

For Prioritisation and Scheduling

Rota Visiting
Home Care – Quarterly Status Report

Corporate Parenting

4.3 Corporate Parenting is the term used to describe the responsibility of a local authority towards looked after children and young people. This is a legal responsibility given to local authorities by the Children Act 1989 and the Children Act 2004. The role of the Corporate Parent is to seek for children in public care the outcomes every good parent would want for their own children. The Council as a whole is the 'corporate parent' therefore all Members have a level of responsibility for the children and young people looked after by Bridgend.¹

¹ Welsh Assembly Government and Welsh Local Government Association 'If this were my child... A councillor's guide to being a good corporate parent to children in care and care leavers', June 2009

4.4 In this role, it is suggested that Members consider how the services within the remit of their Committee affects children in care and care leavers, and in what way can the Committee can therefore assist in these areas.

4.5 Scrutiny Champions can greatly support the Committee in this by advising them of the ongoing work of the Cabinet-Committee and particularly any decisions or changes which they should be aware of as Corporate Parents.

5. Effect upon Policy Framework and Procedure Rules

5.1 The work of the Children and Young People Overview and Scrutiny Committee relates to the review and development of plans, policy or strategy that form part of the Policy Framework and consideration of plans, policy or strategy relating to the power to promote or improve economic, social or environmental well being in the County Borough of Bridgend.

6. Equality Impact Assessment

6.1 None

7. Financial Implications

7.1 None.

8. Recommendations

8.1 The Committee is recommended to:

- (i) Note the topics due to be considered at the meeting of the Committee for 8 November 2016 and confirm if it requires any additional specific information to be provided by the invitees listed or the Overview & Scrutiny Unit;
- (ii) Determine the topics, invitees to be invited to attend and any specific information it would like the invitees to provide as well as any research that it would like the Overview & Scrutiny Unit to undertake in relation to its meeting for 8 November 2016;
- (iii) Revisit and consider the list of future potential items for the Committees Forward Work Programme and reprioritise as the Committees feels appropriate.

Andrew Jolley,
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Background documents: None