

DINAS A SIR ABERTAWE

HYSBYSIAD O GYFARFOD

Fe'ch gwahoddir i gyfarfod

Y CABINET

Lleoliad: Siambr y Cyngor, Neuadd y Ddinas, Abertawe

Dyddiad: Dydd Iau, 20 Ebrill 2017

Amser: 10.00 am

Cadeirydd: Cyngorydd Rob Stewart

Aelodaeth:

Cynghorwyr: M C Child, W Evans, R Francis-Davies, J E C Harris, D H Hopkins, A S Lewis, C E Lloyd, J A Raynor a/ac C Richards

Mae croeso i chi ddefnyddio'r Gymraeg. Os dymunwch ddefnyddio'r Gymraeg, rhowch wybod i ni erbyn canol dydd ar y diwrnod gwaith cyn y cyfarfod.

AGENDA

Rhif y Dudalen.

- 1. Ymddiheuriadau am absenoldeb.**
- 2. Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeliadauBuddiannau
- 3. Cofnodion.** 1 - 8
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- 4. Adroddiad(au) Arweinydd y Cyngor.**
- 5. Cwestiynau gan y cyhoedd.**
Rhaid i'r cwestiynau ymwneud â materion ar ran agored agenda'r cyfarfod, ac ymdrinnir â hwy o fewn 10 munud.
- 6. Hawl i holi cynghorwyr.**
- 7. Pa mor barod yw plant i ddechrau'r ysgol** 9 - 41
- 8. Sefydlu cyfleusterau addysgu arbenigol ar gyfer disgyblion ag anhwylderau'r sbectwm awtistig (ASA).** 42 - 54
- 9. Strategaeth Gomisiynu Gwasanaethau Cymunedol Bae'r Gorllewin ar gyfer Cartrefi Gofal i Bobl Hyn 2016-2025.** 55 - 141

10. Gwahardd y cyhoedd. 142 - 145
11. Cynnig ar gyfer gosod y Ganolfan Ddinesig yn y tymor byr. 146 - 151

Huw Evans

Huw Evans

Pennaeth Gwasanaethau Democrataidd

Dydd Llun, 10 Ebrill 2017

Cyswllt: Gwasanaethau Democrataidd - Ffon: (01792) 636923

Agenda Item 3.

CITY AND COUNTY OF SWANSEA

MINUTES OF THE CABINET

HELD AT COUNCIL CHAMBER, GUILDHALL, SWANSEA ON
THURSDAY, 16 MARCH 2017 AT 3.00 PM

PRESENT: Councillor R C Stewart (Chair) Presided

Councillor(s)

M C Child
J E C Harris
C Richards

Councillor(s)

W Evans
D H Hopkins

Councillor(s)

R Francis-Davies
J A Raynor

Apologies for Absence

Councillor(s): A S Lewis and C E Lloyd

161. **DISCLOSURES OF PERSONAL AND PREJUDICIAL INTERESTS.**

In accordance with the Code of Conduct adopted by the City and County of Swansea, the following interests were declared:

Councillor C Richards – Personal – Minute No. 183 – Local Authority Governor Appointments – Candidate known to me.

Councillor R Stewart – Personal – Minute No. 183 – Local Authority Governor Appointments – I know two of the people named in the report.

162. **MINUTES.**

RESOLVED that the Minutes of the meeting(s) listed below be approved and signed as a correct record:

1. Cabinet held on 16 February, 2017; and
2. Special Cabinet held on 23 February, 2017.

163. **LEADER OF THE COUNCIL'S REPORT(S).**

The Leader made no announcements but did refer to a supplementary document relating to minute no. 186 - FPR7 – The Kingsway Infrastructure Project which had been published and circulated as an addendum to the report.

164. **PUBLIC QUESTION TIME.**

A number of questions were asked by one member of the public. The Leader responded accordingly.

165. **COUNCILLORS' QUESTION TIME.**

No questions were asked.

166. **PRE-DECISION SCRUTINY FEEDBACK - SWANSEA CITY CENTRE REGENERATION – DELIVERY AND FUNDING STRATEGY. (VERBAL)**

The Leader of the Council stated that Councillor M H Jones had submitted apologies as she was unable to attend the meeting.

Councillor S E Crouch stated that the Scrutiny Programme Committee had asked her to highlight the concerns of the Committee regarding the lack of the Accommodation Strategy.

The Leader of Council referred to the letter sent to the Cabinet Member regarding the pre-decision scrutiny which was noted by Members, along with the comments made by Councillor S E Crouch.

167. **SWANSEA CITY CENTRE REGENERATION – DELIVERY AND FUNDING STRATEGY.**

The Cabinet Member for Enterprise, Development and Regeneration submitted a report which sought agreement to proceed to the next stages of City Centre regeneration and confirm funding in accordance with Financial Procedure Rules.

RESOLVED that:

1. The financial implications as outlined within the report be approved;
2. An overarching economic regeneration assessment to underpin any decisions to invest in the capital delivery of projects including a skills assessment to underpin delivery be approved;
3. Officers be authorised to approach Welsh Government to request that Swansea City Centre is a designated TIF area;
4. The necessary annual capital and revenue funding required to enable delivery of the projects be agreed;
5. The interdependencies for other aligned schemes being developed for Castle Square and the Kingsway infrastructure be noted.

168. **PRE-DECISION SCRUTINY FEEDBACK - CASTLE SQUARE DEVELOPMENT AND PUBLIC REALM OPPORTUNITIES. (VERBAL)**

The Leader of the Council stated that Councillor M H Jones had submitted apologies as she was unable to attend the meeting.

Councillor S E Crouch stated that the Scrutiny Programme Committee had asked her to highlight the concerns of the Committee regarding proposals for Castle Square as set out in the letter from Councillor M H Jones.

The Leader of Council referred to the letter sent to the Cabinet Member regarding the pre-decision scrutiny which was noted by Members.

169. **CASTLE SQUARE DEVELOPMENT AND PUBLIC REALM OPPORTUNITY.**

The Cabinet Member for Enterprise, Development and Regeneration presented the context and appraisal of options to support the enhancement and potential development opportunity within part of Castle Square and on the representations received following the publication of a formal Public Open Space Notice.

RESOLVED that:

1. The key responses following the Public Open Space Notice be noted;
2. The preparation of an options appraisal and brief for the site in alignment with the wider City Centre development be supported with a report back to Cabinet prior to any site marketing.

170. **PRE-DECISION SCRUTINY FEEDBACK - FAMILY SUPPORT SERVICES COMMISSIONING REVIEW - OPTIONS APPRAISAL REPORT (GATEWAY 2) FOR THE UNDER 11'S CLUSTER OF THE COMMISSIONING REVIEW. (VERBAL).**

The Leader of the Council stated that Councillor P R Hood-Williams had submitted apologies as he was unable to attend the meeting.

The Leader of Council referred to the letter sent to the Cabinet Member regarding the pre-decision scrutiny which was noted by Members.

171. **FAMILY SUPPORT SERVICES COMMISSIONING REVIEW – OPTIONS APPRAISAL REPORT (GATEWAY 2) FOR THE UNDER 11'S CLUSTER OF THE COMMISSIONING REVIEW.**

The Cabinet Member for Services for Children and Young People presented the Options Appraisal which outlined the process, findings and set out New Models of Delivery for the Under 11s Cluster of the Family Support Commissioning Review.

RESOLVED that the preferred option 3 outlined in section 3 of the report as a measure to improve performance, make the service more robust and make efficiencies is appropriate to take forward to implementation.

172. **PRE-DECISION SCRUTINY FEEDBACK - FAMILY SUPPORT SERVICES COMMISSIONING REVIEW – OPTIONS APPRAISAL REPORT (GATEWAY 2) FOR THE OVER 11'S CLUSTER OF THE COMMISSIONING REVIEW. (VERBAL).**

The Leader of the Council stated that Councillor P R Hood-Williams had submitted apologies as he was unable to attend the meeting.

The Leader of Council referred to the letter sent to the Cabinet Member regarding the pre-decision scrutiny which was noted by Members.

173. **FAMILY SUPPORT SERVICES COMMISSIONING REVIEW – OPTIONS APPRAISAL REPORT (GATEWAY 2) FOR THE OVER 11'S CLUSTER OF THE COMMISSIONING REVIEW.**

The Cabinet Member for Services for Children and Young People presented the Options Appraisal which outlined the process, findings and set out New Models of Delivery for the Over 11s Cluster of the Family Support Commissioning Review.

RESOLVED that the preferred option 2 outlined in section 3 of the report as a measure to improve performance, make the service more robust and make efficiencies is appropriate to take forward to implementation.

174. **QUARTER 3 2016/17 PERFORMANCE MONITORING REPORT.**

The Leader of the Council presented the Corporate and Service Performance for Quarter 3 2016-2017.

RESOLVED that the performance results are noted and reviewed to help inform executive decisions on resource allocation and, where relevant, corrective actions to manage and improve performance and efficiency in delivering national and local priorities.

175. **WELL-BEING OBJECTIVES & STATEMENT 2017/18.**

The Leader of the Council presented the well-being objectives and well-being statement 2017/18 for the Council as required by the Well-Being of Future Generations (Wales) Act 2015.

RESOLVED that Cabinet proposed to Council:

1. That the Council's 5 key priorities expressed in its current Corporate Plan 2016/17 are carried forward into 2017/18 as the Council's Well-Being Objectives;
2. That the Council's Well-Being Statement for 2017/18 be approved;
3. The work currently underway to review the Council's Well-Being Objectives continues after the local government elections with the newly elected Administration into 2017/18 with a new Corporate Plan published as soon as practicably possible.

176. **CAM NESA - EUROPEAN SOCIAL FUND - GRANT ACCEPTANCE.**

The Cabinet Member for Education submitted a report which sought approval to participate in the Cam Nesa project and see through the necessary stages to implementation.

RESOLVED that:

1. the progress achieved by the project in securing full approval from the Welsh European Funding Officer (WEFO) be noted;
2. the Head of Financial Services, acting as the Authorising Contact for the Project, be authorised to accept the Grand Offer made by WEFO;

3. regular reports on progress are made to the External Funding Panel;
4. that a Service Level Agreement be entered into with Pembrokeshire Council and authority be given to the Head of Legal and Democratic Services to enter into any appropriate legal documentation with any provisions necessary to protect the Council's interests.

177. **FREE CHILDCARE FOR 3 AND 4 YEAR OLDS PILOT.**

The Cabinet Members for Children and Young People and Education presented a report which sought approval of the target areas for the Free Childcare Pilot.

RESOLVED that the proposals for the target areas for the first year of the Free Childcare Pilot as listed under Sections 2.9, 2.10 and 2.11 be approved.

178. **HOUSING GENERAL FUND (HGF) DISABLED FACILITIES AND IMPROVEMENT GRANT PROGRAMME 2017/18.**

The Leader of the Council presented a report which detailed the Disabled Facilities and Improvement Grant Programme and sought approval to include schemes in the 2017/18 Capital Programme.

RESOLVED that the Disabled Facilities and Improvement Grant Programme as detailed, including its financial implications, are approved to include schemes in the 2017/18 Capital Budget.

179. **ANNUAL REVIEW OF CHARGES (TO APPLY 2017/18) - SOCIAL SERVICES.**

The Cabinet Members for Adults & Vulnerable People and Services for Children and Young People presented a report which sought to review the Charges (Social Services), to establish an annual review and consultation process and to consider amendments to the list of charges to apply in 2017/18.

RESOLVED that:

1. The process of undertaking an annual review of charges for social care is accepted and aligned with the Council's annual budget setting process in future years;
2. That the proposed inflationary uplift to social care charges is applied for 2017/18.

180. **REPORT ON THE WESTERN BAY PRINCIPLES OF PREVENTION FRAMEWORK AND THE PREVENTION STRATEGY FOR SWANSEA.**

The Cabinet Member for Adults & Vulnerable People presented the Western Bay principles of Prevention Framework and City and County of Swansea's Prevention Strategy delivering our priorities for prevention and early intervention services for people in Swansea.

RESOLVED that:

1. The Western Bay Principles of Prevention Framework and the Prevention Strategy for Swansea be approved subject to wider consultation;
2. The remit of consultation as set out in paragraph 3.3 be approved.

181. **FPR7 - CAPITAL ALLOCATION TO HIGHWAY INFRASTRUCTURE ASSETS 2017-18.**

The Cabinet Member for Environment & Transportation presented the Capital Work Programme for highway infrastructure assets.

RESOLVED that the proposed allocations, together with the Financial Implications set out in Appendix A, are approved and included in the Capital Programme.

182. **CAPITAL MAINTENANCE REPORT 2017/18.**

The Leader of the Council presented a report which sought to agree the schemes to be funded through the Capital Maintenance Programme.

RESOLVED that Cabinet:

1. Approved the proposed capital maintenance schemes as listed in Appendix A;
2. Authorised the financial implications identified in Appendix B to be included in the Capital Programme.

183. **LOCAL AUTHORITY GOVERNOR APPOINTMENTS.**

The Cabinet Member for Education presented a report which sought approval of the nominations submitted to fill the Local Authority Governor vacancies in School Governing Bodies.

RESOLVED that the following nominations be approved as recommended by the Local Authority Governor Appointments Panel:

- | | | |
|----|-------------------------------|----------------------------|
| 1. | Brynhyfryd Primary School | Ms Isobel Norris |
| 2. | Portmead Primary School | Mr David Mackerras |
| 3. | Dylan Thomas Community School | Mr Adrian Rees |
| 4. | Gowerton Comprehensive School | Ms Estelle Hart |
| 5. | YGG Llwynderw | Mrs Junnine Thomas-Walters |

184. **TACKLING POVERTY SCRUTINY INQUIRY.**

Councillor Sybil Crouch, Governor of the Tackling Poverty Scrutiny Inquiry Panel, presented the findings, conclusions and recommendations of the Panel's Inquiry into Tackling Poverty.

RESOLVED that the Cabinet Member for Anti-Poverty and Communities report back to Cabinet with a written response to the scrutiny recommendations and proposed action(s) for Cabinet decision.

185. **A REVISED TACKLING POVERTY STRATEGY FOR SWANSEA.**

The Cabinet Member for Anti-Poverty and Communities presented the revised tackling poverty strategy for Swansea, setting out the City and County's approach in tackling poverty for people in Swansea.

RESOLVED that the revised draft tackling poverty strategy for Swansea be approved subject to wider consultation.

186. **FPR7 – THE KINGSWAY INFRASTRUCTURE PROJECT.**

The Cabinet Members for Enterprise, Development and Regeneration & Environment & Transportation presented a report which sought approval to agree a final scheme following public consultation and to add the project to the Capital Programme.

RESOLVED that:

1. the public consultation be noted;
2. the proposed project and its Financial Implications be approved and added to the capital programme;
3. the Director of Place in consultation with the Cabinet Member for Enterprise, Development & Regeneration, and the Cabinet Member for Environment and Transportation be delegated authority to make minor amendments to the proposed project provided they do not lead to a material change in the scheme or the costs.

187. **EXCLUSION OF THE PUBLIC.**

Cabinet were requested to exclude the public from the meeting during consideration of the item(s) of business identified in the recommendations to the report(s) on the grounds that it / they involve the likely disclosure of exempt information as set out in the exclusion paragraph of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007 relevant to the items of business set out in the report(s).

Cabinet considered the Public Interest Test in deciding whether to exclude the public from the meeting for the item of business where the Public Interest Test was relevant as set out in the report.

RESOLVED that the public be excluded for the following item(s) of business.

(CLOSED SESSION)

188. **ACQUISITION OF PROPERTY TO FACILITATE CITY CENTRE REGENERATION.**

The Cabinet Member for Enterprise, Development & Regeneration presented a report which sought approval to commit and authorise schemes as per the Capital Programme or to include new schemes in the Capital Programme.

RESOLVED that the recommendations, as detailed in the report, be approved.

189. **FPR7 AMENDMENT – VIBRANT AND VIABLE PLACES PROGRAMME, SWANSEA CITY CENTRE.**

The Cabinet Member for Enterprise, Development & Regeneration presented a report which sought approval of the revised budget within the Capital Programme.

RESOLVED that the recommendation, as detailed in the report, be approved.

The meeting ended at 4.43 pm

CHAIR

Published: 17 March 2017

Agenda Item 7.

Report of the School Readiness Scrutiny Inquiry Panel

Cabinet – 20 April 2017

SCRUTINY INQUIRY INTO SCHOOL READINESS

Purpose:	This report presents the findings, conclusions and recommendations resulting from the Panel's Inquiry into school readiness. The Cabinet is required to consider the recommendations and agree action.
Policy Framework:	Council Constitution.
Consultation:	Legal, Finance
Recommendation(s):	It is recommended that: 1) Cabinet receives the report and tasks the relevant Cabinet Member to report back to a Cabinet meeting with a written response to the scrutiny recommendations and proposed action(s) for Cabinet decision.
Report Authors:	Councillor Hazel Morris (Panel Convener) Michelle Roberts (Scrutiny Officer)
Finance Officer:	Carl Billingsley
Legal Officer:	Wendy Parkin
Access to Services Officer:	Phil Couch

1.0 Introduction

1.1 This report presents the findings, conclusions and recommendations resulting from the scrutiny inquiry into school readiness. The Scrutiny Panel's final report, appended, requires a Cabinet decision.

1.2 In accordance with the Council Constitution reports from scrutiny to the Executive are presented to the first available Cabinet meeting. The convener of the Panel will present the report and accompanying recommendations.

2.0 Scrutiny Programme Committee

2.1 On 10 April 2017 the Scrutiny Programme Committee discussed and agreed the report for submission to Cabinet.

3.0 Cabinet Decision

3.1 At this meeting the role of the Cabinet is to receive the report and task the relevant Cabinet Member to prepare a written response on behalf of

Cabinet. The Cabinet Member's response report should be scheduled for a future Cabinet meeting **no later than two months** following formal receipt of the scrutiny report*.

*It is acknowledged that due to the local elections the normal timescales will not apply and that that cabinet may not be able to respond until the new municipal year.

- 3.2 In their response report the Cabinet Member should recommend approval or rejection of each of the scrutiny recommendations together with an explanation. Within their report the Cabinet Member should also provide a proposed action plan to show what steps are being or will be taken to implement recommendations. Cabinet will then make a decision on the Cabinet Member's response report.

4.0 Follow Up

- 4.1 The Panel will schedule a follow up on progress with the implementation of the action plan agreed by Cabinet and impact of the scrutiny inquiry, and report their views to the Scrutiny Programme Committee. The panel convener and the Scrutiny Officer will ensure that a review of progress against accepted recommendations is scheduled into future work programmes. Usually a progress report will be requested by the Panel within 6-12 months after the action plan has been agreed by Cabinet.

5.0 Equality and Engagement Implications

- 5.1 Equality and engagement issues were formally considered at the scoping stage of this inquiry and borne in mind by the panel throughout evidence gathering. The Cabinet Member will need to ensure that implications are considered via application of the corporate Equality Impact Assessment process when considering the response to the recommendations.

6.0 Legal Implications

- 6.1 There are no specific legal implications at this stage.

7.0 Financial Implications

- 7.1 There are no financial implications to this report. Any potential implications will be outlined in the Cabinet response.

Background Papers: None.

Appendices: Appendix A – Final Inquiry Report.

School Readiness Scrutiny Inquiry

How can school readiness be improved in Swansea?



The School Readiness Scrutiny Inquiry Panel
City and County of Swansea - Dinas a Sir Abertawe



March 2017

Why This Matters

Foreword by **Councillor Hazel Morris**



We found there to be a wealth of evidence that suggests investment in early years services, including children's school readiness, is hugely beneficial, not only to children and their families, but society as a whole. There is evidence that this investment can help to break the cycle of disadvantage in our communities by changing children's life chances.

We were interested to explore the many examples of good practice being shown that helps make children and parents school ready. This included for example a visit to St Helens Primary School and Flying Start where they are aspiring to be a school that is at the heart of the community, and the parents we spoke to said that they had achieved this aim. We also visited Stepping Stones and the Swansea Children Centre where they are working to develop children's physical and emotional school readiness and preparing children and their parents for the transition to school.

However, a key finding from our inquiry was that it is not only children and parents that need to become more school ready but schools themselves need to be more 'child ready'. We felt that there could be more robust challenge for schools on this aspect.

We also found gaps in service provision for families in Swansea. In particular, the coverage of multi-agency support via Flying Start is only available to one quarter of children and their families in Swansea. We recognised that this is based upon the areas identified as having most need but we know that there are children requiring this type of support across other parts of Swansea. All children would benefit from this type of provision, so we would like to see the excellent practice and the ethos found in Flying Start replicated in other areas.

We hope that Cabinet will find this report useful and that our recommendations go some way in helping to improve school readiness in Swansea.

The Panel met nine times over a four month period in order to complete this inquiry. I would like to thank the members of the Inquiry Panel who gave their time and commitment and all of those people who gave evidence and information to the Panel.

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1 WHY WE PRODUCED THIS REPORT

Overview

1.1.1 This report focusses on the following question:

How can school readiness be improved in Swansea?

Selecting a topic

1.1.2 The inquiry into school readiness was proposed at the Annual Scrutiny Work Planning Conference in May 2016 and was subsequently included in the scrutiny work programme by the Scrutiny Programme Committee.

1.1.3 This topic was chosen because:

There is considerable international evidence from a wide spectrum of leading academics and practitioners that investment in the early years will break the cycle of disadvantage by changing children's life chances. They are better able to make a positive contribution to society and at the same time reduce the need for very costly remedial services across the public sector.

'Action to reduce health inequalities must start before birth and be followed through the life of a child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken'.

