

DRAFT – for consultation with stakeholders



Commissioning Strategy for Care Homes for Older People 2016 - 2025

(Draft for consultation)



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board




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Our Vision



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

Executive Summary

Introduction

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

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

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

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

Supply and Demand

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

- The total population of people over the age of 65 is expected to grow from 103,140 to 120,260; an **increase of 17%**
- The population of people over the age of 80 years will grow from 27,430 to 35,870; an **increase of 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

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- 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.

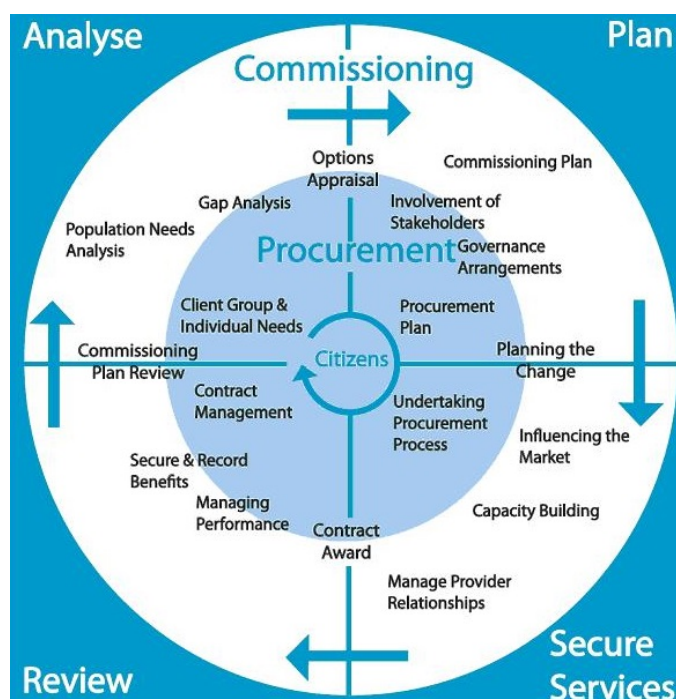


Figure 1: The Commissioning Cycle

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

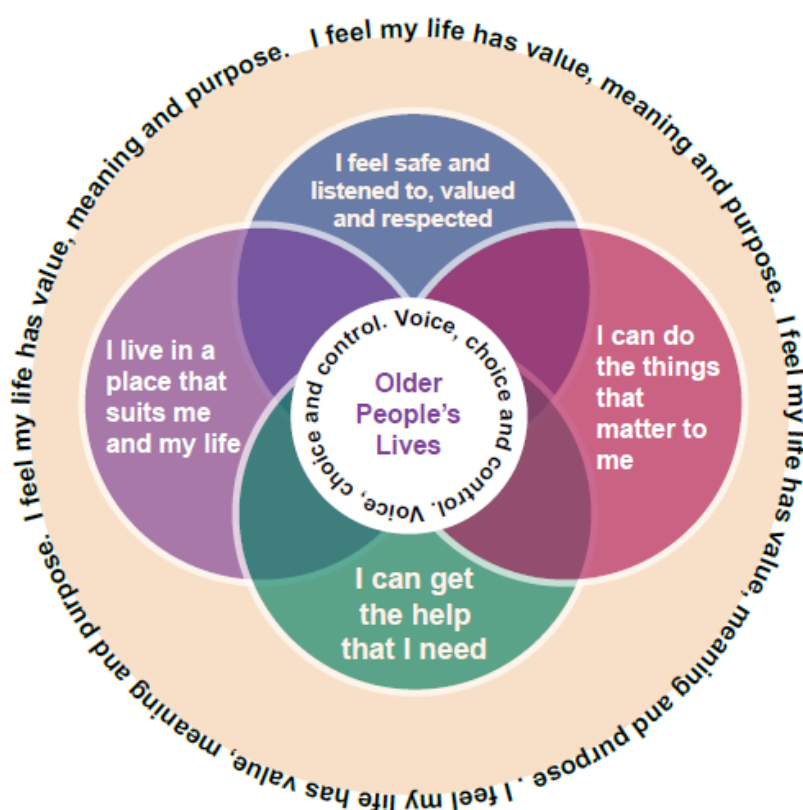


Figure 2: Older People’s Commissioner’s Quality of Life Model, ‘A Place to Call Home’ (2014)

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.

