

# **Social Services and Wellbeing**

## **Accommodation-Based Service Review**

### **Delivery Plan 2025-28**

# Background

- In April 2024, Cabinet approved the Commissioning Strategies developed within SSWB Directorate, which set out key priorities on how current services need to change and develop over the next 5 years.
- This was to ensure that BCBC is delivering the right services, in the right place at the right time in order to continue to meet the needs of people living in the Bridgend county borough.
- The strategies were developed using detailed analysis and evidential review regional data, such as the Market Stability Report (MSR) and the Population Needs Assessment (PNA), as well as local Bridgend County Borough Council (BCBC) data to identify key trends and pressure areas
- The directorate carried out a review and mapping exercise to obtain an up-to-date understanding of what accommodation-based services we have for older people, and people with lifelong conditions/complex needs
- The data was reviewed in a number of workshops by relevant officers where the findings informed the following recommendations and proposals
- All proposed capital investments will be subject to robust business cases which will provide further detail on costs, resource implications and timescales
- Any new scheme/developments identified in the following proposal sections will be subject to Options Appraisals and/or Business Cases, as required

# Regulated Community Care (older people)

The key areas of focus of the review within this population area have been:

Care Homes (residential and nursing)  
Extra Care Housing

# Findings: Care Homes

- Some of our externally commissioned residential providers may not be well-positioned to meet the projected increase in people with more complex needs like advanced dementia
- Not all residential care home providers currently support people to end of life. People should be able receive end-of-life care at home (including a care home they may have lived in for many years) , in a hospice or in hospital, depending on their needs and preferences
- Third-party “top-ups” remain an on-going concern for family members and the Council in terms of affordability. A third-party top-up is when a relative or friend enters into an agreement to pay the difference between what the home costs and the amount that is paid by the Council. Usually, they would pay the home this amount directly. In some instances, as set out in regulations, BCBC are responsible for the top-up payment
- BCBC internal care homes (Bryn-y-Cae and Ty Cwm Ogwr) has a number of reablement/short-term beds that are under-utilised. Reablement is a type of care that helps you relearn how to do daily activities, like cooking meals and washing. Most people who receive this type of care do so for around 1 or 2 weeks, although in some cases, this can be longer
- There are few short-break opportunities for people with challenging issues around frailty who may have previously been identified as requiring nursing dementia care, where there is a responsibility on the Health Board in this area too

# Proposals: Care Homes

## Proposals: Short-Term (up to 6 months)

- Continue work at a regional and national level to try to mitigate the impact of third-party “top-ups”
- Review use of reablement/short-term beds in Bryn-y-Cae and Ty Cwm Ogwr with a view to reconfiguration to maximise capacity and resource
- Open a discussion with providers and key partners (including health) to consider what needs to be in place to enable them to provide end of life care
- Develop separate and distinct service specifications/guidance criteria to define different categories of care (Nursing, Dementia, Standard Residential Care) to help care home providers meet future demand

## Proposals: Medium-Term (6-24 months)

- Implement the service specifications/guidance criteria that are being developed relating to different categories of care within care homes
- Introduce a set of minimum environmental standards in line with the Regulation and Inspection of Social Care (Wales) Act 2016 for care homes who support people with dementia and sensory loss
- Working with colleagues in health, increase short-break opportunities for nursing respite support for people with challenging issues around frailty