The Marmot Review Fair Society, Healthy Lives

The Panel agreed to investigate the following aspects:

1. **What is meant by improving children school readiness in practice?**
What is involved in developing children's school readiness including for example: self-care, literacy, language and socialisation.
2. **Cause and effect:** What is the effect of children's school readiness on their longer-term educational performance? What are the reasons for children not being ready for school? How do the council and its partners engage with parents/carers currently and what are we doing to improve this?
3. **Partners/professional relationships:** Who is involved in improving children's school readiness in Swansea and do they work together effectively to achieve this aim, particularly in relation to engaging parents?
4. **Working with families:** How does the council and its partners work with families to help improve children's school readiness?
5. **Impact:** What has been the impact of those initiatives that help develop school readiness with particular reference to parental engagement?
6. **Good Practice:** Look at guidance and examples of good practice in improving school readiness particularly parental engagement.

The Context of the inquiry

1.1.4 *Population*

There are approximately 13,200 0-4 year olds living in the City and County of Swansea which accounts for 5.5% of the overall population. An overview of recent trends over the ten-year period 2004-2014 reflects a growth of around 1,000 0-4 year olds (+7.8%), mainly attributable to an increasing number of births, particularly since the late 2000s. The number of live births in Swansea between January 2015 and December 2015 (inclusive) was 2,344. (1179 male and 1165 female).

1.1.5 *Services*

Funding for early years services is provided through a variety of sources including the Health Board, the Local Authority, the Welsh Government, generated income and grants. Services are provided on a multi-agency basis across the Local Authority, Health Board, Schools, Private Sector and 3rd Sector. Given the diversity of the sector it is very difficult to ascertain a clear and accurate picture of investment Swansea wide in early years provision across universal, targeted and specialist services.

1.1.6 *One Swansea Plan*

The purpose of this plan is to improve the wellbeing of people in Swansea by ensuring that professionals and the public work together. It was developed by Swansea Local Service Board which included the main public service agencies for the area and representatives of the voluntary and business sectors. The two key aspects relating to early years in this plan include:

A. Children Have a Good Start in Life

A good start in life for our children is the key to community wellbeing for all. The pre-school years are the time when the biggest difference can be made. If children have a good start in life they are likely to be healthier, likely to be better learners and less likely to experience deprivation. These factors lead in turn to a greater likelihood of a good job and of gaining a better standard of living. All of these factors mean that people are more able to look after the environment and contribute to safe and prosperous communities.

B. People Learn Successfully

Learning is critical for individual and community wellbeing. School age learning is of course our main focus but learning needs to be lifelong with generations supporting each other. Education helps to lift people out of poverty and protects those at risk of poverty and disadvantage. Skills increase employability and benefit the economy. Opportunities for lifelong learning and skills development need to be available in the workplace and in communities as well as in formal setting. Informal education and training has an important role to play.

1.1.7 *Corporate Plan – Corporate Priority 4*

There are a number of key areas which the Council are working to address relating to early years including:

- Children having the best start in life and being able to achieve in their early years enabling them to learn and thrive.

- Families are supported to live healthy lives

What needs improving?

- We need more accessible high quality services for all children aged between 0 – 7 years of age.
- We need to ensure all children are able to be ready for school and therefore able to play, communicate, move and problem solve.
- We need to ensure that children of all ages maximise their learning potential.

What are we going to do?

Implement Swansea's Early Years Strategy which is working with Health to ensure all children that live in Swansea are supported to develop and be the best they can be. This is going to be done by:

- Raising standards in child development within all childcare settings.
- Using the Swansea statement to raise awareness of child development.
- Running Flying Start Plus and our Early Years language pathway.

What Outcomes are we seeking to achieve?

- Children have a good start in life; 2 and 3 year old children in the Flying Start are helped to achieve their expected language, emotional, social and cognitive development.
- Children who are not disadvantaged by poverty when achieving and attaining standards and wellbeing in education.

Intended Contribution of Inquiry

- 1.1.8 As a Panel we believe that we can make a valuable contribution to this topic. We recognise that, while there are no easy answers, success will only come from a conversation that everyone is able to contribute to. It is in this spirit that our conclusions and recommendations are offered.
- 1.1.9 Specifically this report aims to contribute to this vital debate by:
- Offering proposals for improvement
 - Providing a councillor perspective
 - Drawing together some general principles addressing gaps in development of early years services
 - Pointing to good practice examples
 - Sharing the views of different people involved
- 1.1.10 We are happy to recognise the limitations of the inquiry. Given the complexity of the topic and the time that we had this report necessarily provides a broad view.
- 1.1.11 Finally, many of our conclusions are in line with the Council's current direction of travel and these are offered in order to provide reassurance. Others may be either additional or contrary to what has already been agreed. These are intended to offer challenge and to stimulate debate. Where we have made recommendations these are intended to help improve the service.

2 EVIDENCE COLLECTED

- 2.1.1 Evidence was collected between November 2016 and February 2017. The evidence gathering activities undertaken included:
- a. Visit to Stepping Stones Children’s Centre, meeting with staff and parents
 - b. Swansea Library Service
 - c. Visit to Swansea Children’s Centre meeting with staff and parents
 - d. Meeting with Health Visitors
 - e. Visit to St Helens Primary School Flying Start, meeting with staff and parents
 - f. Meeting with representatives of the GP Partnership Project pilot
 - g. Meeting with Headteacher from Trallwn Primary School
 - h. Survey of Welsh Medium Primary Schools and day care settings
 - i. Meeting with Cabinet Member for Wellbeing and Healthy City and Performance & Early Intervention Strategic Manager
 - j. Relevant policy, advisory and research documents
 - k. University of Wales Trinity St David, Early Years Project
- 2.1.2 For full details of the evidence gathered including details of all the findings from each session please see the evidence pack for this inquiry. This can be downloaded at www.swansea.gov.uk/scrutinypublications

3 CONCLUSIONS

This report considers the findings from the scrutiny inquiry into school readiness. Each of these conclusions therefore is a suggestion about how the Council’s Cabinet might approach this problem. Specific proposals are identified throughout and listed separately in the recommendations section that follows and are designed to answer the inquiry key question *‘How can school readiness be improved in Swansea?’*

3.1 Understand the cause and effect of the issues faced by children and their families in Swansea

- 3.1.1 We found little consensus as to what constitutes being ‘ready for school’ across the sector and at what age relates to being school ready, is it at 5 or at 3 years of age? The panel recognise that child development does not necessarily line up with school starting age. Children starting school at 3 are much less ready than those at 5 years. Our inquiry therefore also led us to consider whether schools are ‘child ready’, which we will explain later in the report.

The term ‘school ready’ was considered vague by the Panel who agreed to define their inquiry to *‘Children 0-5 years of age particularly relating to self-care, literacy, language and socialisation with particular reference to how we and our partners work with parents and care-givers to ensure children are ready for school’.*

3.1.2 The Panel heard that the Healthy City Board in Swansea, of which Swansea Council is part, have made a commitment to prioritising Early Years (-9 months to 5 years) and to improving school readiness. The approach and impetus has been in collaboration with the Institute of Health Equity (Marmot Review) under the Healthy City programme. They are working with partners in Swansea to accelerate progress in reducing health inequality by focussing on 'giving every child the best start'. Councillors were pleased to hear that this approach is rooted in the principle of a universal strategy and by targeting of services on a proportionate basis Swansea wide.

3.1.3 The Healthy City Board has pledged, as part of the School Readiness Strategy, to 'improve young children's development outcomes across the population with a clear focus on closing the gap in school readiness between advantaged and disadvantaged groups of young children' by ensuring that the four recommendations from the strategy are met by:

1. Increasing awareness of readiness (raise awareness of how families and communities can improve a child's school readiness through a statement of key messages)
2. Assessing and signposting (early identification of developmental needs, increased accessibility to early years services, promotion of community around the child approach)
3. Service Re-orientation and Development (expansion of the coverage of the early years pathway, greater co-ordinated level of resource)
4. Data and Service Quality (Routine use of data collection and sharing to drive developmental milestones, quality of early years services through a motivated and highly skilled workforce.

3.1.4 The Panel did feel that many of the initiatives available in the defined target areas like Flying Start are excellent and are clearly making an impact in school readiness but that there are still children and families who need such services outside of those defined areas. The challenge in our communities is how we address that difference: are we only giving every child in Flying Start areas the best start in life? Councillors found from speaking to schools and parents that children are clearly more 'ready' for school after they have been to a Flying Start setting.

3.1.5 The Marmot Review Fair Society, Healthy Lives¹ highlights the issue of inequalities in early childhood development. The Panel supported the policy objectives and recommendations that are detailed in this report relating to early years in particular:

Priority objectives

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
3. Build resilience and well-being of young children across social gradient.

¹ [Marmot Review Fair Society, Healthy Lives](#)

Policy recommendations

1. Increase the proportion of overall expenditure allocated to early years and ensure that expenditure on early years development is focused progressively across the social gradient.
2. Support families to achieve progressive improvements in early child development, including:
 - Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy
 - Providing paid parental leave in the first year of life with a minimum income for healthy living
 - Providing routine support to families through parenting programmes, Children's Centres and key workers, delivered to meet social need via outreach to families
 - Developing programmes for the transition to school.
3. Provide good quality early years education and childcare proportionately across the gradient. This provision should be:
 - Combined with outreach to increase the take-up by children from disadvantaged families
 - Provided on the basis of evaluated models and to meet quality standards.

- 3.1.6 Positive childhood experience and actions to reduce and negate negative influences in children's early years is considered central to breaking the cycle of disadvantage in communities. This in turn will improve children's life chances and reduce the need for expensive interventions in later years.

'Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence which can themselves lead to mental health illness and diseases such as cancer, heart disease and diabetes later in life. Adverse Childhood Experiences are not just a concern for health. Experiencing ACEs means individuals are more likely to perform poorly at school, more likely to be involved in crime and ultimately less likely to be a productive member of society.'

An increasing body of research identifies the long-term harms that can result from chronic stress on individuals during childhood. Such stress arise from the abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol and other substance use problems.

Adverse Childhood Experiences, Public Health Wales 2016²

The Public Health Wales 2016 report into Adverse Childhood Experiences (ACEs) and the impact on health-harming behaviours in the Welsh adult population (Alcohol Use, Drug Use, Violence, Sexual Behaviour, Incarceration, Smoking and Poor Diet) was considered by the Panel and the conclusions from this document were seen as key in understanding what affects children's future life changes, thus enabling interventions to be put into place that can help address these ACEs or even stop them happening.

² [Public Health Wales, Report into Adverse Childhood Experiences in Welsh Adult Population](#)

The Panel agreed that positive early years experiences are vital to develop the necessary resilience and to mitigate adverse impacts and that consideration and integration of this research into policies across those services working with children and young adults was extremely important.

Some work has begun into breaking the ACE Cycle in Wales through national and local policies and programmes. A range of national policies and programmes are being progressed which aim to:

- Identify and intervene where children may already be victims of abuse, neglect or living in adverse childhood environments;
- Better equip parents and care-givers with the necessary skills to avoid ACEs arising within the home environment and encourage development of social and emotional well-being and resilience in the child;
- Ensure that indirect harms from for instance, domestic violence, substance misuse and other mental and behavioural problems in the family setting are identified, addressed and their impact on children minimised.

In Swansea these policies are being addressed through tackling poverty programmes like Flying Start, Families First and Communities First. These programmes are targeted to the most deprived communities in Swansea. The Panel felt that these services are doing excellent work but we must ensure that the momentum in these developments is continually progressed and maintained.

3.1.7 The Wellbeing and Future Generations (Wales) Act 2015 puts in place a Sustainable Development Principle which tells organisations how to go about meeting their duty under the Act. The Panel found that there are five key ways of working that apply to this and these must be the objective of, and built into, planning for early years services. These include:

1. Long-term - balancing short-term needs with the need to safeguard the ability to also meet long-term needs. Objectives must look ahead to the long-term at least 10+ years and up to 25+ years into the future.
2. Prevention - when setting and taking steps to meet its well-being Objectives, acting to prevent problems from occurring or getting worse.
3. Integration - considering how its Well-being Objectives may impact upon each of the seven Well-being goals and on its other objectives
4. Collaboration - considering how it can work with other public bodies, or with other parts of the same organisations to meet the Well-being Objectives.
5. Involvement - involving people with an interest in achieving its Well-being Objectives and ensuring that those reflect the diversity of the area.

3.2 Protect investment in the early years services

3.2.1 The Panel explored the economic case for allocating scarce public resources, from pregnancy to age 2, including children being school ready. Transforming Young Lives across Wales, The Economic Argument for Investing in Early

Years, Bangor University³ talks about shifting the spending curve towards prevention and early years investment and how this shift in investment would result in the need to spend less in later life services.

'Health economics highlights the fact that decisions about resource use involve choices that are ultimately trade-offs in the use of public sector resources, trade-offs between different groups in society and trade-offs between different stages in the life course.'

'Through investment in Early Years, Wales will benefit in terms of the economy and improve social cohesion. Babies born today could have a greater opportunity to thrive than at present.'

- 3.2.2 The Panel recognise that we have started on the path of investment in prevention and early intervention in Swansea but the argument within this paper indicated developing things further over the longer term. This links to and can be supported by the recommendations outlined in the Wellbeing and Future Generation Act 2015⁴. The Act will expect local authorities and its partners to *'look to the long term as well as focusing on now take action to try and stop problems getting worse - or even stop them happening in the first place'*.

The Panel heard that Budgets for the sector are cross-agency and that currently there is no pooled budget in place to provide additionality to core services. Any increase in budget for Early Years within the authority or the Health Board will require a shift of resource from elsewhere as there are no additional resources available.

The findings of the inquiry indicate that should any dedicated Early Years funding including Flying Start be reduced or cut then at this will have a detrimental impact on our ability to deliver the Strategy and ultimately on improving outcomes for the youngest children in Swansea.

3.3 Support those initiatives that are having a clear impact on children having the best start in life

- 3.3.1 The Panel heard about the core aspects of the Early Years Strategy in Swansea and the impact it is making for young children and their families.
- 3.3.2 The first of these aspects is the Healthy Child Wales Programme which has the overarching aim of developing resilient families that are able to support their children to achieve the best possible health, social and educational outcomes. In Swansea the Healthy City Board is focussing on giving 'every child the best start' and is working to deliver this aim in conjunction with partners across the public and voluntary sector.

³ [Transforming Young Lives across Wales](#), The Economic Argument for Investing in Early Years, Bangor University

⁴ [Wellbeing and Future Generations Act 2015](#)

The premise of the focus on 'best start' is that experiences during ante natal and infant years of a child's life shape their future life chances. Positive early years experiences are vital to developing the necessary resilience and to mitigate against adverse impacts. The Panel however recognised that it is very difficult to quantify the direct impact as leading economists argue that the impact is longer term with the financial benefits across a wide range of sectors and organisations. The Panel heard that economists say that there would be a 4:1 return for every £1 spent in this area.

- 3.3.3 The Early Years Pathway is an important aspect that has the overall aim of developing the level of resilience within the family. The Panel heard that an assessment is made that determines which Health Visiting level the family will receive: universal, enhanced or intensive. The assessment is completed with the child and family. This programme is delivered in close collaboration with partners across the public and third sector and most importantly in partnership with families. The assessment consists of looking at the child's early years development and an analysis of the family and child's needs, then using this to signpost or refer/identify interventions to address the needs identified.

The Panel recognise that Health Visitors play a pivotal role in achieving the best possible start in life for children and their families. This is done by working with and supporting families during the crucial early years of a child's life.

The emerging evidence shows that investment in the early years of life has significant positive impact on a child's health, social and educational development and their long term outcomes. The health service has a fundamental role in supporting families so children are in a position to fully realise their potential. The delivery of the Healthy Child Wales Programme should make a significant contribution in ensuring this support is readily available.

The Welsh Government expects that every child and family will be offered the HCWP. The programme underpins the concept of progressive universalism and aims to identify a minimum set of key interventions to all families with pre-school children, irrespective of need. For some families there will be a need to increase intervention to facilitate more intensive support.

An overview of the Healthy Child Wales Programme NHS Wales

The Panel was particularly interested to hear about the assessments made in early years as part of the surveillance component of the Healthy Child Wales Programme. We are keen to see universal identification of resilience with more intensive support for those who require it. The Panel believe that this will, in time, show improved school readiness as one of the aspects of improving children's life chances.

3.3.4 **Flying Start**⁵ is a Welsh Government Initiative Early Years programme for families with children less than four years of age who live in some of the most deprived areas of Wales. Flying Start is targeted at defined geographical areas within each Local Authority where there are the highest concentrations of households in receipt of income benefit. Flying Start is offered universally within these areas.

Flying Start forms part of a targeted pathway where approximately 25% of 0-3 year olds are eligible. All children and their families are entitled to

- Funded childcare for 2-3 year olds for 2.5 hours a day
- Flying Start Health Visiting Programme
- Parenting support
- Early language development

Swansea has 19 Flying Start facilities based within Schools of which 1 is a dedicated welsh medium setting.

In addition there is 1 specialised pathway catering for children with additional needs at Stepping Stones (Action for Children) in Killay.

3.3.5 The legislative context is changing with regard to Additional Learning Needs. The (final) Additional Learning Needs and Education Tribunal (Wales) Bill was presented to the National Assembly for Wales on 12.12.2016. Unsure when royal assent will be given. The first draft Code of Practice was published in September 2015. The second draft is likely to be published in February 2017.

One of the key legislative changes will have significant implications for Early Years including Flying Start. This change relates to the change in age range where support for children with ALN must be given. The change in age relates to children and young people from the ages from 0-25 years. It is anticipated that the new code will provide much more in depth information.

In light of this it is suggested that it would be beneficial for the Early Years Services led by the Flying Start service in collaboration with the Additional Learning Needs Unit in Education to begin to prepare for these changes.

3.3.6 Integrated **Children's Centres** are based on the concept of providing an integrated service to secure good outcomes for children and their parents and thus ensure the best start in life. Each Centre provides: open access play, early years education, high quality childcare, community training, other vital family support services. Currently in Swansea we have one Children's Centre located in Penlan, with a second under construction located in Mayhill.

3.3.7 The Panel were pleased to see that Flying Start facilities now form part of schools which is good for not only relationship building with parents but for ease of transition from Flying Start into school. The Flying Start and school are able to mirror activities and behaviour which help prepare both the child and their parent/s for the demands and structure of school life.

⁵ Flying Start Wales Government: <http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

3.3.8 The Panel looked at what practically is done within Flying Start and Children's Centres that develops school readiness believing that this then can be shared and used in areas/setting where Flying Start does not operate. They found (not an exhaustive list):

- Structured childcare that mirrors early primary school and is operated as a professional day care setting.
- Access to Health Visitor and the Health Wales Programme
- Early language development, improving communication and socialisation
- Working closely with parents and providing assistance, advice and support
- Transition to school

3.3.9 The Panel found there to be a number of other initiatives that are or could potentially show promise in improving early years development and these are detailed below.

3.3.10 ***Penderi GP Partnership Project***,⁶ the purpose of this project is to ensure that key parenting messages are getting out to children and their families in order to effect positive change and to reduce the impact of adverse childhood experiences. The Partnership includes:

- GP cluster, which included GPs, Practice Managers and the Parenting six GP practices within the Penderi Partnership Network
- post-natal services/Health Visitors
- early intervention team
- child and family clinics based within primary care settings

The main aim of this work is to provide support and skills training for parents with the purpose of promoting children's wellbeing by enhancing protective factors and reducing their exposure to risk. This is done by:

- supporting families to build upon skills and knowledge that allow parents to better meet the needs of their children
- Working with families in order to assess need in order to identify a family plan that will support the bespoke family learning
- Offering support, advice and guidance and interventions on a range of issues such as domestic violence, behaviour management
- Building protective factors and resilience within families

The Panel were supportive of this pilot which is showing early evidence that is very positive.

3.3.11 ***Education begins at Home Campaign run by Wales Government***⁷, the Campaign highlights that the home environment is the single biggest factor in educational attainment. By creating an environment that values education and

⁶ Penderi GP Partnership Network – [Cluster Action Plan](#)

⁷ [Education begins at Home Campaign](#) run by Wales Government

supports a child's learning, parents are giving their child a significant head start in life. Its strapline is *'Helping your child at home makes a difference to their performance in school.'*

The Education begins at home campaign on Facebook and Twitter is a place for parents and care givers to share ideas on how to help their child through education and play. Partners are encouraged to post useful links to activities and learning tools that can help children develop their learning skills. Information and links to a wide variety of education based topics is also available on the page.

3.3.12 **Attachment Theory** emphasises the importance of children making secure attachments with their main care-giver within their first three years. It suggests that, if these attachments fail to be made, this can have a lasting impact on the child, with the effects often re-emerging during adolescence. Within education, children and young people may tend to underachieve, are often punished for poor behaviour or are excluded. Attachment awareness is aimed at helping schools to recognise the issues involved, to support pupils with attachment difficulties, and thereby to improve attainment, behaviour and overall wellbeing for both pupils and staff. There are a number of risk factors, such as poverty, poor parental mental health, neglect, family bereavement, and frequent moves of home or school, but children from apparently non-vulnerable backgrounds may also suffer.

3.3.13 We recognise that there was a clear need for attachment awareness training and that this is huge piece of work but it was important all organisations working with children and young people partake. Councillors were pleased to see a programme of attachment training was being rolled out across Swansea.

3.3.14 **Assessing the quality of Early Years Settings** and the impact on children's outcomes through an evaluation tool is being completed by University of Wales Trinity St David's in Swansea. The Panel met with Professor Jane Walters who is leading this piece of work.

The Panel heard that research suggests that for settings to have a significant long term effect on outcomes they must be excellent and not just good. The research did tell us that there may be some gaps in assessing this by Estyn because even 'Green' Schools may not have good early years practices as this is not covered well by assessment. The Panel were pleased to hear that Estyn are looking at this. The focus of Estyn on wellbeing is welcomed although they are still working on what this means in practice. The Panel also heard that evidence suggests that early years practice works well in Swansea.