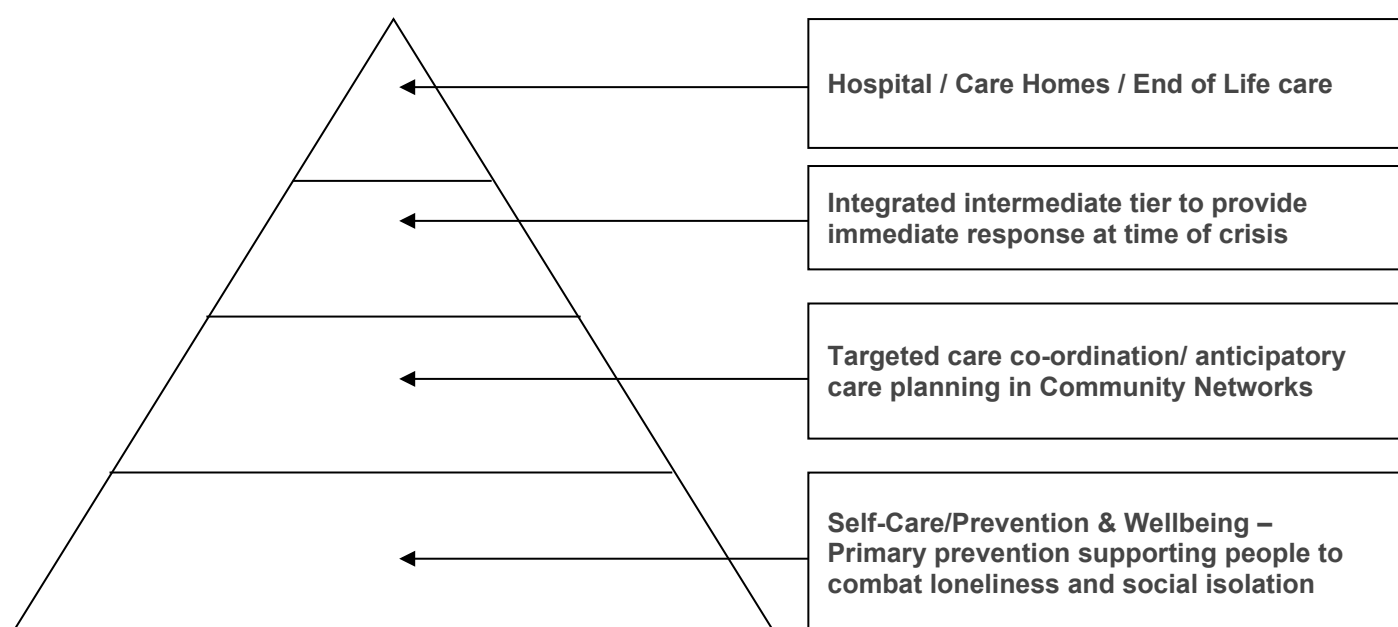


Figure 3: The “What Matters to Me” Model

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:

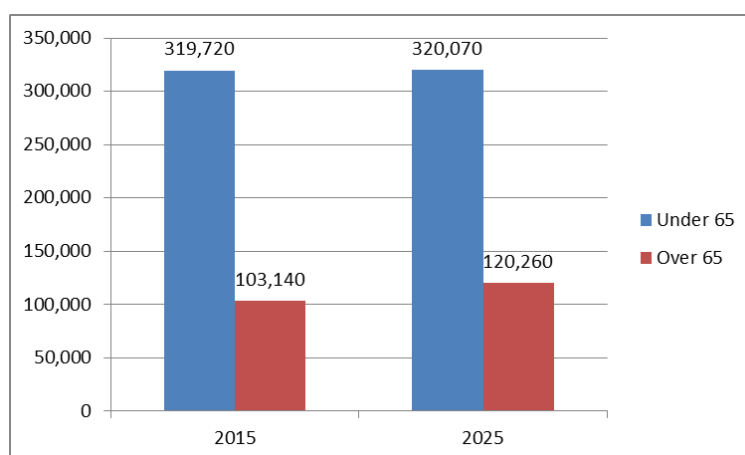


Figure 4 – Change in population from 2015 to 2025 across ABMU

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

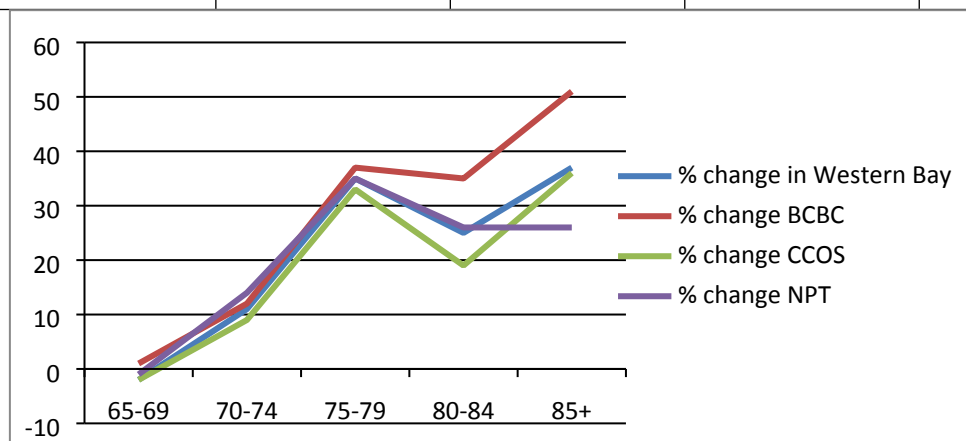


Figure 5: Percentage increase in population across Western Bay and in specific localities by 2025 compared to 2015 figures.

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

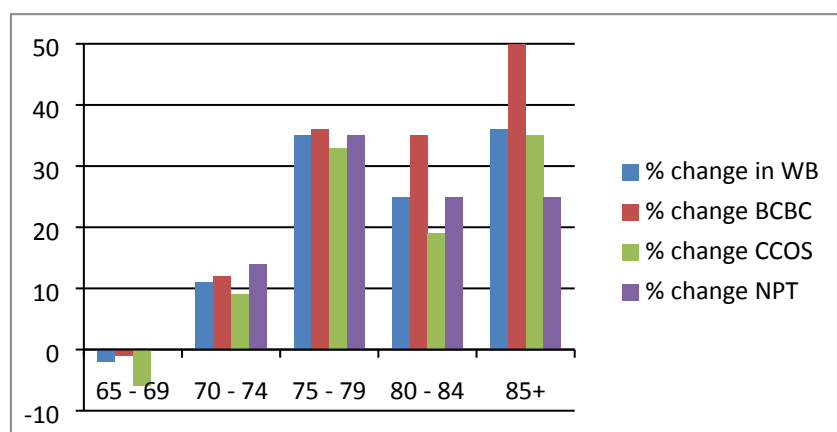


Figure 6: Percentage change in dementia prevalence by age across Western Bay in 2025 compared to 2015 data.

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

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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.

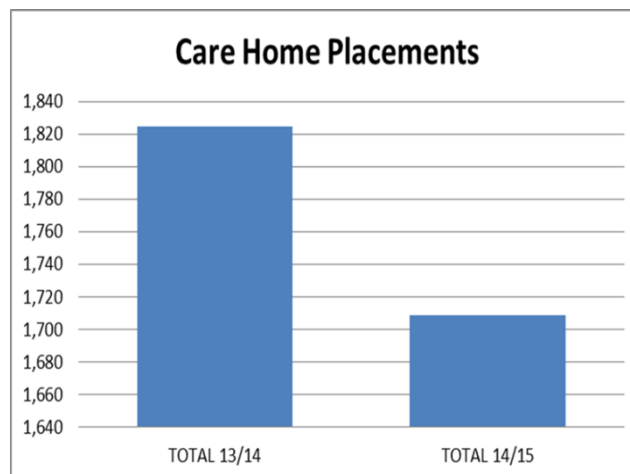


Figure 7: Care Home total population across Western Bay in 13/14 and 14/15.

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 bedroomed flats and 32 sheltered schemes.

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

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 Practise 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-practise/>.

9. Our Commissioning Intentions

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