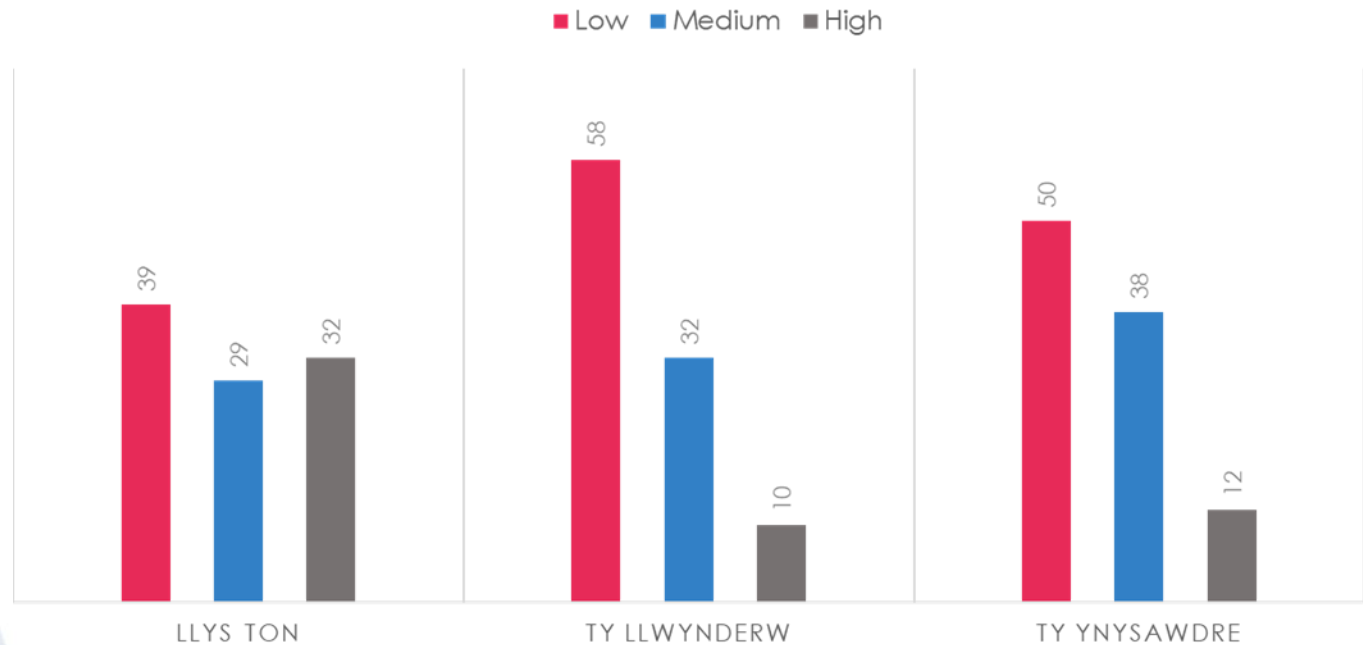
# Findings: Extra Care Housing (ECH)

- As a result of adaptations within the environment in Extra Care Housing (ECH), access to on-site support 24 hours a day, and reduced likelihood of isolation, some individuals/tenants receive a lower/smaller package of care when compared to individuals receiving homecare in their own homes
- ECH schemes deliver on average around 8 hours of care per tenant per week, and homecare in an individual's own home delivers an average of 11.8 hours of care per week per person
- A strengthening of a shared vision and definition of what extra care housing is, and what levels of support can, and should be provided would benefit the residents, registered social landlords (RSL's), social work teams and other stakeholders. As part of the review, we have looked to define and clarify what ECH is within BCBC, and enable a vision for these services moving forward – which can be summarised as below:
  - ECH should be considered an accommodation option to try to delay or prevent admission to residential care, whilst recognising this might not be possible for individuals should their needs become too complex where they would need to transition to an appropriate nursing care home setting
  - ECH should sit between independent living (with support) and a care home. This should reduce the need for residential care for people living with physical frailty, some levels of dementia and experiencing loneliness and isolation
  - ECH should remain predominantly a service for older people but also maintain a degree of flexibility to support other categories of care (Learning Disabilities/Mental Health) where appropriate

# Findings: Extra Care Housing (ECH)

- The initial planning for ECH in Bridgend was for each setting to provide care to tenants/individuals, and for that care to broadly fall into the following categories:
  - One-third of tenants with low needs
  - One-third of tenants with medium needs
  - One third of tenants with high needs
- This is not currently being achieved. The adjacent chart which shows the current levels of care provided within the three existing ECH schemes with “low” comprising of up to 7 hours of care per week, “medium” comprising of between 7 and 14 hours of care per week and “high” comprising of 14 hours (or more) of care per week.