3.3.15 **Jig-so Project, a holistic model of delivery during the earliest years** - provision of holistic support for young and vulnerable first time parents, both mothers and fathers, Swansea wide via a multi-disciplinary and multi-agency team of midwives, Nursery nurses and parenting and early language development practitioners. It complements and works alongside universal core health services to engage parents into a pathway of support that aims to

better enable them to meet their baby and infant's needs and build the resilience factors needed to thrive as a family.

It is still early days as the project has only been fully up and running since May 2016. To date therefore the following has been identified as the main headlines:

- A new model of delivery ensuring integration across different organisations and professions with a focus on innovation
 - Effective early identification and intervention through the links with core midwifery and young babies not being accommodated by the Local Authority at birth due to the work starting pre-birth to build parental skills and resilience.
 - Above Welsh average breastfeeding rates for this group of young mothers. In 15/16 63% young mothers involved with the service were breastfeeding at delivery (national average 60%).
 - In a recent parental relationship group attended by 5 couples 100% of the mothers initiated breast feeding at delivery
 - 92% with improved family relationships
 - Of 34 pregnant mothers that reported they smoked during pregnancy, 15 reduced their smoking behaviour (44%), and 8 stopped completely (24%), meaning that 68% either reduced or stopped smoking during pregnancy
 - Out of 121 participant parents, 111 (92%) reported an improved ability to support their child's learning and development needs.
 - The same number reported that they felt that they could contribute to changes to their lifestyle and behaviours.
 - 102 (84%) reported an improvement in emotional/mental wellbeing
- Presentation at the annual BEVAN conference in Cardiff 2016 as a case study by parent, midwife and manager

3.3.15 The Panel heard that there is considerable momentum for prevention and investment in the Early Years on a multi-agency basis Swansea wide. We were pleased to hear about the early impact of this project and model of delivery has led to the development of a business case to extend the project to all vulnerable parents and not solely those under 25 years of age.

3.4 Measure Impact

3.4.1 Measuring impact is important in ensuring that we are supporting the right initiatives and making the argument for future financial support.

4.4.2 The Panel visited the Children's Centre in Penlan where they spoke to staff and parents about developing children's school readiness. They found the Children's Centre to be a welcoming and homely environment with staff who are well trained and enthusiastic about what they do. Panel members were impressed with the variety of activities that take place at the centre, having visited a mindfulness session with parents, the day care setting and speaking to parents and the Health Visitor.

ICCs have a range of positive impacts on the development of children

Children who attend the Integrated Children's Centres (ICCs) have enhanced social and cognitive skills. As a result of attending activities at the centres, children are more sociable and interact in a more appropriate way with peers and adults. Strong links with primary schools affiliated to the ICCs improve the extent to which children are prepared for schools. The positive discipline at the ICCs also supports children's transition from the Centres to school and improves their behaviour. (NFER 2010)⁸

3.4.3 The Panel heard that a new Family Centre in Mayhill was under construction and are supportive of this development believing that if it reflects the facilities and support provided by the Children's Centre in Penlan it will be of great benefit to Swansea.

3.4.4 The Panel found, from the evidence gathered, that children who have attended Flying Start settings are generally more prepared because they have experienced routines needed for school and parents feel more supported and prepared for that transition.

Flying Start only opened here in St Helens Primary School in 2014 but we are seeing a real difference in pupil's preparedness as they move into Primary School. Pupils are more sociable and resilient than many pupils who have not accessed Flying Start. Headteacher St Helen's Primary School

3.4.5 Nationally, the Welsh Government evaluate the impact of Flying Start on a regular basis with the last report detailing its effect on educational attainment which concluded that:

Despite the unknowns, it is possible to make the tentative conclusion that the attendance of children, who were potentially eligible to receive at least two years of Flying Start provisions, is better than those who lived in the same areas prior to the implementation of the programme. Their attendance is also improving at a more rapid pace than children living in non-Flying Start areas. It also appears that children who were potentially eligible for Flying Start provisions, who also have special educational needs, were more likely to be identified early than those in other areas and before the implementation of Flying Start. Similarly, the differences in attendance and attainment between children living in Flying Start areas and those in non-Flying Start areas appear to be diminishing.

Despite these positive results, the differences found over time can only be partially attributed to Flying Start. A wide range of changes and programmes have been introduced since the implementation of Flying Start, such as the Foundation Phase and the Pupil Deprivation Grant. In addition to this, there are a large number of unobserved factors which could influence educational outcomes, but which could not be included in this analysis. Therefore, with the currently available data, it is only possible to make these tentative conclusions on the impact of Flying Start, or each of the specific provisions, on children's educational outcomes.

**Wales Government Flying Start Evaluation: Educational Outcomes Feb 2017
Conclusions - Impact of Flying Start⁹**

3.4.6 The Panel understand that it takes a 'brave financial leap' to invest in the

⁸ National Foundation for Educational Research: [Evaluation of Integrated Children's Centres in Wales \(NFER 2010\)](#)

⁹ WG Flying Start Evaluation: Educational Outcomes: [Conclusions](#)

prevention and early intervention but it clearly forms part of an 'invest to save' agenda. The need to shift resources towards early intervention and prevention is going to be key to supporting children and their families in the future. It will not only have benefits to children and their families but to society as a whole.

- 3.4.7 The Panel concluded that Flying Start/Children's Centres in Swansea provide excellent facilities and support for children in their early years, with a clear aim of getting children school ready. Practice learnt through this way of working must be shared across the sector particularly in areas that are not supported by Flying Start. In an ideal world the Panel would like to see Flying Start offered right across Swansea but recognise the financial implications of this. The Panel were pleased to hear that Swansea plans to replicate the Flying Start approach on a proportionate basis according to need beyond the current geographical limitation and to invest in up-skilling the early years workforce and beyond in Swansea.

We therefore recommend Cabinet to:

- R1 Support those initiatives that are clearly improving school readiness and monitor the impact.
 - R2 Support the ethos and practice of Flying Start and use this as a basis for developing early years services outside of the designated areas (with the longer term aim of providing coverage across the City and County of Swansea)
 - R3 Ensure the Early Years Services led by the Flying Start service in collaboration with the Additional Learning Needs Unit in Education prepare for the changes in the Additional Learning Needs Reform legislation.
 - R4 Monitor, use and share the good practice that is emerging in this area.
-

3.5 Ensure that Schools are child ready

- 3.5.1 Schools being 'child ready' was a recurring theme throughout the inquiry. Some schools are working closely with parents and other settings like Flying Start and Stepping Stones as well as the wider community while others, it seems, do very little before a child starts with them.

We develop our knowledge of the children before they start at the Flying Start and the school through Health Visitor visits so that the schools is ready for its pupils and the pupils are ready for school.

St Helens Primary School and Flying Start

- 3.5.2 The research project carried out by University of Wales Trinity St David on the quality of early years settings in Swansea has been working with a number of schools in Swansea. Their main focus has been looking at whether settings are ready for children. They found that excellent settings will have some engagement with the community however they do not expect homes to be perfect settings. They said:

Good experiences and being valued in school settings gives children resilience for

other aspects of their lives. It is really important that schools value children from the start - schools fail if children feel they do not fit - if schools are too rigid in their responses to children some will become disenfranchised.

University of Wales Trinity St David's Early Years Project

- 3.5.3 The Panel heard that building on the Trallwn School Pilot, a survey of Primary schools is being developed to ascertain whether there are arrangements in place to engage with children and their families before they start school, what they do and whether they have future plans or aspirations to develop this area.
- 3.5.4 The Panel considered how schools could potentially make themselves more child ready, as there seems to be little consistency on this issue. The Panel questioned whether there needs to be clearer guidance for schools as to what constitutes being a 'child ready school'. The Panel felt that there needs to be more robust challenge on this aspect.
- 3.5.5 Some schools are using their pupil deprivation grant for this purpose. The Pupil Deprivation Grant provides schools and educational setting with additional funding to support children who are entitled to Free School Meals. Some of the ways that schools nationally have used their pupil deprivation grant for this purpose include:
- To employ staff to focus upon family engagement programmes
 - Training existing staff on significant meaningful relationships with families and the wider community
 - To facilitate whole school training on for example attachment
- 3.5.6 In Swansea, St Helen's Primary School and Flying Start have used some of their Pupil Deprivation Grant to employ a Family Engagement Leader within the school. Their role is to link with all families, especially new ones, get to know them, build up trust and an understanding and explain expectations of school. They act as an advocate for the family, can signpost to specialist external support services such as EYST, BAWSO, and offers pastoral support. They are also key in welcome meetings working alongside teachers to ensure the family understand what is expected from them and their child at school.
- 3.5.7 The Panel heard about the new Foundation Phase Profile and how this will help to develop a baseline when children start school. Initial data taken from the results for the first Foundation Phase Profile Baseline Assessment run during Autumn Term 2015 is now available. We recognise this is a new assessment and as such it will take some time before it settles down to become a reasonably robust assessment tool. Analysis has also been completed to show how outcomes vary between schools, and this shows that in some schools the assessments may not be robust at this stage. It is likely to take a few years for the results to be more reliable and consistent across all schools.

We therefore recommend Cabinet to:

R5 Work with schools to ensure that they are child ready and welcoming to

all of their pupils by:

- i. Developing guidance for what constitutes a 'child ready' school
 - ii. Encouraging schools and governing bodies to develop a community engagement strategy which clearly identifies how they will work with parents pre-school and in the early years. (Including Welsh Government toolkit more widely shared and contents more closely considered by schools).
 - iii. More vigorously challenge schools on their child readiness using minimum standards developed in R7
- R6 Encourage the use of the Pupil Deprivation Grant by schools and/or across clusters to help develop school readiness particularly when working with parents, families and communities.
- R7 Ensure that the recently introduced Foundation Phase Profile baseline has more consistency and robustness.
-

3.6 Organisations must work closely together to address the gaps identified in the delivery of early years services

- 3.6.1 No one service, working in isolation, will achieve the positive impact that organisations working together can achieve. The Panel heard for example that a key aspect of the success of the Healthy Child Wales Programme will be its partnership working with local authorities, communities, education and the third sector. We felt that identifying and addressing gaps in delivery in Early Years services is much better addressed when organisations work together.
- 3.6.2 The Panel found that there are some potential gaps in service provision.
- 3.6.3 Flying Start facilities are excellent but only support approximately one quarter of Swansea's geographical area. The Panel recognise that this is targeted at those areas identified as having the most need but did feel that there are children and families across the City and County that would fall into that category. The difference to school readiness that Flying Start makes to pupils was recognised by the Panel who felt that this would be of benefit to all children and their families in Swansea. The Panel recognise that funding will not allow this to be available to all but did believe that more could be done to develop innovative ways of using the Flying Start ethos, partnership working and other good practice in those areas outside of the defined areas.
- 3.6.4 The Panel heard that there is support to replicate a Flying Start approach beyond the current geographical areas and we heard that this is being progressed based upon a 'proportionate basis according to need'.
- 3.6.5 The new Welsh Government Free Childcare for 3 and 4 year olds policy will be a challenge to deliver but the Panel felt that this will be an opportunity to help build the right capacity in those areas not covered by Flying Start.
- 3.6.6 The Panel heard that there are plans to upskill the early years workforce across Swansea which again was an excellent opportunity to develop the right ethos and attitudes to school readiness.

- 3.6.7 The Panel were pleased to hear about the work taking place or proposed to address identified gaps in service delivery particularly relating to non-Flying Start areas including:
- A multi-agency and multi-disciplinary service between Early Intervention Services and Midwifery to identify and support parents and their babies/children, from -9 months and throughout the infant years. This is specifically for those that would benefit from support above the core Health generic services offer, in order to better enable them to meet their child's needs and build resilience within the family unit.
 - A new partnership with a GP Network for an exemplar project for 12 months to deliver parenting skills and interventions to young children and their parents referred by the GPs.
 - A speech and language proposal and an Early Years proposal under the Prevention Plan.

- 3.6.8 The Panel found that not all schools and day care settings provide effective transition to school processes. The Panel were particularly interested in the work carried out in Flying Start facilities, Stepping Stones and some schools in the transition period to school.

The transition is much easier when pupils go from the Flying Start setting to the School as we are located at the same place and managed through the school. Running up to the transition children are taken across to the school and activities and expectations are mirrored for both child and parents. Parents say that the transition is smooth and straightforward with very little disruption for the child.

Headteacher, St Helens Primary School and Flying Start

Transition can be difficult for children and parents of pupils with disabilities with new environment and people. We do our best to work with the school the child is transitioning to. Some schools are excellent at this, visiting Stepping Stones meeting with child and parents/carers to discuss the child and their needs. Others schools we have little contact with through transition. It would be good if more schools accessed Stepping Stones for transition tips.

Stepping Stones Children's Centre Manager

- 3.6.9 It was found that working with children and their parents in this key transition stage would make the move to school much smoother for the child, the parents and the school. Getting to know the child and family, sharing information and developing a transition plan seem to be the key to success. The Panel would like to see more consistency across schools and day care setting in this key transition period with a minimum standard in relation to transition in early years services developed.
- 3.6.10 We saw Speech and Language development as a key issue and a recurring theme throughout the inquiry. We found that access to, assistance and support outside of Flying Start areas was much less than within Flying Start areas. The Panel recognise the importance of speech and language in a child's development and the ability to interact and socialise with peers, in learning at school and how it impacts on future life chances. We were pleased to hear that Early Years speech and language development are priorities within the Prevention Strategy and as such business cases are being

- made for increasing funding to enhance this aspect.
- 3.6.11 In Trallwn Primary School speech and language training is provided to all staff to ensure understanding. It was felt that development was particularly accelerated when early communication needs are identified before the child starts school and shared through the transition period.

We therefore recommend Cabinet to:

- R8 Develop minimum standards for transition to school for both schools and day care settings.
-

3.7 Keep early years issues high on the agenda

- 3.7.1 The Panel believes Early Years need to continue to be high on the agenda and a priority across all partners' business plans. The opportunity to address this issue through the multi-agency Public Services Board (PSB) is supported by the Panel. This year it is one of the Board's identified priorities but it finishes as a defined priority in May 2017. The Panel however heard that there is a call from some of the members of the PSB for it to be kept as priority beyond this current year. Panel members agreed and will include this as a recommendation to Cabinet.

We therefore recommend Cabinet to:

- R9 Support the 'Best Start Swansea Initiative' as a Public Service Board priority for the coming 12 months.
-

3.8 Engage with parents, families and the wider community

- 3.8.1 The Panel found that parental engagement can have a positive impact on a child's learning and that is why it is so important to engage with and include parents in their child's education.

*Parents have an important stake in the education of their children and play a significant part in supporting their children's learning. Effective parental involvement sets aspirations and shapes the child's self-concept as a learner. **Estyn***

- 3.8.2 The Joseph Rowntree Foundation found in their research, looking at poverty and low educational achievement in Wales¹⁰, that parental (family involvement) in their children's education has a causal influence on children's school readiness and subsequent attainment compared with other interventions it reviewed. They suggest, however, that providing parents with better information and access to appropriate support and advice appears to have the greatest effect. This enables them to conclude that interventions that simply raise parents' aspirations for their children to succeed are likely to be unsuccessful, whereas those which 'enable and encourage parents actively to

¹⁰ Joseph Rowntree Foundation [Poverty and Low Educational Achievement in Wales: Student, Family and Community Interventions](#)

engage with their child's learning and the education system more generally' are usually successful. The report concludes that Interventions focused on parental involvement, extra-curricular activities and mentoring should be prioritised within the Flying Start, Families First and Communities First programmes.

Where there is particularly effective parental involvement, the single most important driver is the enthusiasm of the Headteacher. When a school plans and implements positive policies to involve parents, this can have a significant impact on improving pupils' wellbeing, particularly in relation to behaviour and school attendance. Estyn

3.8.3 Panel members found there to be a number of reasons behind some parents' lack of engagement which can become barriers to them being involved in their child's education. Schools, the council and its partners need to identify these families and look at ways of overcoming or mitigating them in order to get meaningful engagement. Some of these barriers include:

- Parents perceiving schools as presenting obstacles, e.g. lack of encouragement, not informing parents of what they can do, and having too little scope for fitting around busy working and family lives.
- Costs, time and transportation, language (for some parents for whom English is not a first language), low levels of literacy and numeracy, and a lack of confidence.
- Understanding their world...especially families that have a chaotic life, negative personal experience and/or have low expectations or value in education.
- Parental attitudes "Not my job." Some parents feel that active involvement and assistance is the responsibility of the school and the teachers to educate their children
- Attitudes of some teachers - There is also variation within schools in terms of the attitudes of different teachers; some are welcoming and encouraging of involvement where others may be less so.
- Specific barriers faced by some families, for example, asylum seekers and refugees. Asylum seekers and refugees find themselves in situations of poverty, and may suffer discrimination or stigmatisation. As newcomers they face language barriers. They lack knowledge on how local systems operate and very often they do not know where to go to access information

3.8.4 During the Panel's inquiry they found that some of the activity that currently takes place to engage and involve parents in early years development is excellent.

3.8.5 Health Visitors working in communities see families on a regular basis running up to a child starting school. The Panel saw this as a very important part of the jigsaw of support that parents receive to prepare their child for school. The Panel heard about the Family Resilience and Assessment Tool that Health Visitors complete with the parents to help to identify the level of resilience within the family which in turn assesses the amount of support the family need. The Panel felt that although in its early stages, it was a good example of how services can work closely with parents to get the best

outcomes for their children.

- 3.8.6 The Penderi General Practitioners Partnership and the Primary Care Early Years Project is working closely with parents and families with the aim of providing a person centred approach to support and skill training for parents to improve their family resilience. They work in partnership with families to assess need and develop a family plan that will support family learning and is bespoke and tailored to the needs of that family. We heard that it is in its early stages where 37 families have received or are receiving a service and of those, 35 have children under 5 years.

The Panel met with some of those people involved in the partnership and were keen to hear about this multi-agency funded work designed to reduce or mitigate the effects of adverse childhood experience so that children can have a better start in life. They agreed with the assessment made at the meeting that there is a lot of great potential in this way of working, that early results are promising, and that it was important to collect evidence of how it was working and to assess its impact over time.

- 3.8.7 Flying Start/Children's Centres providers have parental inclusion and involvement built into every part of their work with children, from working with pregnant women, young mothers and dads through to the transition to school as children leave the early years setting.



Visit to Children's Centre in Penlan

The Panel visited two settings and were very impressed with their inclusivity, finding that they work hard at reaching and involving parents not only in relation to the child's development but around the parents' own wellbeing. The Panel found that both the Children's Centre in Penlan and St Helen's Primary Flying Start show excellent practice in making children and their families school ready, in particular with harder to reach and vulnerable families.

- 3.3.8 The Headteacher at St Helen's Primary School said that one of the main aims of the school is to be 'at the heart of the community' and the parents we

spoke to said that *it is excellent and they are doing that now.*

Parental involvement in the schools visited ranges from a school being described as the 'hub' of the community where parents, including those from disadvantaged groups, feel very welcome in the school and await the next project with enthusiasm to a school where parents are rarely involved beyond a few formal events. Estyn

We met with a group of 15 parents whose children attend St Helens Primary School Flying Start and heard a number of important messages including:

- Both children and parents feel they are more ready for school when their child is/has attended Flying Start
- The inclusivity of the School and Flying Start is central to its success
- The importance of the big focus on bringing community together and actively encouraging that through their work with parent/families
- Being able to access a number of different services and support from one location, for example the Health Visitor to baby massage
- Both parents and staff expressed how proud they are of the school

3.8.9 The Panel found Trallwn Primary School to be working intensively with the local community, including and involving it in the work of the school. This has improved school readiness of pupils who may (or may not) end up going to the school. At a meeting with the Headteacher we discussed this good practice and the importance of addressing not only parents' skills but the norms in the community, that by knowing families before they come into school they are much better prepared to support and teach children. We heard about the universal approach to pre-school engagement and the specialist targeted support and about how partnership working with Health Visitors and speech and language specialists was also very important.

The school uses the Wales Government Family and Community Engagement Toolkit¹¹ which supports engagement with parents but heard that this toolkit was little known or used by schools generally. The use of this toolkit could be more widely considered for use by schools along with the practice learnt by Trallwn in relation to engaging the community more widely. Trallwn Primary School is not part of a designated Flying Start area and the Panel felt that this approach could go some of the way in helping to address the gap in parental engagement in non-Flying Start areas.

Engaging families in their children's learning is a powerful way of raising standards and well-being in schools. It is also essential for narrowing the attainment gap between learners from richer and poorer backgrounds.

This toolkit will help schools develop their approach to family and community engagement. The focus is on engagement that will improve learning outcomes, and on engaging with families of children who are underperforming, from deprived backgrounds or who get less support for their learning at home.

The toolkit is structured around 5 themes:

¹¹ [Family and community engagement toolkit for schools. Wales government](#)

1. *Practical support to school leaders to help them embed family and community engagement in the ethos of the school*
2. *How to build the school's capacity for engagement.*
3. *How to overcome barriers to engagement, including families that interact with the school less frequently or have needs that are harder to accommodate.*
4. *Ideas and examples of how schools can engage with families as serious and practical partners in children's learning.*
5. *Information on helping families find additional support and how to plan more effective transitions with a focus on what is important for the learner and their family.*

Wales Government Family and Community Engagement Toolkit

- 3.8.10 The Panel heard about the work Swansea Library Service does to reach out into the Community, in working with children and their families and ultimately how this helps with children's school readiness.

Library and library activities are free, therefore allowing children and families from all backgrounds to use it. Each library has a designated children's area with a selection of resources and there are no overdue fees on children's books. They run reading and writing groups, baby rhyme-time and many other activities where parents and children can engage. They also work with schools to encourage children and families to join and use the facilities.

Bookstart is another useful tool which is administered by the Library Service in partnership with health. In addition to the Bookstart pack a Bookshine pack for hearing impaired children and Booktouch for visually impaired children are used. Dual language packs are also given out to those families whose first language is not English.

The Panel recognised the ability to easily access libraries and the work that libraries do within our communities. They were interested to hear that people find the environment and atmosphere in libraries a safe and non-judgemental one and people who may not engage with other services able to engage with libraries. The Panel emphasised the importance of libraries as community hubs where people come for many reasons other than to borrow books e.g. use computers, borrow music simply to read the newspaper and be amongst other people.

- 3.8.11 The Panel visited the Action for Children Stepping Stones facility which provides support and early years services for children with disabilities. They provide a specialist Flying Start style pathway working closely with parents and carers in supporting their needs.

The Panel had a one to one discussion with a parent at the facility who had found the Stepping Stones engagement and support for her as a parent to be invaluable. She said that Stepping Stones *has been a lifesaver and has helped us deal with the many issues I have experienced when having a child with Autism, helping us to move forward and my son is now due to start Primary School shortly.* Although she explained that this was not without its problems she found the transition to Primary School particularly difficult because only one of the four schools she visited was either suitable physically or welcoming to her and her children. The Panel were concerned

to hear this and feel that many schools still need to be better prepared and more welcoming for all pupils.

- 3.8.12 It is clear that there are many examples of good practice in parent and community engagement in Swansea let alone further afield but what has become evident is the need particularly for more engagement of schools with parents and their communities in order to prepare their children for school. Some schools are working much more closely with parents and families particularly those with a Flying Start Setting but very few do extensive work in the local communities like Trallwn Primary School. The Panel felt that there is scope for much more parental and community engagement especially in those areas that do not have Flying Start. The Panel felt that more cluster working in relation to this aspect could be developed.
- 3.8.13 The Panel were concerned that there does not seem to be any clear strategy for how schools involve parents and whether there is any formal monitoring of the extent of parental involvement. They felt that parental engagement requires an active partnership with parents and this needs to be pro-actively developed. The Panel questioned whether schools should have their own community engagement strategies based upon the requirements of their communities.
- 3.8.14 The Panel emphasised the importance of those working with children and families to engage them in partnership. Parents must feel part of the child's development not feeling that things are being done 'to' or 'for' them but 'with them'.
- 3.8.15 It was felt that the good practice evident in our Flying Start settings around parental engagement should be shared more widely and considered by schools in Swansea, particularly in their work with vulnerable and harder to reach parents/families.
- 3.8.16 The use of ICT can also be a useful tool to improved parental engagement, by providing a convenient means for parents to access up-to-date information about their child's learning and provide more information for parents.

3.9 Raise public awareness of school readiness and encourage use of key messages across Swansea

- 3.9.1 The importance of school readiness is clear but the Panel feels that it is necessary to highlight the importance of raising awareness of this issue and using key messages to educate the population as a whole.
- 3.9.2 One of the Healthy City Partnership key initiatives is called Best Start Swansea which includes a key messages campaign that relates specifically early years with the purpose of raising awareness and changing attitudes that predominate in some communities.

Using this organisations are asked to take an active role through:

- The use of the publicity materials, promoting twitter and Facebook and website pages
- actively seeking opportunities to up-skill their workforces
- Identifying key contacts to lead on the campaign within their Organisations
- To link/facilitate events under the Best Start banner



3.9.3 Panel members would like to see Best Start Swansea continue as a priority for the Public Services Board in the coming year because these key messages, from their viewpoint, still need to reach communities.

The Panel felt that the key messages found in the Welsh Adverse Child Experiences (ACE) Study must to be shared and understood across schools and the early years sector. The impact of ACEs on children’s future life chances is clear, with actions to prevent or to mitigate those being central to improving those children’s chances of a successful and fulfilling life.

This latest report shows how experiencing abuse and other problems in childhood is linked with increased levels of chronic disease in adulthood and much greater use of health care. What happens to us as children can make our bodies develop differently, leaving them more vulnerable to conditions like Type 2 diabetes and heart disease in later life. Emphasising the importance of a healthy start for all aspects of a child’s life, Professor Bellis continues: “Finding solutions to the harms children suffer and the problems adults face because of their childhood experiences needs a new life course approach to health.

“This cannot be achieved by the NHS alone. That is why we are working with our key partners, including the Welsh Government, police, local authorities, charitable and voluntary sector organisations, to develop a joined-up approach to prevent ACEs and support adults whose health is suffering because of childhood trauma,”

he concludes.

Welsh Adverse Childhood Experience Study (Nov 2016)

3.9.4 The Panel wanted to highlight the UNCRC guiding principles¹² and ensure that these key messages resonate in our communities and guide our public services in Swansea.

- Article 2 - Non-discrimination (All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights)
- Article 3 - Best interests of the child (All actions concerning the child shall take full account of his or her best interests)
- Article 6 - Survival and development (Every child has the inherent right to life, and the State has an obligation to ensure the child's survival and development)
- Article 12 - The child's opinion (The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child)

3.9.5 Councillors considered the Welsh Government Initiative called 'Ready to Learn'¹³ which was launched last year, that aims to raise awareness and advise parents on how to give your child the best start at school. It details some of the things that parents can do to prepare their child for school emphasising the importance of education beginning at home.

It includes for example: visiting the school with your child before they start to meet the reception teacher and borrow storybooks from your local library such as 'your first day at school', reading to your child and encouraging them to recognise their name. There is a Facebook page and associated materials that parents can use with their children to improve their school readiness.

4.0 RECOMMENDATIONS

4.1 Support those initiatives that are clearly improving school readiness and monitor the impact.

4.2 Support the ethos and practice of Flying Start and use this as a basis for developing early years services outside of the designated areas (with the longer term aim of providing coverage across the City and County of Swansea)

4.3 Ensure the Early Years Services led by the Flying Start Service in collaboration with the Additional Learning Needs Unit in Education prepare for the changes in the Additional Learning Needs Reform

¹² <http://www.childrenswales.org.uk/uncrc-principles.aspx>

¹³ <http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en>

legislation.

- 4.4 Monitor, use and share the good practice that is emerging in this area.**
- 4.5 Work with schools to ensure that they are child ready and welcoming to all of their pupils by:**
 - a) Developing guidance for what constitutes a ‘child ready’ school.**
 - b) Encourage schools and governing bodies to develop a community engagement strategy which clearly identifies how they will work with parents pre-school and in the early years. (Including Welsh Government toolkit being more widely shared and contents more closely considered by schools).**
 - c) More vigorously challenging schools on their child readiness using minimum standards developed in 4.8.**
- 4.6 Encourage the use of the Pupil Deprivation Grant by schools and/or across clusters to help develop school readiness particularly when working with parents, families and communities.**
- 4.7 Ensure that the recently introduced Foundation Phase Profile baseline has more consistency and robustness.**
- 4.8 Develop minimum standards in relation to transition to school for both schools and day care settings.**
- 4.9 Support the ‘Best Start Swansea Initiative’ as a Public Service Board priority for the coming 12 months.**

ACKNOWLEDGEMENTS

The Panel would like to record its thanks to the following people who came and gave evidence to us:

- Staff and parents at Stepping Stones, Action for Children in Killay.
- Staff and parents at the Children's Centre in Penlan.
- Staff and parents at St Helens Flying Start
- Headteacher at Trallwn Primary
- Swansea Library Service
- Health Visitors in Flying Start settings
- Penderi GP Partnership Project
- Quality of Early Years Setting Project, University of Wales Trinity St David's
- Prevention and Early Intervention Strategic Manager
- Cabinet Member for Wellbeing and Healthy City
- The Welsh Medium Schools and early years settings that responded to our Survey

ABOUT THE INQUIRY PANEL

The **School Readiness Scrutiny Inquiry Panel** is a team of Councillors who are not members of the Cabinet. Their role is to examine a strategic issue of concern and to make recommendations about how policies and services can be improved.

Members of the Panel

Councillors

Hazel Morris (Convener)

Wendy Fitzgerald

Fiona Gordon

Jan Curtice

Paulette Smith

David Anderson Thomas (Co-opted Parent Governor Representative)

The inquiry was supported by Michelle Roberts from the Council's Scrutiny Unit.

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Agenda Item 8.

Report of the Cabinet Member for Education

Cabinet – 20 April 2017

ESTABLISHMENT OF SPECIALIST TEACHING FACILITIES FOR PUPILS WITH AUTISTIC SPECTRUM DISORDER (ASD)

Purpose:	To report to members on the result of consultation and to seek approval for the publication of statutory notices on proposals to establish three new specialist teaching facilities (STFs) in schools from January 2018 (at Dunvant Primary School, Portmead Primary School and Birchgrove Comprehensive School).
Policy Framework:	QEd 2020 (strategic programme) Children & Young People Plan (priority 7)
Consultation:	Legal, Finance and Access to Services. The school council, governing body, staff and parents of all affected schools.
Recommendation(s):	It is recommended that: - 1) Cabinet agree to publish statutory notices to establish three new specialist teaching facilities (STFs) in schools from January 2018 (at Dunvant Primary School, Portmead Primary School and Birchgrove Comprehensive School).
Report Author:	Kelly Small
Finance Officer:	Paul Cridland
Legal Officer:	Stephanie Williams
Access to Services Officer:	Ann Williams

1. Introduction

- 1.1 Cabinet agreed at a meeting held on 15 December 2016 that consultation should take place on establishing three new specialist teaching facilities (STFs) in schools from January 2018 (at Dunvant Primary School, Portmead Primary School and Birchgrove Comprehensive School). The consultation papers can be found here <http://www.swansea.gov.uk/newspecialiststfs>
- 1.2 Following this consultation period, Cabinet are now required to consider the responses received during the consultation period and decide if the

proposals should move to the next stage – the publishing of statutory notices inviting any formal objections to the proposal.

2.0 Consultation Responses

2.1 All consultation responses have been made available for Cabinet to view. In summary:

2.1.1 Birchgrove Comprehensive School – 55 responses received with 54 being in favour of the proposal and just 1 against. The one against feared that the STF would increase bullying.

2.1.2 Dunvant Primary School – 79 responses received, with only 3 being against the proposal. Concerns against were mainly around the fact that there is a new headteacher at the school and the feeling that they should be in place for some time before the new STF is established, and also the idea that the school should focus on getting a ‘good’ Estyn rating before taking on a new challenge of opening the STF. The governing body had also written in asking for assurance that the building works necessary to establish the STF would take place, which they will.

2.1.3 Portmead Primary School – 11 responses received, all in favour of the proposal.

2.2 Estyn were also required to comment on the proposal under the new School Organisation Code. A summary of the issues raised and the local authority response is attached in the consultation report at Appendix A.

2.3 Consultation meetings were held with pupils, parents, staff and governors. Notes of these meetings have been made available to Cabinet members.

3.0 Equality and Engagement Implications

3.1 A full Equality Impact Assessment has been drafted and will form part of the papers presented to Cabinet.

3.2 A Community Impact Assessment has been undertaken for each of the proposals and formed part of the consultation papers.

3.3 A Welsh Medium Impact Assessment has been undertaken for each of the proposals and formed part of the consultation papers.

4. Financial Implications

4.1 Capital funding - corporate funding has already been identified to support the capital works that the remodelling to facilitate the additional ASD STF provisions will require. The estimated cost of providing the three STFs in the three schools identified is £350k.

- 4.2 Revenue funding -the annual revenue costs of 48 'F band' places would be approximately £593k per annum once the STFs are fully established. If the proposals are successful, the revenue funding would be delegated to the host schools who would then manage the staff and pupils accordingly. Additional revenue funding to establish three STFs has been identified in the Council's budget for FY2017-2018.

5. Legal Implications

- 5.1 The City and County of Swansea adopted in July 2012 an Inclusion Policy and an Inclusion Strategy. These documents provide key principles and strategic priorities which, as current policy, should be considered throughout the process of identifying and establishing increased education provision of any type.
- 5.2 The establishment or discontinuance of provision which is recognised by the local authority as reserved for children with special education needs, including STFs, constitutes a Regulated Alteration which requires consultation and the publication of statutory notices in accordance with s42 and Schedule 2, Paragraph 15 (1) of the School Standards and Organisation (Wales) Act 2013 ("the Act") and the Welsh Government's School Organisation Code (Circular 006/2013) (the Code).
- 5.3 The Code provides statutory guidance a local authority must follow when seeking to making Regulated Alterations to education provision within a local authority area. The Code provides that:
- 1.4 'Local authorities must ensure there are sufficient schools providing primary and secondary education for their area. Schools are regarded as sufficient if they are sufficient in number, character and equipment to provide for all pupils the opportunity of appropriate education. In order to fulfil these duties, local authorities must ensure that they plan thoroughly and engage fully with relevant partners, including the appropriate religious bodies for schools serving their area which have a designated religious character.'
- 1.13 Additional considerations are applicable when SEN provision is being considered:
'Standards of provision -
In addition to the usual considerations in relation to standards of provision, relevant bodies should consider:
- Whether proposals will improve standards of accommodation for pupils with SEN, including building accessibility;
 - How proposals will address any health, safety and welfare issues;
 - How proposals, where appropriate, will support increased inclusion; and

- The impact of proposals on other SEN provision within the immediate and wider local authority area including out of county where appropriate.

Need for places and the impact on accessibility of schools -
In addition to the considerations listed in 1.4, relevant bodies should consider:

- Whether there is a need for a particular type of SEN provision within the area;
- Whether there is a surplus SEN provision within the area;
- Whether SEN provision would be more effective or efficient if regional provision were made; and
- The impact of proposals on the transportation of learners with SEN.

Other factors -

Relevant bodies should consider:

- How changes to SEN provision in schools are likely to impact on all other services provided in an area for pupils with disabilities and/or SEN.

5.4 Before publishing any proposals the local authority (Proposer/s) is under a duty, by virtue of s48 of the Act, to consult on such proposals. The Code states that:

- At the start of the consultation period Proposers must provide the consultees listed in the Code with a detailed consultation document following the requirements listed in the Code, and give them at least 42 days in which to respond, with at least 20 of these being school days.
- Where proposals involve specialist resource bases attached to mainstream schools the following information must be included in the consultation document:
 - the impact on SEN provision;
 - how proposals will contribute more generally to enhancing the quality of education and support for children with SEN.
- Consultation comments must be collated and summarised by Proposers. This summary together with the responses to the comments must be published in a consultation report within three months of the end of the consultation period.
- A decision must be made by Proposers whether to proceed with changes within 6 months of the end of the consultation period.
- If a decision is made to proceed, a statutory notice is published providing a 28-day notice period for objections. The notice must be published on a school day and with 15 school days (not including the day of publication) in the notice period.

- f) If objections are received, an objection report must be published providing a summary of the objections with responses to them before the end of 7 days beginning with the day of the Proposers determination of the proposals.
- g) The proposer must determine under s53 whether the proposals are to be implemented. Proposals must receive final determination within 16 weeks of the end of the objection period. Local determination is a requirement of the School Organisation Code, and The Local Authorities (Executive Arrangements) (Functions and Responsibilities) (Wales) (Amendment) Regulations 2013 allow for this local determination. The Welsh Ministers and Governing Bodies are to be notified of the decision within 7 days of the decision.
- h) If the Proposer determines to implement proposals, they should be implemented in accordance with the date given in the statutory notice, or any subsequent modified date.

5.5 Failure to comply with the statutory consultation requirements in the Act and Code will leave the Authority open to Judicial Review and the decision could be quashed by the Courts.

Case law has established that the consultation process should:

- be undertaken when proposals are still at a formative stage;
- include sufficient reasons and information for particular proposals to enable intelligent consideration and response;
- provide adequate time for consideration and response; and
- ensure that the product of consultation is conscientiously taken into account when the ultimate decision is taken.

Background Papers: School Standards and Organisation (Wales) Act 2013; The Welsh Government's "School Organisation Code" Circular 006/201; Community Impact Assessment; Report to Cabinet 6th May 2014

Appendices: Appendix A – Consultation Summary

Appendix A

Birchgrove Comprehensive School – ASD STF Consultation Report				
	Number of consultation responses received:			
	55			
	Including feedback form Birchgrove School Council	Support Proposal/Happy	54	
		Against Proposal/Unhappy	1	
		Undecided	0	
		<i>Responses from:</i>		
		Pupil	0	
		Parent/Carer	30	
		Member of Staff	1	
		Governor	0	
		Community Member	13	
		Other	11	
	Point Raised	LA Response	Number of Written Responses Raising Point	% of Responses Raising Point
1	No comment.		16	29%
2	Acknowledgment that there is not enough STF provision to meet the current need.	Agree.	15	27%
3	Positive impact on whole school/secure future of the school.	Agree.	11	20%
4	It will allow children to ensure their full potential .	Agree.	8	15%
5	Positive impact on community.	Agree.	6	11%
6	Good idea.	Agree.	4	7%
7	Correct placement has a positive impact on pupils and families.	Agree.	3	5%
8	ASD children often struggle in mainstream, and lack of proper support often leads to behaviour issues which can lead to exclusions.	The proposed STF will provide trained staff in an appropriate setting.	2	4%
9	Supportive of providing ASD STF in mainstream school.	Noted.	2	4%
10	All children will learn about difference and tolerance.	Agree.	2	4%

11	Concern that 16 places are not enough and what is needed is an ASD special school.	There is increasing demand for ASD places and in Swansea our policy is for inclusion through STFs in mainstream school settings.	1	2%
12	Concern that it will increase bullying (parent feels there is already a problem with bullying at school).	There is no evidence to support this concern regarding increased bullying. Indeed, schools hosting STFs usually have an increased tolerance for learners with additional needs. All schools will deal appropriately with any reports of bullying.	1	2%
13	Question raised as to how the teachers will be trained and who is going to do the training.	The interview process will seek suitably qualified staff. There are networking opportunities with other ASD STF staff in Swansea as well as support from local authority specialist teams.	1	2%
14	Question raised by School Council: When will the STF open?	1 January 2018.	1	2%
15	Question raised by School Council: Will the children come on the yard with us?	Each individual learner will integrate with others as is appropriate to their own individual needs. Some would enjoy sharing the yard space but for others this would not be appropriate.	1	2%

Dunvant Primary School – ASD STF Consultation Report				
	Number of consultation responses received:			
	79			
	Including a letter from Dunvant Primary Governing Body			
		Support Proposal/Happy	71	
		Against Proposal/Unhappy	3	
		Undecided	4	
		<i>Responses from:</i>		
		Pupil	24	
		Parent/Carer	38	
		Member of Staff	5	
		Governor	4	
		Community Member	4	
		Other	3	
	Point Raised	LA Response	Number of Written Responses Raising	% of Responses Raising Point
1	No comment.		25	32%
2	It will allow SEN pupils to reach full potential.	Agreed.	14	18%
3	An inclusive school is better for whole school and all abilities if adequate resources/funding are provided.	Agreed.	11	14%
4	Acknowledgment that there is not enough STF provision to meet the current need.	Agreed.	10	13%
5	Pupils should be allowed the same education and treated fairly.	Agreed.	9	11%
6	It will reduce travel time/there is a need for local provision.	Agreed.	6	8%
7	Proper provision will benefit child and the family/community.	Agreed.	5	6%
8	Good idea.	Agreed.	4	5%

9	Would support STF in the future when the new headteacher has been in place for a longer period.	The new headteacher is very experienced. The proposed STF would not open until January 2018 when the headteacher would have been in post for a year.	2	3%
10	Believes Duvant Primary School needs to improve to a 'good' rating by Estyn before embarking on new challenges.	The outcomes at the school are already improving. The local authority will support the establishment and integration of the STF. The practices used in the STF can be shared across the whole school to support improvement.	2	3%
11	Concern about how STF would impact school data and banding of school	The learners would be included in the school data just like any other learner but schools are able to disaggregate the STF for reporting if required.	2	3%
12	Supportive of STF providing there is no negative impact to existing pupils and staff.	The STF should give positive experiences for existing learners and staff.	1	1%
13	There is a need for adaptations to be made for children with sensory issues and providing them space to have quiet areas for play/eating if they need it.	Appropriate building adaptations for the STF will be undertaken and each learner's needs will be considered for play, eating etc.	1	1%

14	Comment made about wanting more detail about what the provision would look like - if the existing rooms/building is adequate, if the planned staff ratios are adequate, if teachers and teaching assistants would have suitable training/qualification.	Building adaptations will develop in consultation with the school as the statutory proposal progresses but the rooms will be adequate for STF provision. The planned staffing ratios are adequate and are based on Welsh Government ratios and the individual learner's statement of educational need. The interview process will seek suitably qualified staff and training will be provided by local authority teams and there is also a network of staff in other STFs in Swansea.	1	1%
15	There is a need for a comprehensive ASD strategy.	Agreed and this is part of the planning process that has identified the need for the additional ASD STF places.	1	1%
16	Feel that school needs close monitoring and needs some improvements with regards pastoral care, and education.	The STF provision will be monitored by the local authority.	1	1%
17	Provision is needed for high functioning ASD pupils as well as lower functioning.	This has been recognised in the local authority planning process but would be the subject of separate consultation.	1	1%

18	Pupil comment: Unsure about it 'because of playtimes. If they are playing with us.'	Each learner in the STF will be assessed and integrated into mainstream as is appropriate to their needs. Some will play with mainstream but for some this would not be appropriate.	1	1%
20	Pupil Comment: May affect other pupils and cause class sizes to increase if taking away some rooms	The local authority has identified rooms with surplus capacity so there will not be any reduction in classrooms for mainstream. There will only be a small number of learners in any one yeargroup so there would be minimal increase on class sizes when/if learners are integrated into mainstream.	1	1%
21	Good use of empty classrooms	Agreed.	1	1%
22	Traffic management concerns: increased taxi's/traffic needs to be managed for pupil and staff safety	A traffic assessment has been undertaken with no major issues identified. A traffic management plan will be implemented.	1	1%
23	Concern regarding the level of capital fundung available will be sufficient in order to remodel/upgrade the building to the standard required	There is sufficient capital funding to establish the STF at the school. The remaining school site continues to be the resposibility of the school or local authoirty for	1	1%

		repairs and maintenance, as per the Division of Responsibility documentation.		
24	Concern regarding the building works causing disruption if not complete in school holidays	Every effort will be made to ensure that buliding works are completed during school holidays.	1	1%
	An email was also received after the closing date, on 20 February 2016, objecting to the proposal but without a reason for the objection given.			