PERCENTAGE OF LOW/MEDIUM/HIGH NEEDS  
AUGUST 2024



# Proposals: Extra Care Housing

## Short-Term (Up to 6 Months)

- Work with key partners (i.e. Social Work teams and Registered Social Landlords) to clarify what ECH is in BCBC (as defined earlier) and formally agree key roles and responsibilities of each partner

## Medium-Term (6-24 Months)

- To ensure ECH is flexible enough to meet the changing needs of citizens in BCBC, which might look different within each scheme from time to time, based on care assessments at that specific time
- Better define the role of the Registered Social Landlord in the assessment process for potential tenants in any new and existing extra care housing schemes.
- Develop a Business Case for a fourth extra care scheme, considering efficient design principles to reduce service charges (the fees in addition to rent that tenants pay to the RSL)



# Lifelong Conditions & Complex Needs

The key areas of focus of the review within this population area have been:

- Expansion and diversification of Shared Lives (Adult Placement Scheme)
- Develop new Core & Cluster Accommodation / Community Living Networks
- Expanding Supported Living, including Specialist Supported Living
- Accessible / adapted accommodation programme
- Emergency, short-stay and respite accommodation

# Findings: Shared Lives (Adult Placement Scheme)

- The Shared Lives service provides long-term placements or short breaks/respite in a family home.
- The Shared Lives 'host' family provides day-to-day care or support and work as self-employed carers under the Adult Placement Scheme.
- The service is currently provided through a partnership with the Vale of Glamorgan Council. The two councils have some slight differences between how the service is run and the partnership aims to align the services over time.
- Whilst being open to other client groups, it remains largely a service for learning disabilities. It's scale and reach has remained very static in Bridgend over recent years.
- The vision for the service moving forward is to: incrementally increase the number of people who use the Shared Lives service in Bridgend every year, and to increase the diversity of people who access the service so that more people with mental health, dementia or physical disabilities are supported by the scheme.

# Proposals: Shared Lives (Adult Placement Scheme)

## Short-term proposals (up to 6 months)

- Work in close partnership with Vale of Glamorgan Council to bring greater alignment between the two areas
- Undertake a recruitment drive to attract new self-employed Shared Lives carers and broaden access for wider groups of people

## Medium-term proposals (6-24 months)

- To consider regional capacity and regional partnership options to optimise efficiencies of scale

## Long-term proposals (3-5 years)

- Expand the design of the scheme to provide short breaks for a wider range of people to use as a respite option (inc. people with dementia and mental health), and act as a 'step-down' option for people waiting for hospital discharge to their own homes

# Core & Cluster/Community Living Networks: Findings

- This type of service offers higher-level care and support within 'core settings' which can then act as a base to provide outreach support to people living in a 'cluster' of more independent housing in the nearby area.
- It represents a potentially cost-effective way of delivering a mix of higher and lower-level support and allows opportunity for people to step up or down into different levels of service, which is a more person-centred and progression-based approach to placing someone in a static housing arrangement.
- The model has been identified as potentially beneficial in Bridgend for neurodiverse people (e.g. with autism) and may also benefit other groups of people who need varying levels of flexible support.
- There is a shortage of nursing placements (which is a health responsibility) for people with learning disabilities/mental health, and a lack of provision for people who are neurodivergent or who, as a result of substance misuse, are cognitively impaired. So 'step-up' options are as important as 'step-down' options.
- Moving forward, there is one scheme at early construction stage in Bridgend town centre (as part of the Sunnyside Wellness Village), which includes a shared house as supported accommodation (core) and a number of self-contained living units

# Core & Cluster/Community Living Networks: Proposals

## Short-term proposals (up to 6 months)

- Develop a Business Case setting out the revenue and capital implications, and work with Linc (Registered Social Landlord) to develop the initial core and cluster setting in Bridgend town (Sunnyside Wellbeing development)

## Medium-term proposals (6-24 months)

- Establish a comprehensive understanding of support needs for localised groups of people and clarify the scope of people who might benefit from these services
- Complete the current pilot for neurodivergent people in Glyn Cynffig (12-bed temporary accommodation care & support service) to inform the potential for a new service model on an alternative site, pending a feasibility study being undertaken

## Long-term proposals (3+ years)

- Consider how we work with colleagues in health to support nursing providers to be able to offer flexibility to support people with Learning Disabilities/Mental Health.