Portmead Primary School – ASD STF Consultation Report

	Number of consultation responses received:			
	11			
		Support Proposal/Happy	11	
		Against Proposal/Unhappy	0	
		Undecided	0	
		<i>Responses from:</i>		
		Pupil	0	
		Parent/Carer	7	
		Member of Staff	0	
		Governor	1	
		Community Member	2	
		Other	1	
	Point Raised	LA Response	Number of Written Responses Raising Point	% of Responses Raising Point
1	Acknowledgment that there is not enough STF provision to meet the current need	Agreed.	5	45%
2	Allow Pupils to reach their full potential	Agreed.	2	18%
3	Amazing opportunity with a positive and rewarding outcome	Agreed.	2	18%
4	No Comment		2	18%
5	Would like pupils to be in the same school as other siblings.	Learners will be placed in this STF by the SEN Panel according to need. Distance from home is one of the criteria used for placing learners but there is no guarantee that siblings will be placed in this particular STF unless criteria are met.	1	9%

Agenda Item 9.

Report of the Cabinet Member for Adults & Vulnerable People

Cabinet - 20 April 2017

COMMUNITY SERVICES WESTERN BAY COMMISSIONING STRATEGY FOR CARE HOMES FOR OLDER PEOPLE (2016 – 2025)

Purpose:	Endorsement of the Western Bay Commissioning Strategy for Care Homes for Older People.
Policy Framework:	Social Services & Wellbeing (Wales) Act 2014 and The Regulation and Inspection of Social Care (Wales) Act (2015).
Consultation:	Access to Services, Finance, Legal.
Recommendation(s):	It is recommended that: <ol style="list-style-type: none">1) The responses to the consultation undertaken on the strategy be endorsed;2) The post-consultation version of the Western Bay Commissioning Strategy for Care Homes for Older People be endorsed;3) The implementation plan for Swansea be endorsed.
Report Author:	Vicky Warner
Finance Officer:	Chris Davies
Legal Officer:	Pamela Milford
Access to Services Officer:	Ann Williams

1. Background

- 1.1 All four organisations within the Western Bay collaborative have committed to participating in, developing and implementing a long term commissioning strategy for care homes for older people.
- 1.2 The strategy outlines the key characteristics of the marketplace (both supply and demand), the regulatory environment, and the commissioning intentions of the members of the Western Bay Partnership.
- 1.3 The first draft was completed and endorsed by the Community Services Planning & Delivery Board in December 2015 and the consultation period was agreed by all four organisations to commence in May 2016.
- 1.4 A 90-day public consultation period commenced on the 6th May and concluded on the 3rd August. An e-survey was developed and a consultation event was organised for the 25th July 2016 where a wide variety of stakeholders attended to give their views. Responses to all comments from the consultation have been developed and the strategy has been amended as appropriate following discussion from this consultation; the final strategy is included in **Appendix A**.
- 1.5 Implementation plans that span the next three years have been developed for each Local Authority area in partnership with the Health Board. All documents have been signed off by the Care Homes Subgroup overseen by the Community Services Planning & Delivery Board which also endorsed the documents. The implementation plan for Swansea is included in **Appendix B**.
- 1.6 The final version of the responses to the consultation for the commissioning strategy is included in **Appendix C**.

2. Vision

- 2.1 The vision for the commissioning strategy is:
“We will commission care homes that support independence, choice and wellbeing in a person-centred and responsive manner providing high quality services across Western Bay.”

3. Our Objectives

- 3.1 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.

- 3.2 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.
- 3.3 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.
- 3.4 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.
- 3.5 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.
- 3.6 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.
- 3.7 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.

4. Legal Implications

- 4.1 The commissioning of care home services is regulated by a wide range of existing legislation, with new regulations due to be enacted during the next twelve months.
- 4.2 The statutory requirements are outlined within:
- The Social Services and Wellbeing (Wales) Act (2014); and
 - The Regulation and Inspection of Social Care (Wales) Act (2015).
- 4.3 Non-statutory guidance is provided by:
- A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs (2014);
 - The Social Services National Outcome Framework (2014);
 - “A Place to Call Home” drafted by the Older People’s Commissioner for Wales (2014);
 - “Older People in Care Homes” (2015) NICE; and
 - “National Dementia Vision for Wales – Dementia Supportive Communities” WAG and Alzheimer’s Society.

- 4.4 These regulations and guidance notes have been considered as part of the drafting process for the “What Matters To Me” model created by Western Bay in 2015. This paper concentrates on the provision of high quality nursing and residential care delivered in a collaborative and co-ordinated manner to those in need.
- 4.5 The commissioning strategy has been developed to deliver a mechanism that will comply with both the regulatory requirements and the guidance notes, ensuring the realisation of both commercial and operational benefits. Any resultant procurement processes will need to be undertaken in compliance with the Public Contracts Regulations 2015.

5. Demand

- 5.1 The demand for care home services will evolve with the demographic changes across Wales. In summary, it is expected that over the next fifteen years:
- The total population aged over 65 will increase by 28%.
 - The population aged over 80 years will increase by 65%.
 - The number of older people (over the age of 65) living alone will grow by 43%.
 - The number of people aged 16 years and above providing unpaid care will grow by nearly 6%.
 - The number of people over 65 years who cannot manage at least one domestic task will increase by 38%.
 - The number of people aged 65 and over who cannot manage at least one mobility activity independently will grow by 41%.
 - The number of dementia cases in those over 65 years will grow by 51%
- 5.2 In simple terms, the service demand will increase over the next fifteen years; however the manner by which the service is delivered may change.
- 5.3 The table below shows the projected changes in demographics for Western Bay over the next ten years:

Age	65-69	70-74	75-79	80-84	85+
% change	-2	+11	+34	+25	+37

- 5.4 The projected trend for dementia cases replicates these figures.
- 5.5 It is recognised that the development of intermediate care services has altered the market so that those placed in residential services are likely to be older with more complex needs than those presently cared for.

- 5.6 Whilst it is recognised that care home capacity changes on a daily basis, information gathered during April and June 2015 showed the following care home capacity for City and County of Swansea:

CCSIW Registered	Residential	Dual Residential / Nursing	Total Population 65+
1,741	412	1,329	46,890

- 5.7 The table below shows the average vacancies for 2014/15 across City and County of Swansea:

Homes	Beds	Vacancies	Occupancy
47	1,747	132	92.5%

6. Financial Implications

- 6.1 There are currently no financial implications.

7. Quality

- 7.1 It is essential that the service provided by the market meets the quality thresholds required to enhance the lives of those residing in care homes. The key principles outlined by the Older People's Commissioner include:
- A lack of social stimulation;
 - Limited or no choice over the activities available to residents;
 - Inability to maintain individual identity;
 - Lack of individual choice and control over personal hygiene and comfort support;
 - Dining experiences based on process rather than residents' choice and preferences;
 - A focus on functionality in homes as opposed to them being homely and welcoming;
 - Risk averse delivery culture detrimentally impacting individual wellbeing; and
 - Delayed access to preventative healthcare professionals resulting in physical decline of residents.
- 7.2 The development and implementation of the Regional Quality Framework (RQF) by the Western Bay Partnership is expected to enhance the quality of care delivered within care homes, incentivising providers to achieve a higher level of service provision. The RQF is being implemented during the remainder of 2015/16 and will be incorporated into future commissioning activities.

8. Market Trends

- 8.1 The past five years have seen twelve care homes close across the region. The key factors in these closures being:
- Staff recruitment and retention
 - Regulatory requirements
 - Financial
- 8.2 These closures have resulted in a reduction of capacity of 288 beds (7.5% reduction), comprising 163 residential beds and 125 nursing across the Western Bay region.
- 8.3 Whilst the total market capacity has slightly reduced, the variety of services offered has diversified to meet the requirements of the commissioners. The commissioning strategy provides detail around the following service streams:
- Extra Care
 - Short Breaks
 - Residential Reablement Provision
 - End of Life Care
- 8.4 Alongside information about planned changes to community services, the strategy considers the following issues and their impact on the care home market:
- Delayed Transfers of Care
 - Fees
 - Self-Funders
 - Third Sector Support for Care Homes
 - Dementia and Complex Care
- 8.5 The commissioning strategy considers all of the elements highlighted within this synopsis and proposes an approach for future commissioning activity.

9. Equality and Engagement

- 9.1 An equality impact assessment has been completed and an associated action plan has been developed and will be monitored as part of the care homes project going forward. Any new initiatives resulting from the implementation of the strategy will be subject to an Equality Impact Screening and, where necessary a full EIA.

10. Future Approach

- 10.1 The strategy envisages an environment that actively promotes choice and control, underpinned by robust quality assurance tools ensuring the delivery of effective, positive outcomes. It seeks to ensure that residents can access to information and advice, including advocacy, to make informed choices.

- 10.2 It is essential that future commissioning activity recognise the challenges posed by the following elements:
- A more qualified, professional workforce;
 - The living-wage;
 - Regulatory changes; and
 - Increased service demand associated with dementia and complex care.

11. Commissioning Intentions

- 11.1 The commissioning strategy identifies three commissioning priorities:
- Develop strong relationships with existing care home providers to support them to meet the changing needs of the population with high quality services;
 - Work strategically with new care home providers to develop a sustainable range of care home facilities across the region; and
 - Where care home services are not in line with the strategic approach and/or are not of adequate quality, they will be decommissioned.

- 11.2 On the basis of the analysis and conclusions described above, the Western Bay Health and Social Care Partnership has identified a series of key strategic intentions: These are to:
- Build trust and strengthen partnership – this strategy identifies challenges both for commissioners and providers, not least from demographic change and scarcity of resources. However it also identifies fundamentally shared values and aspirations. We intend to build on this and work collaboratively with citizens and providers to shape a care home market that responds robustly and creatively to these challenges
 - Ensure quality – we, together with all those with whom we have consulted are clear that care home services must be provided at a high, yet realistic level of quality. We intend to work with regulators and providers to achieve this.
 - Build and communicate an accurate understanding of future demand for services – we recognise that there are currently challenges in meeting the needs of people who choose to live in a care home and there are shortfalls in capacity. We aim to develop our knowledge to future capacity requirements in the light of demographic trends and new service models and work with care home providers to plan capacity on the basis of this.
 - Work together to develop and support a sustainable and motivated workforce – the committed people that work hard to provide care and support to the residents of care homes are at the centre of our strategy. We have identified difficulties in maintaining a strong workforce and it is clear that the only way to address these issues is together in strong partnership.
 - Build a fair and sustainable care home market supported by reasonable fee levels – this is an important issue to providers. In the current financial climate, it is a very challenging and potentially

divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.

- Ensure care homes fit within and are supported by a well organised local health and social care system – our “What Matters To Me” service model, strongly reinforced by the feedback we have received during consultation clearly shows that care homes must increasingly work as part of, and supported by a strong health and social care system.

12. Outcomes and Monitoring

12.1 It will be essential to develop existing monitoring mechanisms to focus on outcomes rather than inputs. In simple terms providers will need to concentrate on the delivery of the following elements:

- 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

12.2 Monitoring of the strategy will be informed by the review of the individual contractual arrangements that are let over the coming years. The key metrics that will be used to measure delivery will focus on:

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

12.3 The strategy provides a set of key datasets and performance indicators that will need to be incorporated into any future agreements.

13.0 Implementation Plans

13.1 Each Local Authority area in collaboration with the Health Board has devised an integrated implementation plan that will span actions over the next three years.

13.2 Key actions shared by each Local Authority area include:

- Implement joint health and social care monitoring using the RQF
- Consider opportunities to enhance integration with ABMU in the commissioning of long-term care services
- Review and implement ABMU Interface Nurse Posts
- Implement Care Homes Pooled Budget
- Review assessment procedures for individuals in hospital moving to care home placements

Background Papers: None

Appendices:

Appendix A Western Bay Commissioning Strategy for Care Homes

Appendix B Local Authority Implementation Plan for Swansea

Appendix C Outcomes and Responses to Consultation for Care Homes



Commissioning Strategy for Care Homes for Older People 2016 - 2025



**GIG
CYMRU
NHS
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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 31%**
- The rise in the population of individuals aged 80+ and over living with dementia is projected **to increase by 32%**

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.

Our Commissioning Intentions

On the basis of the analysis described in this strategy, the Western Bay Health and Social Care Partnership have identified a series of key strategic intentions:

- **Build trust and strengthen partnership** – This strategy identifies challenges both for commissioners and providers, not least from demographic change and scarcity of resources. However it also identifies fundamentally shared values and aspirations. We intend to build on this and work collaboratively with citizens and providers to shape a care home market that responds robustly and creatively to these challenges
- **Ensure quality** – We, together with all those with whom we have consulted are clear that care home services must be provided at a high, yet realistic level of quality. We intend to work with regulators and providers to achieve this.
- **Build and communicate an accurate understanding of future demand for services** – We recognise that there are currently challenges in meeting the needs of people who choose to live in a care home and there are shortfalls in capacity. We aim to develop our knowledge to future capacity requirements in the light of demographic trends and new service models and work with care home providers to plan capacity on the basis of this.
- **Work together to develop and support a sustainable and motivated workforce.** – The committed people that work hard to provide care and support to the residents of care homes are at the centre of our strategy. We have identified difficulties in maintaining a strong workforce and it is clear that the only way to address these issues is together in strong partnership.
- **Build a fair and sustainable care home market supported by reasonable fee levels** – This is an important issue to providers. In the current financial climate, it is a very challenging and potentially divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.
- **Ensure care homes fit within and are supported by a well organised local health and social care system.** – Our “What Matters To Me” service model, strongly reinforced by the feedback we have received during consultation clearly shows that care homes must increasingly work as part of, and supported by a strong health and social care system.

These intentions relate to our original objectives, as described in section 1.2. However they have evolved during the development of this strategy and in particular, having considered and responded to the responses we have received during the consultation for this document.

Following publication of this strategy, Western Bay partner organisations will develop implementation plans which are based on these six key strategic intentions.

Generally, and across the Western Bay Region, we will seek to:

- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.
- Work with regulators to develop new person centred and flexible models of care which reduce peoples need to move between establishments as their needs change.

- Support private care home managers and owners to meet regulations stipulated by the Older People’s Commissioner, Social Services and Wellbeing (Wales) Act (2014), NICE guidelines including Medicines Management guidance and the Regulations and Inspection (Wales) Act (2016).
- Support care home providers to deliver the Active Offer as required in “More than Just Words”.
- Reduce the burden of bureaucracy on care home providers focussing instead on individual outcomes.
- Work in collaboration with key stakeholders e.g. CSSIW.
- Publish a market position statement and work to engage with current and potential new providers.
- 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, analysis of gaps and recruitment challenges as well as 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 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 home providers in the innovations they want to take forward.
- Ensure that people who are considering a care home placement can make choices based on the provision of accessible and clear information.
- Ensure care plan documentation is available to care homes at an early stage
- Work with providers to consider approaches to capital investment in support of new service developments which align with the Western Bay strategic direction.
- Ensure assessment and care planning practice engages with care home providers to support choice and easy referral and allocation where necessary.
- Ensure community health and social care practitioners work effectively with the staff and residents of care homes in their communities.

1. Introduction

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

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

More specifically, this document will inform key stakeholders of:

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

1.1 The Western Bay Health and Social Care Partnership

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

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

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

1.2 Our Objectives

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

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

1.3 Our Values

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

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

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

2. Definitions

2.1 Commissioning

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

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

2.2 The Commissioning Process

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

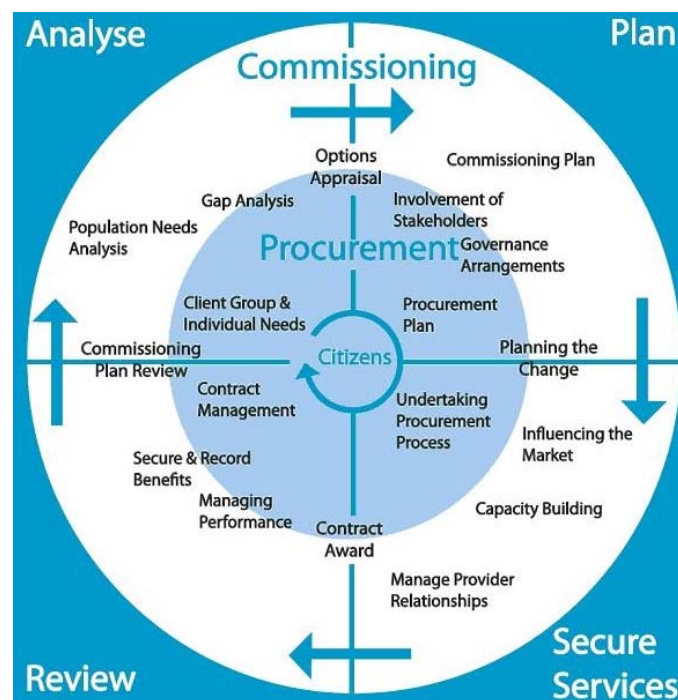


Figure 1: The Commissioning Cycle

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

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

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

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

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

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

2.3 Care Home Services

The charity HousingCare.org defines a care home as:

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

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

3. National and Local Context

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

3.1 Legislation and National Policy

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

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

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

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

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

The Social Services: The national outcomes framework for people who need care and support and carers who need support (2016)⁶, along with the Social Services & Wellbeing (Wales) Act (2014) aims to secure excellent wellbeing for all people and their

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/160610frameworken.pdf>.

carers in order for them to lead fulfilled lives. *“Focussing on people’s well-being outcomes will drive better experiences and better services for people who need care and support and carers who need support”.*

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

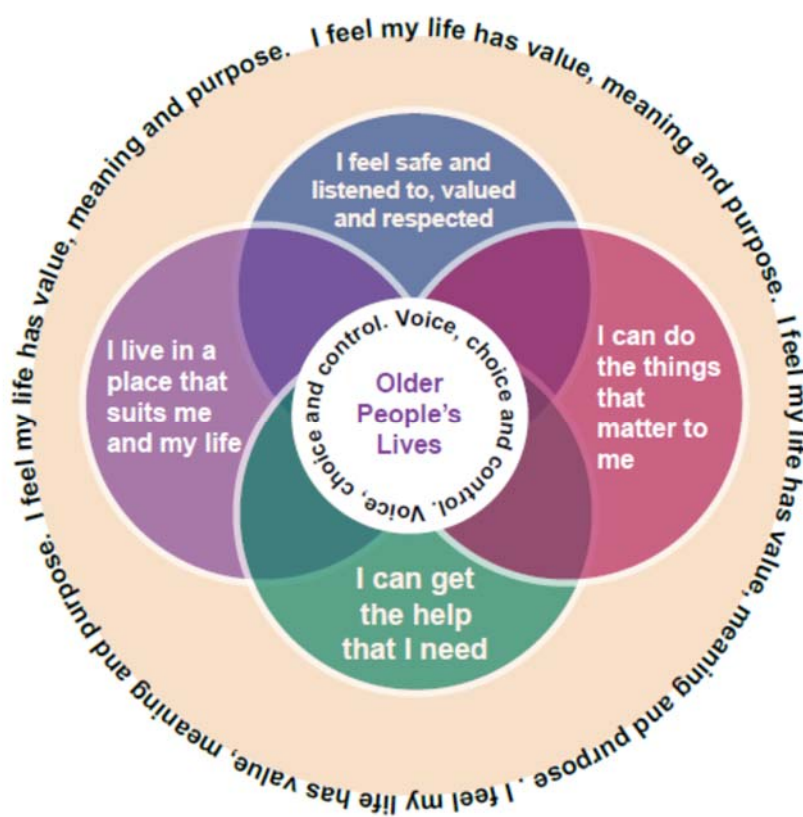


Figure 2: Older People’s Commissioner’s Quality of Life Model, ‘A Place to Call Home’ (2014)

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) Act (2015)¹⁰ includes 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

More than just words: A Strategic Framework for Promoting the Welsh Language in Health, Social Services and Social Care¹¹ was published in 2012 by the Deputy Minister for Social Services. The aim of the framework was to ensure that organisations recognise that language is an intrinsic part of care and that people who need services in Welsh get offered them. This is called the 'Active Offer'. The aim of the follow-on strategic framework 2016 -2019 is to build on the previous strategy, as well as to reflect changes in the political and legislative context.

In essence, the "Active Offer" means that a service should be provided and available in the Welsh language without someone having to ask for it. It is the responsibility of commissioners and service providers to ensure they are able to deliver this "Active Offer".

Examples of a care service that provides an 'Active offer' might include:

- the key worker system ensures 'named' staff members are 'matched' to children and adults who are Welsh-speaking
- signage in the service helps to orientate Welsh-speaking users
- Welsh language books, newspapers and other resources are, or can be made, available for children and adults who speak Welsh¹².

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 <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

¹² <http://cssiw.org.uk/about/strategic-plan/more-than-just-words/?lang=en>

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 Intent¹³ (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’. 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.”¹⁴

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.

¹³ Western Bay Community Services Statement of Intent (2013)
<http://www.wales.nhs.uk/sitesplus/863/opendoc/244237>

¹⁴ 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>

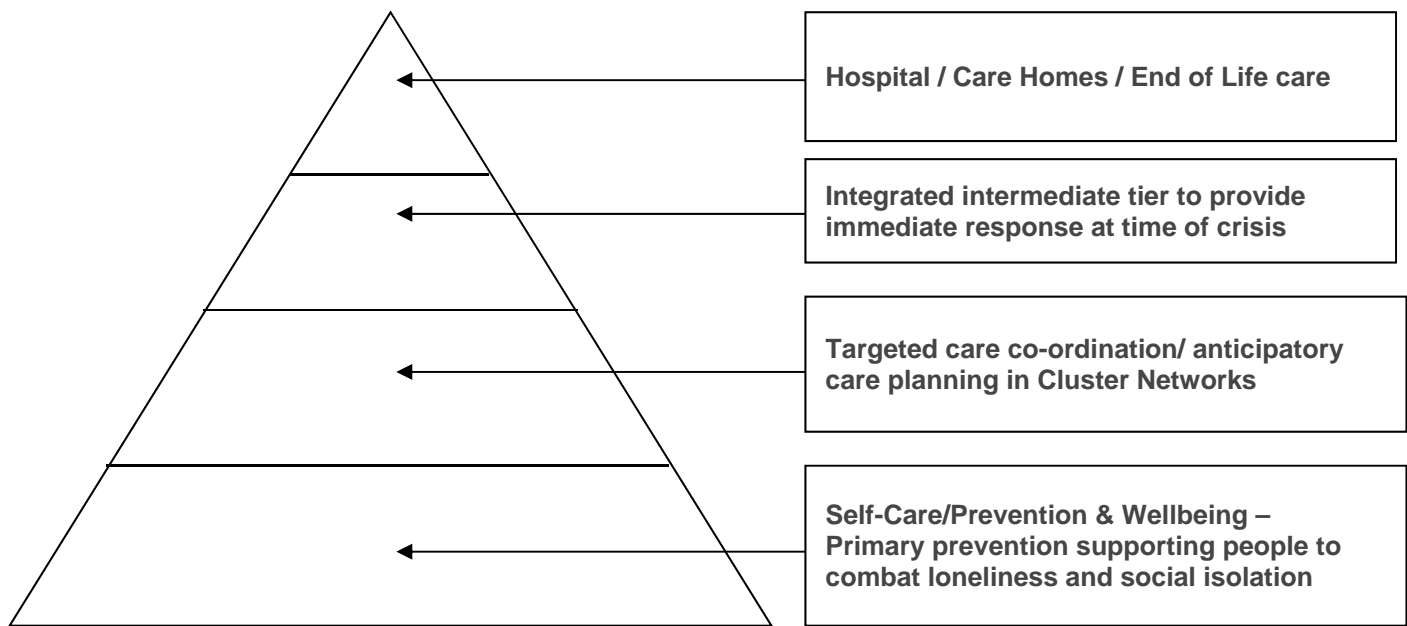


Figure 3: The “What Matters to Me” Model

4 Our Population (Demand for Services)

4.1 The National Picture

Over the next 15 years (2015 – 2030) it is expected that the composition of the population across Wales will change and therefore 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 370,115 to 392,237.
- 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 64,087¹⁵.

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:

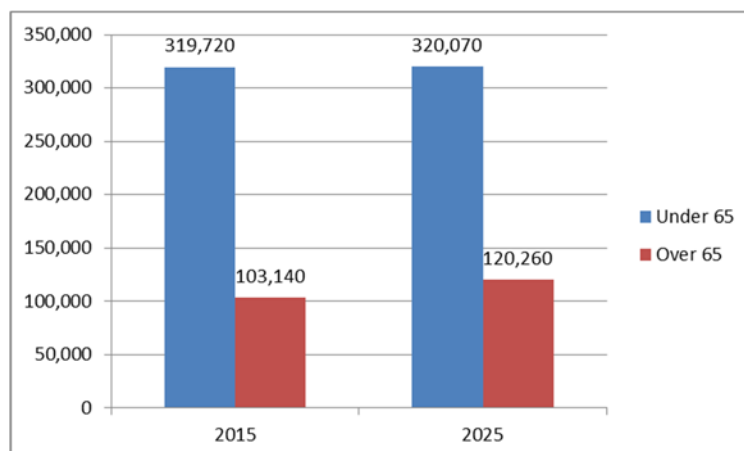


Figure 4 – Change in adult population from 2015 to 2025 across ABMU

¹⁵ 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	-4	-2	+1	-5	-0.5
70-74	+10	+11	+12	+9	+14
75-79	+38	+34	+36	+33	+35
80-84	+29	+25	+35	+19	+26
85+	+39	+37	+51	+36	+26

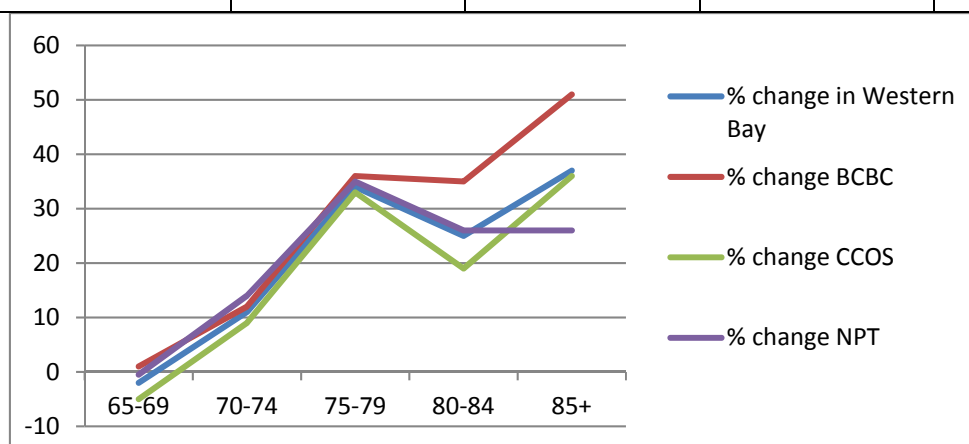


Figure 5: Percentage increase in population across Western Bay and in specific localities by 2025 compared to 2015 figures.

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 32% 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	-4	-2	+1	-5	0
70-74	+10	+11	+11	+9	+13
75-79	+38	+34	+36	+33	+35
80-84	+29	+24	+34	+19	+25
85+	+38	+36	+50	+35	+24

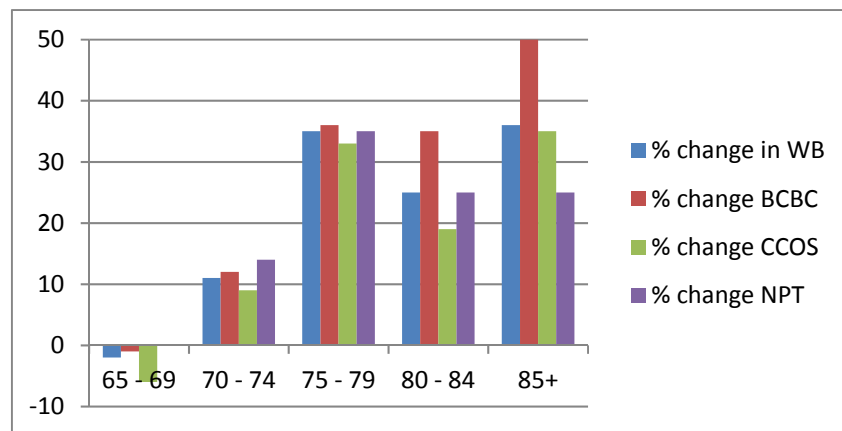


Figure 6: Percentage change in dementia prevalence by age across Western Bay in 2025 compared to 2015 data.

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

4.4 Complex Care

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

It is expected that due to the increase in Intermediate Care services in the community which aims to keep people living a more independent life for longer within their own homes that individuals are likely to go into residential services later in their life with more complex needs requiring additional services and attention than previous generations. Therefore although the number of residential placements is indicated to rise due to the ageing population there is an expectation that these placements will be for a shorter period and primarily in nursing/dementia care rather than 'traditional' residential care.

5. Our Resources

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

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

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

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

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

The 2014/15 total budget across the three local authorities for social care was circa £300million.

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 is available on request.

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"¹⁶ drafted with input from "My Home Life"¹⁷ 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"¹⁸ 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.

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) living in care homes from 18 in 2013/14 to 16.6 in 2014/15. This is demonstrated in the graph below.

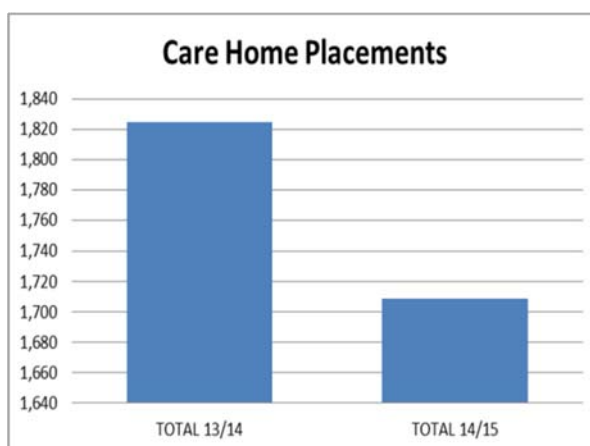


Figure 7: Care Home total population across Western Bay in 13/14 and 14/15.

¹⁶ <http://www.wales.nhs.uk/sitesplus/863/page/73970>

¹⁷ <http://www.ageuk.org.uk/cymru/home-and-care/my-home-life-cymru-home/>

¹⁸ <http://www.goodcareguide.co.uk/>

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 for care homes as, generally, terms and conditions in these settings are regarded as less favourable than in 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 when the majority of residents are 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 for 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 titles 'Care home sector facing nurse recruitment crisis'.¹⁹

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 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.

¹⁹ <http://www.nursingtimes.net/roles/nurse-managers/care-home-sector-facing-nurse-recruitment-crisis/5087416.fullarticle>

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.

Consultation has identified the need to provide flexible accommodation with care (including sheltered housing) to minimise the need for individuals to move accommodation as their needs increase.

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.

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.

Consultation has identified:

- Citizens lack of choice in short-breaks placements
- Service providers experience particular difficulty in providing suitable staffing for respite placements

6.4.6 Residential Reablement (Step-Up/Step-Down) 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 Day Services in Care Homes

Care homes in the Western Bay area have an opportunity to diversify on offering additional services within their local communities. The provision of day services enables service providers to make optimum use of their premises and staff. Visitors to care homes from the surrounding community can enhance the atmosphere and offer improved opportunities for residents to interact socially with a wider variety of people, take part in other activities and even make a contribution to the wellbeing of day service visitors.

In NPT there is currently one private care home that offers a day service. Other providers are considering offering this type of service as NPT are proposing to move to a different type of model provision which will move away from the traditional 'service led' approach with people attending building based day services, to a community based model built upon individual assessments. This is to ensure that people are able to access opportunities, within their own communities. Individuals will also have the choice of receiving direct payments which will enable them to have a tailored day service that meets their individual need.

Currently in BCBC, one provider has expressed an interest in the provision of day care services to engage non-residents in a programme of activities and social events that is available in their care home. Although other providers do offer non-residents the opportunity to visit their care home for lunch/coffee mornings and for short breaks/respice, this is more to with assisting non-residents to decide whether permanent occupancy is something they wish to pursue rather than a case of providing regular day care services. In short, Day Services are not currently provided in care homes in BCBC, but there seems to be an appetite and willingness to do this in moving forward.

In Swansea, day services within care homes are provided in four of the six of the City & County of Swansea's in-house care homes. There are currently no day services available via external care homes. There are currently commissioning reviews taking place within Swansea's Adult Services department, one of which will focus on day care provision.

6.4.9 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.

6.4.10 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.

Not surprisingly, our consultation process has identified that fees are a very important issue to providers. In the current financial climate, this is a very challenging and potentially divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.

6.4.11 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. It is not currently available although should this information become available in the future it will be shared with providers. Often the first contact is when an individual requires assistance with funding because they have reached the threshold of savings which is currently less than £24,000.

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.

6.4.12 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 if a person feels the way they are being treated is not appropriate.

The total number of referrals has been identified as 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 service 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) which was implemented in April 2016.

6.4.13 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.

Consultation has identified the potential for "dementia villages" to provide individuals and their carers with more choice about the environment in which they live. Such developments may be challenging to achieve and require sophisticated partnerships between commissioners and providers; however, we endorse this approach.

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 of Social Care (Wales) Act (2016) 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 Framework.²⁰ Additionally, all staff will need to work towards the Code of Professional Practise for Social Care published by the Care Council for Wales ²¹

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 if successful. As part of the OPC Report 'A Place to Call Home?' the Welsh Government is writing a national plan to ensure the future supply of high quality care homes is tailored to the population need.

²⁰ <http://www.ccwales.org.uk/resources-for-the-social-care-induction-framework/>.

²¹ <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 key strategic intentions:

- **Build trust and strengthen partnership** – This strategy identifies challenges both for commissioners and providers, not least from demographic change and scarcity of resources. However it also identifies fundamentally shared values and aspirations. We intend to build on this and work collaboratively with citizens and providers to shape a care home market that responds robustly and creatively to these challenges
- **Ensure quality** – We, together with all those with whom we have consulted are clear that care home services must be provided at a high, yet realistic level of quality. We intend to work with regulators and providers to achieve this.
- **Build and communicate an accurate understanding of future demand for services** – We recognise that there are currently challenges in meeting the needs of people who choose to live in a care home and there are shortfalls in capacity. We aim to develop our knowledge to future capacity requirements in the light of demographic trends and new service models and work with care home providers to plan capacity on the basis of this.
- **Work together to develop and support a sustainable and motivated workforce.** – The committed people that work hard to provide care and support to the residents of care homes are at the centre of our strategy. We have identified difficulties in maintaining a strong workforce and it is clear that the only way to address these issues is together in strong partnership.
- **Build a fair and sustainable care home market supported by reasonable fee levels** – This is an important issue to providers. In the current financial climate, it is a very challenging and potentially divisive issue. However, we are committed to building a sustainable care home market supported by reasonable fee levels.
- **Ensure care homes fit within and are supported by a well organised local health and social care system.** – Our “What Matters To Me” service model, strongly reinforced by the feedback we have received during consultation clearly shows that care homes must increasingly work as part of, and supported by a strong health and social care system.

These intentions relate to our original objectives, as described in section 1.2. However they have evolved during the development of this strategy and in particular, having considered and responded to the responses we have received during the consultation for this document.

Following publication of this strategy, Western Bay partner organisations will develop implementation plans which are based on these six key strategic intentions. The Swansea implementation plan can be found as **Appendix B**. Neath Port Talbot and Bridgend implementation plans are available on request. Generally, and across the Western Bay Region, we will seek to:

- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.

- Work with regulators to develop new person centred and flexible models of care which reduce peoples need to move between establishments as their needs change.
- Support private care home managers and owners to meet regulations stipulated by the Older People’s Commissioner, Social Services and Wellbeing (Wales) Act (2014), NICE guidelines including Medicines Management guidance and the Regulations and Inspection (Wales) Act (2016).
- Support care home providers to deliver the Active Offer as required in “More than Just Words”.
- Reduce the burden of bureaucracy on care home providers focussing instead on individual outcomes.
- Work in collaboration with key stakeholders e.g. CSSIW.
- Publish a market position statement and work engage with current and potential new providers.
- 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, analysis of gaps and recruitment challenges as well as 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 Assessment.
- Where possible and appropriate, collect service quality and performance data in a consistent format across the Western Bay region sharing best practice.
- Encourage new innovative providers into the region to meet demand and support care home providers in the innovations they want to take forward.
- Ensure that people who are considering a care home placement can make choices based on the provision of accessible and clear information.
- Ensure care plan documentation is available to care homes at an early stage
- Work with providers to consider approaches to capital investment in support of new service developments which align with the Western Bay strategic direction.
- Ensure assessment and care planning practice engages with care home providers to support choice and easy referral and allocation where necessary.
- Ensure community health and social care practitioners work effectively with the staff and residents of care homes in their communities.

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 local authority area 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 make 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

This strategy has now been subject to a formal 12 week/90 day consultation period. This period began on the 6th May and concluded on the 3rd August. This was done through:

- Consultation event which took place on the 15th July and was attended by a range of stakeholders including Local Authority, Health Board and Third Sector staff, care home providers, older people's councils and carers.
- E-survey published online via a variety of forums
- Direct emails and phone calls feeding back views

The feedback we received and our detailed responses to this can be found in **Appendix C**

In general we feel that our consultation identified the following themes:

- General endorsement for our strategy and its aims
- Endorsement of our key values which are generally shared and provide the basis for strong partnership
- The need to build a sustainable care home market supported by reasonable fee levels.
- The need to build and support a sustainable and motivated workforce.
- A recognition of the value of a co-produced and clearly understood definition of "quality". Our work to develop a Regional Quality Framework is endorsed.
- A clear appetite from care homes to work in new and innovative ways
- A recognition of the need for care homes to work within and supported by a strong and well integrated health and social care system.

11. Background Papers

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

11.2 Western Bay Market Position Statement (2015)

11.3 Western Bay Regional Quality Framework (2015)

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

11.5 Western Bay Intermediate Care Business Case (2014)

11.6 Glossary of Care Home Terms

11.7 Outcomes and responses to consultation

11.8 Bridgend County Borough Council and Abertawe Bro Morgannwg University Health Board Implementation Plan

11.9 Neath Port Talbot County Borough Council and Abertawe Bro Morgannwg University Health Board Implementation Plan

11.10 City & County of Swansea Council and Abertawe Bro Morgannwg University Health Board Implementation Plan – Included as appendix B



Commissioning Strategy for Care Homes for Older People

City and County of Swansea Implementation Plan 2016-2019



1. Introduction

This implementation plan has been prepared by Swansea Adult Social Care Services with input from ABMU Health Board following the publication of the Western Bay Commissioning Strategy for Care Homes for Older People. It describes the actions and activities that we will be undertaking in response to the key priorities identified in this strategy.

2. Objectives and Priorities

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

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

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

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

3. Our Implementation Plan

Strategic Area 1: Build trust and strengthen partnership			
Outcomes	<ul style="list-style-type: none"> • Supports innovation • Improves quality • Attracts high quality care home providers to the Western Bay area • Providers better able to plan and develop to meet changing needs • Positive climate for addressing workforce and financial challenges 		
Objective/Activity	Milestones	Responsible	Timescale
Work with care home providers to develop a “Co-Production Compact” which outlines the future approach by CCS to working in partnership with the sector	<ul style="list-style-type: none"> • Recruit task/finish group • Complete draft “Co-Production Compact” • Complete consultation • Sign off 	Contracting Officer /Principal Officer - Commissioning LA	December 2017
Work with care home operators to develop the role of providers within the planning framework for care home services	<ul style="list-style-type: none"> • Recruit task/finish group • Complete draft Planning Framework for care home providers • Complete consultation • Sign off 	Contracting Officer / Lead Nurse Long Term Care LA & UHB	December 2017

<p>Undertake a survey of perceived problems and blockages in current relationships (issues)</p>	<ul style="list-style-type: none"> • Introduce survey at Care Home Forum • Implement Survey • Report to Care Home Forum • Identify recommendations 	<p>Contracting Officer /Lead Nurse Long Term Care LA & UHB</p>	<p>September 2017</p>
<p>Instigate liaison meetings with CSSIW to strengthen the existing relationships between commissioners, regional inspectorate and providers</p>	<ul style="list-style-type: none"> • Terms of Reference for liaison meetings • Agree dates for meetings 	<p>Contracting Officer/Lead Nurse Long term Care LA & UHB</p>	<p>November 2016 (completed)</p>
<p>Publish and consult on Market Position Statement</p>	<ul style="list-style-type: none"> • Engage with providers • Draft MPS • Agree and publish • Engage with providers 	<p>Principal Officer - Commissioning / Contracting Officer LA</p>	<p>March 2018</p>

Strategic Area 2: Ensure quality

<p align="center">Outcomes</p>	<ul style="list-style-type: none"> • Consistent high levels of quality standards for service users • Increased choice for service users • Attract high quality care home providers to the Western Bay area. 		
<p align="center">Objective/Activity</p>	<p align="center">Milestones</p>	<p align="center">Responsible</p>	<p align="center">Timescale</p>
<p>Implement joint health and social care monitoring using the RQF</p>	<ul style="list-style-type: none"> • Review procedures for use of the RQF • Review reporting mechanisms to LA & UHB • Instigate joint monitoring meetings 	<p align="center">Contracting Officer/ Lead Nurse LTC LA & UHB</p>	<p align="center">September 2017</p>
<p>Develop a tool for the 15 step challenge in the care home setting</p>	<p>Care Homes sub-group to develop the tool and methodology</p>	<p align="center">Contracting Officer/ Lead Nurse LTC LA & UHB</p>	<p align="center">September 2017</p>
<p>Co-produce service user consultation framework</p>	<ul style="list-style-type: none"> • Recruit task/finish group • Complete draft service user consultation framework • Complete consultation • Sign off 	<p align="center">Contracting Officer LA</p>	<p align="center">December 2017</p>
	<ul style="list-style-type: none"> • Recruit task/finish group 	<p align="center">Contracting Officer LA</p>	<p align="center">March 2018</p>

Review current specifications and performance information requirements	<ul style="list-style-type: none"> • Complete draft specification/performance information template • Complete consultation • Sign off 		
Review escalating concerns policy and procedures	<ul style="list-style-type: none"> • Review procedures • Draft procedures to governance body • Implement 	Contracting Officer LA	September 2017
Review Direct Payments arrangements	<ul style="list-style-type: none"> • Review procedures • Draft procedures to governance body • Implement 	Contracting Officer / Planning Officer Direct Payments LA	TBC

Strategic Area 3: Build and communicate an accurate understanding of future demand for services

<p align="center">Outcomes</p>	<ul style="list-style-type: none"> • Better access to care home services most suitable to people's needs • Improved outcomes for citizens • Reduced waiting lists and “blockages” elsewhere in the health and social care system 		
<p align="center">Objective/Activity</p>	<p align="center">Milestones</p>	<p align="center">Responsible</p>	<p align="center">Timescale</p>
<p>Work with care home operators to develop the role of providers within the planning framework for care home services</p>	<ul style="list-style-type: none"> • Recruit task/finish group • Complete draft Planning Framework • Complete consultation • Sign off 	<p>Contracting Officer /Lead Nurse Long Term Care LA & UHB</p>	<p>December 2017</p>
<p>Identify suitable capacity to support the wider older persons planning and commissioning framework</p>	<ul style="list-style-type: none"> • Identify commissioning cycle stages and timeframes • Identify roles and responsibilities • Identify gaps in knowledge / resources • Create plan to address gaps 	<p>Principal Officer – Commissioning LA</p>	<p>TBC</p>
<p>Publish and Consult on Market Position Statement</p>	<ul style="list-style-type: none"> • Engage with providers • Draft MPS • Agree and publish • Engage with providers 	<p>Principal Officer - Commissioning/ Contracting Officer LA</p>	<p>March 2018</p>