# General Supported Living services: Findings

- BCBC has Supported Living services operated at two levels, General Supported Living and Specialist Supported Living (known as Closer to Home)
- The main distinction is levels of need and the nature of care and support that is offered, where specialist services tend to be more complex with higher levels of need, which requires input and funding from health
- Data for service users across the two levels shows a shift towards greater complexity (specialist supported living) and increasing support hours
- Supported living services are provided predominantly for people with learning disabilities, where approximately 2/3 of tenants in supported living settings are aged 55 or older, with little move-on options
- Supported Living services are very static, where there is limited capacity in the current supported living service to enable flow of people in and out, which is reinforced by the fact that most people in the service have a long-term tenancy agreement
- There is very limited scope for younger age-appropriate shared housing within the current capacity
- There is a growing demand with no additional capacity, so a broadened supported living model is needed which is more responsive to people's changing needs and is able to support more people who need to progress and move on from these services

# Proposals: General Supported Living

## Medium-term proposals (6-24 months)

- Review contracts and agreements with RSL's with a view to easing flow which is restricted as a result of tenancy agreements in supported living
- Review the use of Assisted Technology to make efficiencies and scale-up its implementation (subject to a Business Case)
- Carry out a comprehensive review of current contracts and internal plans for Supported Living services to determine the existing volume of placements across framework and non-framework spot arrangements and assess capacity in light of projected future demand
- Review options for gender-specific, condition-specific, or age-appropriate accommodation for supported living

# Specialist Supported Living services: Findings

- Specialist/Closer to Home (C2H) schemes usually support between 2 to 4 people, with most people needing high levels of both health and social care support.
- There is an identified gap for more specialist accommodation for people with higher levels of complexity and care needs. This level of service usually involves multi-disciplinary support from Health as well as Social Care services.
- The numbers of people living in Specialist Supported Living (Closer to Home) schemes has increased from only 4 people in one Closer to Home scheme in 2018 to around 20 people in 6 Closer to Home/Specialist Supported Living schemes.
- Targeted development of specialist accommodation 'closer to home' is required (with appropriate funding from health), which is proven to be more cost-effective for complex placements, where the only alternative would be for people to be placed into high-cost specialist placements, often out-of-county.
- The development of a fourth 'Closer-to-Home' scheme has been agreed in principle by regional partners, where capital funding may be available once a suitable location has been identified and secured and business case developed.



# Proposals: Specialist Supported Living

## Short-term proposals (up to 6 months)

- Analyse BCBC funded high-cost/out-of-county and specialist placements to understand CHC status and funding responsibilities where there may be potential for them to return closer to home. Continuing Healthcare (CHC) is a package of care for people aged 18 and older that is funded by the NHS
- Continue plans to develop a fourth Closer to Home scheme, pending capital funding, and a robust business case being developed to cover any ongoing revenue costs to BCBC and confirmation of funding from health
- Pending the above, a Section 33 Agreement between the Health Board and BCBC has been proposed, which will help provide a level of governance and financial oversight for the shared costs of such a service
- Engage with partners to co-produce the basis of a new provider framework for broadening the supported living model and consider if Supported Living tenancies can enable 'move on' to more independent living

## Medium-term proposals (6-24 months)

- Review the effectiveness of existing specialist services in order to more clearly define and develop a service model for new and tailored housing for people who need highly adapted accommodation with 24/7 specialist staff support

# Accessible/adapted accommodation: Findings

- For people with sensory loss and/or limiting physical conditions or disabilities, a main priority includes staying safe in their own home or in appropriate accommodation.
- People with physical or mobility needs are often supported in their own homes as there is no dedicated respite or permanent accommodation for younger adults, and very limited accessible accommodation for people with higher physical and mobility needs.
- Some people have accessed residential nursing placements, especially for short-stay respite, but most nursing homes tend to support older people only, so age-appropriate support is not readily available.
- People are able to live a relatively independent life in their own home if suitable adaptations and access into the property can be made.
- In some cases, the use of mainstream or specialist Assistive Technology can also enable someone to meet their wellbeing outcomes within their own home.
- Our intention is to work with partners to develop a new multi-disciplinary work programme to help people with disabilities or sensory loss to access support and adaptations to help them live at home or as close as possible. It will draw on existing resources but offer a more integrated and well-informed response