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

Outcomes	<ul style="list-style-type: none"> • Improved recruitment and retention • A well trained and motivated workforce • Improved outcomes and satisfaction for citizens and their families 		
Objective/Activity	Milestones	Responsible	Timescale
Review and implement ABMU Interface Nurse Posts	<ul style="list-style-type: none"> • Complete pilot • Complete review • Implement recommendations 	Head of Nursing and Lead Nurse Long Term Care UHB	September 2017
Co-produce a Nurse Recruitment Protocol.- work together with care home sector to develop a sustainable approach to recruitment and retention	<ul style="list-style-type: none"> • Recruit task/finish group • Complete draft Nurse Recruitment Protocol • Complete consultation • Sign off 	Head of Nursing and Lead Nurse Long Term Care UHB	Sep 2018
Work across the ABMUHB footprint to develop a proactive approach to clinical support for care homes.	<ul style="list-style-type: none"> • Draft Terms of Reference • Agree meeting dates • Implement 4 x Clinical Support group meetings • Review • Report 	Head of Nursing and Lead Nurse Long Term Care UHB	April 2018

<p>Contribute to the regional Social Care Workforce Development Plan (SCWDP)</p>	<ul style="list-style-type: none"> • Assess gaps in info needed • Redesign questionnaire in partnership with Providers (to capture gaps) • Evaluate training / workforce pressures using redesigned questionnaire • Ensure that assessment of training and development needs includes health related training / workforce development requirements 	<p>Contracting Officer / SCWDP Coordinator LA</p>	<p>April 2018</p>
<p>Develop training plan based on revised SCWDP questionnaire.</p>	<ul style="list-style-type: none"> • CCS Training Plan • Implement plan 	<p>Contracting Officer / SCWDP Coordinator LA</p>	<p>April 2019</p>

Strategic Area 5: Build a fair and sustainable care home market supported by reasonable fee levels

<p align="center">Outcomes</p>	<ul style="list-style-type: none"> • Better access to care home services most suitable to people's needs • Increased choice 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 		
<p align="center">Objective/Activity</p>	<p align="center">Milestones</p>	<p align="center">Responsible</p>	<p align="center">Timescale</p>
<p>Implement Care Homes Pooled Budget</p>	<ul style="list-style-type: none"> • Draft S33 agreement • Complete consultation • Sign off 	<p align="center">Head of Nursing/Head of Adult Services LA & UHB</p>	<p align="center">April 2018</p>
<p>Continue to develop the model for understanding the cost of commissioned care</p>	<ul style="list-style-type: none"> • Review and update existing costs model in partnership with care home providers • Implement updated costs model • Calculate fee rates based on use of costs model • Review use of revised model in partnership with providers and assess need for further changes • Use analysis of costs data to inform understanding of cost of providing other specialist services. 	<p align="center">Contracting Officer/Lead Nurse Long Term Care LA & UHB</p>	<p align="center">April 2018</p>
	<ul style="list-style-type: none"> • Recruit task/finish group 	<p align="center">Contracting Officer</p>	<p align="center">September 2018</p>

<p>Review existing arrangements for preventing and managing provider failures</p>	<ul style="list-style-type: none"> • Review and update existing Provider Failure policies • Complete consultation • Sign off 		
<p>Review home closure procedure through Western Bay escalating concerns sub-group</p>	<ul style="list-style-type: none"> • Review home closure procedure • Revise and update procedures where necessary • Complete consultation • Sign off 	<p>Contracting Officer / Care Homes Quality Team Leader/Lead Nurse Long Term Care LA & UHB</p>	<p>September 2018</p>
<p>Audit care home providers to identify risks to future sustainability of individual care homes</p>	<ul style="list-style-type: none"> • Introduce survey at provider forum • Design survey with Providers • Implement • Analysis • Discuss at provider forum • Recommendations 	<p>Contracting Officer</p>	<p>September 2018</p>

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

<p>Outcomes</p>	<ul style="list-style-type: none"> • Improved outcomes for services users • Improved stability of placements • Reduced waiting lists and “blockages” elsewhere in the health and social care system • Improved staff morale in care homes 		
<p>Objective/Activity</p>	<p>Milestones</p>	<p>Responsible</p>	<p>Timescale</p>
<p>Review and implement ABMU Interface Nurse Posts</p>	<ul style="list-style-type: none"> • Complete pilot • Complete review • Implement recommendations 	<p>Head of Nursing UHB</p>	
<p>Review assessment procedures for individuals in hospital moving to care home placements</p>	<ul style="list-style-type: none"> • Task & Finish group • Complete review • Agree recommendations 	<p>Heads of Nursing UHB</p>	
<p>Review of process relating specifically to delays in discharge from hospitals.</p>	<ul style="list-style-type: none"> • Complete review • Agree recommendations 	<p>Heads of Nursing UHB</p>	
<p>Implement revised Directly Enhanced Service</p>		<p>Heads of Primary Care and Planning UHB</p>	

Ensure CCoS's Social Work Practice Framework supports positive professional relationships between care managers and care homes	<ul style="list-style-type: none"> • Ensure explicit reference to care-home interface 	Principal Officer – Professional Social Work Lead	April 2018
Undertake a survey of perceived problems and blockages in current relationships	<ul style="list-style-type: none"> • Introduce survey at Care Home Forum • Implement Survey • Report to Care Home Forum • Agree recommendations 	Contracting Officer LA	October 2018

No	Theme	Question	Comment	Activity	Response	Adjustment
1	Alternative provision	Choice	Very little choice for respite care, both residential and nursing	Event	Noted	Insertion to 6.4.5
2	Alternative provision	Choice	Block purchasing respite beds reduces the limited choice available	Event	Noted	Insertion to 6.4.5
3	Alternative provision	Choice	Introduce care beds in sheltered housing so that if peoples needs increase they don't need to move	Event	Noted. This relates to Extra Care Housing.	Insertion to 6.4.4
4	Alternative provision	Choice	Availability of step up and step down beds within a single care home to give individuals and families time to discuss/make arrangements/organise equipment/choose care home – families need time to digest	Event	Noted	Already included in 6.4.6. Retitled
5	Alternative provision	Quality	Home adaptations for carers to sleep	Event	Noted - not within the scope of this strategy	
6	Alternative provision	Choice	Step down process to give people more time to make more informed choices	Event	Noted	Already included in 6.4.6. Retitled
7	Alternative provision	Value	Respite is more time consuming and costly. Staffing at an appropriate level can be difficult.	Event	Noted	Insertion to 6.4.5
8	Alternative provision	Choice	Day care in care homes provides people with taster sessions – needs to be properly funded.	Event	Agreed	New section 6.4.8
9	Alternative provision	Choice	Need to help people help themselves and more options to be available e.g. step down beds, day care, respite.	Event	Agreed	Already included in 6.4.6. Retitled
10	Alternative provision	Choice	Alternate staffing/equipment is sometimes the issue e.g. with the availability to give IV antibiotics in the home. ACT supports with this (rapid response, 4 hour response from Community Resource Teams)	Event	Noted	
11	Alternative provision	Choice	Dementia villages should be considered to add to choice	Event	Noted	See Section 6.4.12
12	Alternative provision	Choice	Try before you buy to make a clear and informed choice e.g. respite and day care available in homes to ease transition/help potential residents have fears dispelled/make informed choice.	Event	Noted	
13	Alternative provision	Choice	Health Board – responsibility in developing flexible bed options	Event	Noted	
14	Alternative provision	Choice	Sheltered housing isn't sheltered housing any longer – wardens aren't 24 hour and people need that safety net to keep them living there for longer.	Event	Noted - we need to make sure there are a flexible range of options for accommodation with support including Extra Care Housing.	See Section 6.4.4
15	Alternative provision	Choice	Health and social care support available in people's own homes to delay admission to long term care home placement particularly needed at night e.g. night sitters.	Event	Noted - not within the scope of this strategy	
16	Alternative provision	Choice	Capitalise on preventative services - telecare, pressure mats, befriending services	Event	Noted	
17	Communication	Quality	Lacking information about availability in central point of access	Event	Not clear. However this relates to the availability of a single point of access within each LA area and is not within the scope of this strategy.	
18	Communication	Quality	The 'category of care' the person is assigned to is not known until later in the process stopping people from making decisions about available options	Event	Noted	
19	Communication	Quality	General information about the process of choosing a care home is lacking e.g. a simple fact sheet or clear information about different types of beds	Event	Agreed	Addition to commissioning intentions
20	Communication	Choice	Educate people to make early choices on care homes	Event	Noted	Addition to commissioning intentions

21	Communication	Choice	Care plan that travels with the person from (own/care) home to home.	Event	Care plans are already expected to do this.	
22	Communication	Choice	Choice of places to live where residents are treated "normally" e.g. by going down the pub if that's what they like doing, having shared rooms for married couples.	Event	Noted - links to Regional Quality Framework	
23	Communication	Choice	List of care homes available for older people and their families with clear information on what the care homes provide and their recent vacancies etc.	Event	Agreed	Addition to commissioning intentions
24	Communication	Choice	Brochures for different care homes available to patients and families remembering that not everyone is computer literate.	Event	Agreed	Addition to commissioning intentions
25	Communication	Choice	Ensure Family Information Services are up to date with most recent information.	Event	Agreed	Addition to commissioning intentions
26	Communication	Choice	Support care homes - ensure robust care plan available early and up to date	Event	Noted	Addition to commissioning intentions
27	Communication	Choice	Support care homes - allow better access to patients for care home manager	Event	Comment not clear	
28	Communication	Choice	Improve communication with care homes/families and LA/Health Board staff – more joined up working	Event	Agreed	Already in commissioning intentions
29	Communication	Choice	Highlight individuals' favourite foods and if they need assistance with eating	Event	Noted	
30	Communication	Choice	Lack of information and communication on alternative services e.g. "shared lives scheme".	Event	Noted	Addition to commissioning intentions re provision of information
31	Communication	Value	Value for money is different for different individuals – must be VFM for them!	Event	Noted	
32	Communication	Value	Joined up planning requirement	Event	Noted	Already in commissioning intentions
33	Communication	Quality	What is quality? It's different to different people, subjective measures. Is it the service user's choice?	Event	Noted. The Regional Quality Framework seeks to define commonly agreed quality standards.	
34	Communication	Quality	Reputation	Event	Comment not clear	
35	Communication	Quality	Lack of engagement across sectors to resolve issues having effect on quality	Event	Noted	
36	Communication	Quality	Important to recognise the journey of the individual and their families	Event	Noted	
37	Communication	Quality	Individuals preferences are respected and not ignored – "What Matters To Me" questions are asked to gather individuals' likes and dislikes as a starting point that can be revisited and reviewed	Event	Noted	
38	Communication	Quality	Activity programmes that are individualised – some people just want a chat, some want activities e.g. bingo, some want help in practising their faith etc.	Event	Noted. These issues should be covered in more detail in service specifications and the Regional Quality Framework.	
39	Communication	Quality	Tailoring services to fit need/Person-centred – multi-skilled staff	Event	Noted	
40	Communication	Quality	Highlight what families can do to help/provide support	Event	Noted	
41	Communication	Quality	RQF – capture real life experience of residents, families and carers?	Event	Agreed - RQF aims to capture this.	
42	Communication	Quality	Engage with carer – share what residents have done whilst they have been away, include and involve them	Event	Noted	

43	Communication	Quality	Shared understanding of quality – service user/professionals/commissioners/family etc.	Event	Agreed. The Regional Quality Framework seeks to define commonly agreed quality standards.	
44	Communication	Quality	Communication – if quality of information to care homes from hospitals and social workers is improved it would also drive up overall quality of service – care home managers would like to see relationships being built up across service	Event	Agreed	Addition to commissioning intentions re provision of information
45	Communication	Quality	Provider meetings really helpful for sharing best practice and information	Event	Noted. WB LAs commit to building on this - already a commissioning intention.	
46	Communication	Quality	Complaints procedure needs to be clear – including relatives and residents meetings	Event	Noted. Effective complaints procedure is included in the development of the Regional Quality Framework.	
47	Cost	Quality	Gwalia homes Vs other homes in Neath Port Talbot – significant cost difference	Event	Noted. Commercial issue	
48	Cost	Quality	Low fees make it difficult to build a business case for more provision	Event	Noted. WB Partners are committed to working towards a sustainable care home market.	
49	Cost	Quality	Huge cost for care homes in training staff – with no guarantee of retention, staff can move on	Event	Noted. WB Partners are committed to addressing this issue.	See specific commissioning intention.
50	Cost	Quality	National financial impact – no housing benefit	Event	Comment not clear but financial challenges are noted.	
51	Cost	Quality	Affordability of the public purse – how does this meet the needs of the future?	Event	Noted. The Commissioning Strategy seeks to address the issue of meeting future need.	
52	Cost	Quality	Spending life savings on being able to access the care home you want	Event	Noted	
53	Cost	Quality	Not for profit options – can be more costly	Event	Noted	
54	Cost	Quality	Barriers for providers entering the market - availability of capital	Event	Noted	
55	Cost	Quality	Clarification of voluntary contributions	Event	Noted	
56	Cost	Choice	Un-level playing field – distribution of resources to invest in the sector – some providers are given finances to build and develop premises – where others will not be given funds from banks due to lack of stability of the sector and costs attributed e.g. living wage	Event	Noted. Specific circumstances and comparisons cannot be addressed in this strategy, but WB is committed to working in equal partnership with providers across the sector.	
57	Cost	Choice	Choice is often dependent on cost and affordability – this needs to be fair as lack of resources can impact on the choice made by individuals requiring care and their families	Event	Noted.	
58	Cost	Value	Discourage block contracts	Event	Noted. We will work collaboratively with providers to develop a range of commissioning options to the meet the demands of our market.	
59	Cost	Value	Financial climate difficult	Event	Noted. WB Partners are committed to working towards a sustainable care home market. See key strategic intentions.	
60	Cost	Value	Clarification of voluntary contributions – on booklets for care homes identify which require “top-up”.	Event	Noted. This should be included in the provision of good quality information to support choice.	New strategic objective added.

61	Cost	Value	How do you define value for money when you are paying two different fees for the same services?	Event	Noted. Specific circumstances and comparisons cannot be addressed in this strategy, but WB is committed to working in equal partnership with providers across the sector.	
62	Cost	Value	Living wage	Event	Not specific but the challenge of supporting a sustainable and committed workforce is recognised.	
63	Cost	Value	Wage percentage increases/pension costs etc.	Event	Not specific but the challenge of supporting a sustainable and committed workforce is recognised.	
64	Cost	Value	Funded nursing care £140 per week - not enough to provide good quality nursing care	Event	Noted. WB Partners are committed to working towards a sustainable care home market. See key strategic intentions.	
65	Cost	Quality	Investment in service and training of the sector can lead to a positive view of the caring profession which resonates through the residential home sector...encourages career pathway through care sector in the wider community/forging a career in the care sector will receive family support. Link to job centre for support.	Event	Noted. WB Partners are committed to developing and promoting a sustainable workforce. Key strategic intention.	
66	Cost	Quality	Task orientated staff due to resources e.g. washing, cleaning, feeding. Chatting to residents about their lives, interests etc. is just as important but limited resource to allow the staff to spend quality time with residents.	Event	Noted. WB Partners are committed to developing and promoting a sustainable workforce. Key strategic intention.	
67	Cost	Quality	Cost implications on excellent quality e.g. staff time/recruitment and retention of good staff	Event	Noted. WB Partners are committed to developing and promoting a sustainable workforce. Key strategic intention.	
68	Cost	Choice	Time pressure on choice when admission to care home is from a hospital bed – urgency to move people on	Event	Noted	New strategic objective
69	Cost	Choice	As there is a lack of nursing beds across Western Bay, appropriate placements sometimes need to be identified out of county. This process increases length of hospital stay.	Event	Agreed. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	
70	Geography	Quality	Location of care homes available relating to usual place of residence – local availability and transport available	Event	Noted. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	
71	Geography	Choice	Geographical divides – locations of some homes limits choice	Event	Noted. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	

72	Geography	Quality	Location of care home extremely important to some people to link with family/friends/visitors	Event	Noted. This relates to the key strategic objective of ensuring an appropriate range of care home capacity to meet need.	
73	Infrastructure	Quality	Design of rooms in care homes even in purpose built homes e.g. no lifts	Event	Noted although not entirely clear. This relates to the key strategic objective of supporting care homes to meet regulatory standards.	
74	Infrastructure	Choice	Not only care but also the environment needs investment	Event	Noted. Financial challenges are noted. WB Partners are committed to working towards a sustainable care home market.	
75	Infrastructure	Choice	Environment in care home is calmer and cosier than hospitals	Event	Noted	
76	Infrastructure	Value	Other costs for care home providers – heating/maintenance/contracts/food	Event	Noted. Financial challenges are noted. WB Partners are committed to working towards a sustainable care home market.	
77	Infrastructure	Choice	Anxiety towards the long term use of the buildings of some care homes when prospective residents visit them when there are rumours or long term plans	Event	Comment not clear but respect the need for commissioners and providers to have a clear understanding of future commissioning intentions.	
78	Leadership	Quality	Risk adverse approach in hospitals – could patients try and go home if this wasn't the case – different behaviour in hospitals compared to if at home.	Event	Noted	
79	Leadership	Choice	Leadership is key!	Event	Agreed.	
80	Leadership	Value	RQF – achievable but cost is the issue in meeting each criteria	Event	Noted.	
81	Leadership	Quality	Move away from form filling and move towards achieve each individual resident's personal outcomes	Event	Noted.	New strategic intention re: reducing the burden of bureaucracy.
82	Leadership	Quality	Celebrate good practice and good care e.g. Magic Moments in Care Homes	Event	Noted. It is expected that the implementation of the RQF facilitates celebrating good practice.	
83	Leadership	Quality	Take time to recognise positive feedback, not just negative.	Event	Noted. It is expected that the implementation of the RQF facilitates this.	
84	Leadership	Quality	Provision to share best practice	Event	Not clear. However our commitment to the Regional Quality Framework, together with the promotion of partnership through, for example, provider forums will enable us to share good practice.	
85	Leadership	Quality	Acknowledgement made of the benefits of having a structured quality system against which services are measured e.g. RQF	Event	Agreed. We regard this comment as an endorsement of our work developing a RQF	
86	Leadership	Quality	Quality led by the care home manager	Event	Noted	

87	Legislation	Quality	Individuals' care needs changing e.g. receiving a diagnosis of dementia whilst in a care home – need flexibility to be able to keep people in their existing placement if made before diagnosis BUT registration limits the flexibility	Event	Agreed	New strategic intention
88	Legislation	Quality	Need more fluidity with registration – availability depends a lot on recruiting qualified staff	Event	Agreed	New strategic intention
89	Legislation	Quality	Recommendation of dual registered homes i.e. residential and nursing so residents don't have to move if their needs change.	Event	Agreed	New strategic intention
90	Legislation	Quality	Barriers for providers entering the market - minimum standards	Event	Noted although not clear	
91	Legislation	Quality	Barriers for providers entering the market - regulations	Event	Noted although not clear	
92	Legislation	Choice	Care standards policy can be restrictive – care standards staffing is an issue because people have complex needs	Event	Noted	
93	Legislation	Value	Government funding/grants/needed to help reduce costs.	Event	Noted but outside the scope of this strategy. However the need to support easy access to capital funding is noted.	New Strategic intention
94	Legislation	Value	Pooled resources	Event	Not clear	
95	Legislation	Quality	CSSIW Inspections	Event	Not clear	
96	Legislation	Quality	CSSIW regulations help to set a standard	Event	Not clear. CSSIW regulations are standards.	
97	Legislation	Quality	Improvement in quality observed for inspections – ensure this raise in level is continued	Event	Noted	
98	Legislation	Quality	Raise wider awareness of ratings e.g. CSSIW reports/RQF	Event	Noted	
99	Cost	Quality	Evidence of profit	Event	Not clear.	
100	Sector	Quality	Variance of availability of care home services across different areas of Neath Port Talbot	Event	Noted. The availability of sufficient care home capacity to ensure adequate choice of good quality care homes is a key objective of this strategy.	
101	Sector	Quality	Requirement to map care home provision	Event	We feel that Section 6 of our document achieves this.	
102	Sector	Quality	Difficult to increase provision of care homes across Western Bay due to the instability of the sector	Event	Noted. This strategy seeks to promote a more stable care home market across the Western bay region	
103	Sector	Quality	Availability of spare capacity rather than full utilisation e.g. occupation.	Event	We are looking to develop a care home market that meets needs.	
104	Sector	Quality	Difficult to increase provision & choice when forecasts show a reduction in need e.g. residential beds	Event	We are looking to develop a care home market that meets needs.	
105	Sector	Quality	Need to update terminology and stop using EMI (elderly mental infirm)	Event	Agreed - we do not use this language in this strategy.	
106	Sector	Quality	Placements are for shorter periods of time now compared to historically	Event	Agreed	
107	Sector	Quality	Attraction of market	Event	Not clear	
108	Sector	Quality	More availability of information to promote choice – not just based on whether there are vacancies in a particular home	Event	Agreed	New strategic intention
109	Sector	Choice	Demand and supply of care homes has direct effect on choice	Event	Agreed	
110	Sector	Choice	Do we need homes with a combination of NHS & Private Sector?	Event	The mix of funding sources in care homes will be the subject of ongoing discussion between commissioners and providers in the Western Bay area	
111	Sector	Choice	Choosing to live in residential care should be seen as a positive choice	Event	Agreed	

112	Sector	Choice	Need to show providers confidence in the market leading to eventual stability in the market	Event	Agreed	
113	Sector	Value	Top up fees are inevitable to make a sustainable business model	Event	Agreed that an appropriate use of 'third party contributions' can be beneficial for providers - when delivered in accordance with guidance such as that provided by the Older Person Commissioner	
114	Sector	Value	Realistic – better value for money may not mean cheaper	Event	Agreed	
115	Sector	Value	Share resources across providers	Event	Agreed	
116	Sector	Quality	Care homes need to be a community in its own right and to be part of the wider community – link to schools, colleges etc. for events and visitors	Event	Agreed	
117	Sector	Quality	Sector needs to be forward thinking i.e. for tomorrow's generation of older people	Event	Agreed	
118	Sector	Quality	Basic quality – we expect to be fed and watered in a home that is warm and comfortable.	Event	WB RQF seeks more than this basic level of quality.	
119	Sector	Quality	Quality decisions include - best interests, environment e.g. bright/light/space for visitors/outside space	Event	Noted - included in the RQF	
120	Sector	Quality	More emphasis on care over environment – 5* accommodation doesn't always mean good care	Event	Noted. RQF seeks to set acceptable standards for both care and the physical environment. We do not accept that one needs to be traded off against the other.	
121	Sector	Quality	KEY – care homes are people's homes	Event	Agreed	
122	Specialist Care	Quality	Lack of availability for older adult mental health placements (with a direct effect on safety), especially nursing/dementia care as people are living at home for longer	Event	Agreed. Section 6.4.13 notes this.	
123	Specialist Care	Quality	Lack of availability for specialist placements e.g. for people living with Huntington's	Event	Noted - although this strategy relates to Western Bay commissioners commissioning approach for older people, the requirement for placements for those with specialist complex needs is noted in Section 6.4.13	
124	Specialist Care	Quality	Specialist bed availability – delay in funding decisions – patient experiences	Event	Noted	
125	Specialist Care	Quality	Lack of homes for life and provision for end of life care	Event	Agreed. This issue is noted in Section 6.4.7	
126	Specialist Care	Choice	Limited choice available across dementia care services	Event	Agreed. Section 6.4.13 recognises this.	
127	Specialist Care	Choice	More difficult to get funding for dementia care services	Event	Agreed. Section 6.4.13 recognises this.	
128	Specialist Care	Choice	Needs of early onset dementia – patients in care homes are an issue on respite and placements	Event	Agreed but out of the scope of this strategy	
129	Specialist Care	Value	Standards incur costs that are passed onto relative – moving care is expensive	Event	The challenge of balancing quality care with affordable costs is noted.	