# Accessible/adapted accommodation: Proposals

## Medium-term proposals (6 – 24 months)

- Establish the multi-disciplinary membership for the work programme and creating a clear communications plan for it
- Work with key internal colleagues and RSLs, to map and identify accessible accommodation to support people with physical disabilities or mobility issues, e.g. bariatric beds, use of Assistive technology/equipment
- Map the locations of appropriate properties and consider their potential for inclusion within the Core and Cluster accommodation model being considered
- Work with regional partners and explore options via capital funding strategies to secure suitable properties mapped against identified housing needs subject to a robust Business Case
- With Housing team colleagues, develop a 'Home Adaptations Programme' for identifying minor changes and building works that would enable continuity of independence for people
- Use Disabled Facilities Grant (DFG) or other appropriate funding to enable minor adaptations or to fund building works to help maintain tenancies

# Emergency and short-stay/respice provision: Findings

- The regional Population Needs Assessment PNA identifies unpaid carer support and respice as a priority for all client groups
- Emergency, short-stay and respice services allow people to temporarily take a break from their usual living arrangements and often support unpaid carers or family with a break from their caring role
- More age-appropriate and condition-appropriate accommodation is needed to support people for short-term placements, sometimes in cases of emergency
- Current emergency and respice provision in Bridgend county borough does not always support the range of people who require it, and a review/needs analysis is needed to meet future demand
- BCBC has a small number of short-stay accommodation options, including Glyn Cynffig, Ael y Bryn, and Breakaway. These tend to be used to maximum capacity with very limited additional capacity

# Emergency and short-stay/respite provision: Proposals

## Medium-term proposals (6 – 24 months)

- Undertake an analysis of the capacity and potential use of BCBC Emergency accommodation. i.e.
  - The planned relocation and expansion of Glyn Cynffig
  - Work with Housing to consider options for a 'wet or dry' house to support people with substance misuse issues
  - A 'safe' bed for people in distress who don't require admission into hospital
- Undertake an analysis of the capacity and potential use of Short Break and respite accommodation. i.e.
  - Potential expansion of Breakaway for Learning Disabilities
  - Dedicated Mental Health respite capacity
  - Respite beds in residential care homes that allow for physical disabilities or bariatric needs to be supported
  - Age-appropriate respite accommodation
- Pending the above reviews and options appraisals being undertaken, any new developments will be subject to Business Cases

# Summary and conclusion

## Regulated Community Care (older people)

- Generally speaking, following the opening of a nursing home to help support with Nursing EMI placements, there are sufficient placement options across residential and nursing care
- The priority in this area is to be clear in terms of how care homes are utilised/commissioned, to ensure they are providing the optimal levels of care across each of the key categories
- In the longer-term, we need to assess the feasibility for developing a fourth extra care type service, which will have both capital and revenue funding implications
- Care Homes/ECH services vital assets in the community – links to Day Opportunities review

## Lifelong Conditions and Complex Needs

- There are more gaps in provision within this area, where it is acknowledged that there are far more complex individuals now being supported
- Linked to the increasing complexity in this area, this requires input and involvement from a CTM Health Board perspective, in terms of funding arrangements and roles and responsibilities moving forward

# Summary and conclusion

## General position

- Capital and revenue funding is a significant challenge in this area
- Health responsibilities need to be assessed, understood and reflected in funding agreements
- More use of technology needs to be significantly scaled up to impact on revenue costs
- There is no current budget in BCBC's Capital Programme for SSWB schemes, meaning that business cases need to be clear on the cost/benefit analysis, as alternative sources of funding often require match funding or can cost more over the medium/long term.
- WG Housing with Care Funding itself has match-funding requirements, meaning that BCBC must enter into arrangements with RSL's (who themselves will then need to bid for funding and provide the match-funding), where there will then be on-going revenue implications for BCBC
- From a BCBC provider service perspective, unless there is capital funding available to invest to transform, it limits our opportunities to make any changes/consider any new developments
- Section 106 funding opportunities will be considered/explored at all opportunities – eligibility allowing