130	Specialist Care	Quality	End of life care – when a care home rings 999 for an individual to go to hospital at the end of their life, the individual would invariably rather remain at home – recently discussed at Unscheduled Care Commissioning Board. Good practice needed to be shared for end of life care.	Event	Noted.	
131	Specialist Care	Quality	Dietetic support – being offered what they need when they want it	Event	Agreed	
132	Specialist Care	Quality	Access to specialist services when needed and closer links to be established	Event	Agreed	
133	Staff	Quality	Difficulty recruiting trained nurses – need improved access to recruit	Event	Agree. This is noted in Section 6.4.3 and a specific strategic intention relates to this.	
134	Staff	Quality	Delay in social workers being allocated to individuals to progress with the process	Event	Noted.	Yes strategic intention
135	Staff	Quality	Support workers for families in this situation	Event	Not clear	
136	Staff	Quality	Lack of night sitters is the main reason for placements	Event	Noted	
137	Staff	Quality	Nurses in hospital wards are very busy so no one to talk to – need liaison link with family	Event	Noted	
138	Staff	Quality	Early identification of who will need assistance on discharge and not just when they get well	Event	Noted	
139	Staff	Quality	Barriers for providers entering the market - availability of suitably qualified staff	Event	Noted. We have specific strategic intentions relating to working with prospective new providers and taking a collaborative approach to workforce.	
140	Staff	Quality	Utilise workforce appropriately - skills/empowerment/shared responsibility between health and social care/retrain workforce to meet needs	Event	Agreed - strategic intentions relating to a collaborative approach to workforce.	
141	Staff	Value	Cost of staffing	Event	Not clear	
142	Staff	Value	Collaborative training approach can save money	Event	Agreed. Already a strategic intention	
143	Staff	Value	Flexibility of workforce	Event	Not clear	
144	Staff	Quality	Increased staff levels and better pay = better quality	Event	Agree	
145	Staff	Quality	Staff treated well and with respect as they work very hard – whilst skills can be difficult to quantify	Event	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
146	Staff	Quality	First year staff are in post - very important to ensure levels of quality delivered – 6 to 10 months' probation	Event	Noted	
147	Staff	Quality	Registration of care workers a good thing – see it as a profession? Cost of registration?	Event	Noted	
148	Staff	Quality	Funding for training for over 25s (Level 2) have little assistance but may have life skills to deliver exceptional care.	Event	Not clear	
149	Staff	Quality	Poor quality – poor records e.g. food charts missing	Event	Not clear	
150	Staff	Quality	Staff caring/friendly/interested	Event	Noted	
151	Staff	Quality	Education (e.g. NVQs) can be a barrier	Event	Noted.	New strategic intention
152	Staff	Quality	Link social workers to individual homes?	Event	Noted.	
153	Staff	Quality	Importance of trust	Event	Agree - WB partners are seeking to build and demonstrate trust.	
154	Staff	Quality	Staffing at night ratios – uniformity needed	Event	Staffing levels need to be based on service user need and therefore cannot be uniform.	

155	Staff	Quality	Training needs to be consistent across homes with one standard approach – standard assessment centres for QCF/NVQs – and needs to be high quality	Event	Agreed - strategic intentions relating to a collaborative approach to workforce.	New strategic intention
156	Staff	Quality	Requirement for more qualified nurses – could nursing assistants be introduced for some of the nursing tasks e.g. medication	Event	Noted - opportunities for development of skills across whole workforce should be explored	
157	Staff	Quality	Importance of Welsh Language and its importance in people's lives – true for many different cultures	Event	Agree. We are committed to meeting our duties and responsibilities under the Welsh Language (Wales) Measure and supporting others with their language choices	Additional section
158	Staff	Quality	Team work important and innovative approach taken to keep things 'fresh'	Event	Noted	
159	Sector	Availability	1 stop shop	Survey	Not clear	
160	Communication	Availability	A central coordination hub / management hub organising services in a systematic manner.	Survey	Noted.	
161	Cost	Value	Affordable care for the future	Survey	Not clear	
162	Communication	Quality	Better outreach services engaging with the elderly and their families before someone actually needs to go into a home. Reduce the stigma attached to residential homes, reach out to a younger audience, invite people in to see the homes when they are fit and well enough to make informed choices.	Survey	Noted	
163	Alternative provision	Availability	Better provision during working years to allow saving for retirement and care if required, better distribution of the budget between NHS and community care	Survey	Noted. Beyond the scope of this strategy	
164	Alternative provision	Availability	Care homes like Arwelfa in Croeserw, Cymmer must stay open	Survey	Noted. Individual circumstances cannot be considered within the scope of this strategy	
165	Infrastructure	Quality	Consistently high standards in truly caring environment at reasonable cost that the majority can afford	Survey	Noted as an aspiration.	
166	Specialist Care	Availability	Enough specialist beds i.e. dementia care for challenging behaviour (currently lack of)	Survey	Agreed. Section 6.4.13 notes this.	
167	Cost	Availability	Extra funding	Survey	Not clear	
168	Sector	Availability	Finance / Accessibility / audit and monitor of standards / consistency of care.	Survey	Not clear	
169	Communication	Choice	Forward planning with potential residents - involve us in the design stage when we are fit and well	Survey	Noted.	

170	Cost	Value	Funding for individuals, local authorities and providers to ensure that the service provided can be delivered at a cost that can be afforded	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
171	Cost	Value	Funding takes into account the increasing costs to smaller homes	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
172	Legislation	Value	Joint NHS and Social Services budget	Survey	Agreed. WB partners will be required to develop pooled budgets as a requirement of the SS&WB Act for care home placements by April 2018	
173	Sector	Availability	More care homes needed	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	
174	Communication	Quality	More emphasis on person centred planning to fit the service to person rather than person to service	Survey	Noted - this is being picked up as we develop our approach to assessing need reflecting the requirements of the SSWB Act.	
175	Communication	Choice	More information needs to be made available and the information to be easily accessed	Survey	Agree	New strategic intention
176	Cost	Value	Standardisation of costs for admission into homes	Survey	Not entirely clear.	

177	Sector	Availability	Sufficient flexible/spare capacity to be retained within the homes to support changing demands	Survey	Keeping "spare capacity" would be an individual business decision for care home managers.	
178	Infrastructure	Availability	A mix of modern, affordable and accessible care home places	Survey	Noted	
179	Infrastructure	Quality	Access to information, use of IT e.g. Skype where families are unable to visit.	Survey	Noted.	
180	Communication	Choice	Advocacy where appropriate to support individuals and families - stop the railroading of "professionals know best"	Survey	Noted. The provision of information, advice and advocacy is a requirement of the SSWB Act.	
181	Communication	Choice	More and better information available	Survey	Noted	New strategic intention
182	Sector	Availability	Care homes are allowed to differentiate themselves and not become one size fits all	Survey	Noted	
183	Cost	Value	Better financial support for care homes to pay decent wages and have decent staffing levels	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels.	
184	Communication	Choice	Good access to all easily comparable information available in one place for a suitable broker or helper to present choices to potential residents	Survey	Noted	New strategic intention
185	Communication	Choice	Good quality choices of home services and care homes available. Information that categorises and gives a quality mark for each service or grade. Gives what areas they specialise in so carers and families can make informed choices.	Survey	Noted.	New strategic intention
186	Sector	Availability	In Bridgend, more care homes for local residents	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	
187	Sector	Quality	Local provision is best - if consistent quality across the region then issue of 'choice' becomes less important	Survey	This relates to the common Regional Quality Framework	
188	Geography	Availability	Location should be paramount, ensuring that all homes that are likely to meet patients' needs are acknowledged to the person or advocate.	Survey	Noted	
189	Sector	Availability	More care homes for the ageing population	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	
190	Legislation	Quality	More transparency. The care homes website for example, differs from CSSIW statements.	Survey	Not entirely clear, but the provision of accessible and good quality information is a new strategic intention.	
191	Sector	Availability	Stop closing the available care homes	Survey	WB partners recognise that the decommissioning of care homes is likely to be difficult for individuals and communities. We are committed to commissioning and, where necessary, remodelling services to meet the needs of communities and individuals.	
192	Geography	Availability	Sufficient care homes across the areas served, at least one per ward/neighbourhood	Survey	This strategy aims to ensure sufficient good quality care home capacity to meet future need.	

193	Alternative provision	Quality	Better outreach services engaging with the elderly and their families before someone actually needs to go into a home.	Survey	Noted - not within the scope of this strategy, but part of our overall "What Matters to Me" model.
194	Sector	Quality	Reduce the stigma attached to residential homes, reach out to a younger audience	Survey	Noted
195	Communication	Quality	Invite people in to see the homes when they are fit and well enough to make informed choices	Survey	Noted
196	Communication	Quality	Be consistent. Be honest. And speak to all staff and residents not just the chosen few.	Survey	WB partners are committed to working with care home residents, providers and stakeholders in an open, honest and transparent way which is reflected in our RQF..
197	Sector	Quality	Be research based, and up to date. Boot out old fashioned ways of working.	Survey	Noted
198	Staff	Quality	Better trained managers and staff	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.
199	Infrastructure	Quality	Good standard premises	Survey	Not clear
200	Communication	Quality	Care homes should be located in a community setting with lots of community input	Survey	Agree
201	Sector	Quality	Care Standards Act 2000 - Should this question really be needed or has no progress taken place in 16 years??	Survey	Not clear
202	Sector	Quality	Flexibility and partnership working - trust. Positive risk taking.	Survey	Noted - WB partners are committed to building trust
203	Cost	Value	Funding needs to increase to reflect the costs that care homes have to pay for staff and other costs	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.
204	Legislation	Quality	Good legislation to stop abuse in care homes	Survey	Not clear
205	Legislation	Quality	Higher standards and be inspected regularly	Survey	Agreed.
206	Staff	Quality	Highly trained staff selected through robust recruitment processes, multi-agency support available at all times	Survey	Noted

207	Staff	Quality	Human kindness	Survey	Agree that this is a fundamental quality that should be nurtured in all care home environments	
208	Staff	Quality	Invest in staff/resources for caring staff	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
209	Legislation	Quality	Need to have set standards in all care homes with relevant reviews and validation	Survey	This relates to our Regional Quality Framework	
210	Staff	Quality	Onsite OT, Physio services, GP's appointment room, Rehab rooms with equipment so people are not bussed about when they have an appointment.	Survey	Noted	
211	Legislation	Quality	RQF in place and workforce development to support all frontline staff	Survey	Agree. This reflects our strategic intentions	
212	Legislation	Quality	Unannounced inspections, easier for families to complain and raise concerns	Survey	Agreed.	
213	Legislation	Quality	Very rigorous inspection	Survey	Agreed.	
214	Staff	Quality	First class staff training	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
215	Staff	Quality	A career / pay scale that values the importance and helps improve status of all care home staff	Survey	Agree - WB partners are committed to supporting a sustainable and motivated workforce.	
216	Staff	Quality	Well-trained staff, working in a person-centred way. E.g. for patients with hearing loss - 70% of people over 70 have a hearing loss - this requires excellent communication skills and high levels of deaf awareness	Survey	Noted.	
217	Legislation	Quality	A shared understanding and agreement on how to evidence the standards - quality means different things to different people	Survey	This relates to our Regional Quality Framework	
218	Legislation	Quality	Better regulation, set a standard in services and accommodation that all residential care homes have to achieve not just the private sector but public sector services.	Survey	This relates to our Regional Quality Framework which we will apply equally across the sector	
219	Legislation	Quality	Care Standards Act 2000 - Should this question really be needed or has no progress taken place in 16 years?? What has the Care Council for Wales achieved with regard to a register for care staff?? Over 10 years ago this register was meant to have been implemented. If the Care Council is not fit for purpose why is it still funded	Survey	Beyond the scope of the Western Bay Commissioning Strategy	

220	Cost	Value	An understanding of what good value for money is - good quality is better value in the longer term - not cheapest is best	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
221	Legislation	Quality	Better monitoring and set standards that homes have to achieve year in year out. No point achieving a standard if the home is judged against this standard every three years or so.	Survey	Noted.	
222	Cost	Value	Councils need to take into account that good value for money means supporting funding for statutory increases in costs such as the increase in wages, pensions and increased training.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
223	Sector	Value	Do not commission with failing care homes	Survey	Noted	
224	Sector	Value	Do not privatise. In house is the best value for money	Survey	Noted	

225	Cost	Value	Ensure funding for the provision of residential care is sufficient to meet increasing expectations of all stakeholders.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.
226	Legislation	Value	Good inspection regime	Survey	Not entirely clear although of course we are seeking to have a strong quality monitoring process in partnership with CSSiW.
227	Staff	Value	Good value for money does not mean good quality services. Look at the standards of training and support provided to care staff rather than price	Survey	Agree. These are key elements of the RQF.
228	Sector	Value	Level playing field in terms of fees paid across the regional market place	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.

229	Cost	Value	More finance available so that tenders are based on quality standards and not solely on the cheapest tenderer.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
230	Legislation	Quality	Regular review and monitoring of the services being provided	Survey	Agreed - we are looking to build on a strong quality monitoring process we have in partnership with CSSiW	
231	Cost	Value	Sufficient financial resources (!), used effectively, strictly monitored	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
232	Cost	Value	This may end up with poor quality homes.	Survey	Not clear	
233	Cost	Value	Vale for money does not necessarily mean quality. E.g. Cheap in continence product are a waste of resources, don't hold urines and degrade skin. But a decent product that has barriers protection built in. Tena, although expensive, will save money on continence care and skin damage.	Survey	Noted	

234	Cost	Choice	More finance available	Survey	Noted. We are in a period of unprecedented pressure on resources, however, Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
235	Alternative provision	Choice	All of the health service provisions that the elderly have to go to their GP or outpatients department for appointments. A rehab gymnasium, GP surgery on appointment, it's not just about having the hairdresser in every other Friday its about attending to the mental and physical health of residents without the fear of being a burden if you have to be taken to appointments by staff which takes all of your independence away	Survey	Noted.	
236	Sector	Choice	Allow for the ageing population and not expect the lower earning sector to miss out	Survey	This is not our intention.	
237	Sector	Choice	Ask the people living there what they need. E.g. someone to take them out shopping etc.	Survey	Our Regional Quality Framework places emphasis on the individual preferences and choices of care home residents i.e. person-centred approaches.	
238	Communication	Choice	Ask the people who use services and who care for the person. They are the experts. They know what the person likes to do or what engages him/her best. Think outside the box for suggestions, not the normal or what has been offered previously. People like simple things that actually cost very little to implement.	Survey	Noted.	
239	Cost	Choice	Consider block funding to ensure some financial security for providers. Consider alternative ways of contracting for them	Survey	Agree - already a strategic intention.	
240	Communication	Choice	Consult with residents and families to discover what THEY would like, source best providers, promote volunteer activities from within the community, universal access for all	Survey	Noted.	
241	Staff	Choice	Expand current chaplaincy provision in hospitals to Care Homes - this could incorporate current provision from local faith groups.	Survey	Noted.	
242	Staff	Choice	Follow the Cardiff and Vale elderly care services way of working. Care home nurses can refer direct to SALT, CMHT audio, dentist etc. without going through the GP which wastes time - respect nurses knowledge.	Survey	Noted	
243	Staff	Quality	Good quality trained staff ,specialist units , all homes that we commission from have to show training records etc. of all staff	Survey	This relates to our Regional Quality Framework	

244	Cost	Value	Look at funding - it is difficult for smaller homes to offer wider services and maintain good staffing levels.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
245	Sector	Value	More in-house services being made available, so any savings from this can be utilised elsewhere in the care system.	Survey	Noted.	
246	Alternative provision	Quality	More flexible day services and short stay/respite opportunities; work with providers to share good practice and identify where spare capacity is best utilised; better connection with local community activities; encourage inter-generational knowledge exchange through links with schools (see Hairy Bikers 'Old School' programme)	Survey	Noted.	New Section 6.4.8 re: Day Services
247	Staff	Quality	More peripatetic services offered like occupational health, nursing, podiatry, chiropody	Survey	Noted. We will seek to develop the relationship between care homes and community health and social care services.	
248	Specialist Care	Availability	More specialist beds for people at end stage of dementia	Survey	Noted.	
249	Cost	Availability	Resource needs to be looked at along with additional homes in the first place	Survey	Not clear	
250	Alternative provision	Value	Stop looking at traditional care homes, people can be supported in their own homes with assistive technology which in the long term is more cost effective	Survey	The overall Western Bay "What Matters to Me" Model emphasises the promotion of independence and the provision of flexible support to help people stay at home for as long as possible. However, we expect that people will still need/choose to live in a care home and we want to make sure this choice is equally available to all of our older population. This is the scope of this particular strategic document.	
251	Communication	Quality	Tell us what services they are looking for and ask us for ways to provide them. Also allow care homes to deliver the services that are person centred to the residents in their home, even if the councils do not rate them, the residents do	Survey	Noted.	
252	Communication	Quality	Work to find out what people really want in a care home for when they are older - we are a diverse community - care homes need to reflect this	Survey	Noted.	
253	Sector	Availability	Work very closely with the independent sector to agree joint strategies on delivery	Survey	This is what WB partners are committed to doing through the development of this strategy.	

254	Cost	Availability	Better funding (e.g. funding for older people is a fraction of that for people with functional mental health problems and learning disabilities yet the needs can still be as great if not more)	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
255	Cost	Value	Care home providers take a risk with their own money that they invest in the homes they buy. As with all business the return for this risk should be good value for money, so the price paid should cover the costs of running a decent service and a profit. Councils should recognise that they need to support private homes with placements and provide a list of those looking for placements to the homes. They should also speed up the assessments of those who need residential care. Also we have 3 staff working for us whose parents have been assessed as only needing a few visits whereas they need full time support. This incorrect assessment although cheaper to the council is causing families excess pressure and allowing too many vacancies to occur in homes.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
256	Cost	Value	Cheaper tax, cheaper essential services Welsh Assembly and Central Government should reduce the overheads for care homes that provide high quality care and services to the elderly. Inspected regularly by COMPETENT inspectors will drive up the standards of care provision in this country.	Survey	Noted but this issue is outside the control of the WB partnership.	
257	Legislation	Quality	Emphasise the quality of life of the area, highlight the standards we are seeking to achieve	Survey	This relates to our Regional Quality Framework	
258	Staff	Quality	Ensuring positive links with community services to support the care needs of patients via staff training , end of life care issues, advanced care planning - collaborative working to support patients and services.	Survey	Noted	New strategic intention relating to links with community services
259	Sector	Quality	Foster good working relationships with existing providers, promote existing good practice and resources, to make it clear that Western Bay expects, and will only settle for the best!	Survey	This relates to our Regional Quality Framework and our intention to foster stronger working relationships between commissioners and providers across the care home sector.	

260	Cost	Value	I think a number of care home providers would be keen to explore new opportunities but have to remain financially viable. For investment to be made up front in terms of the physical environment; up skilling staff; additional specialist equipment etc. providers need to have some certainty there will be future business and placements made.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
261	Sector	Availability	Keep the care homes open.	Survey	Noted. Western Bay partners certainly wish to support the care home market and continue to access beds where these are of suitable quality and continue to meet need at a reasonable price.	
262	Sector	Availability	Make it attractive to investors in new care home providers. Get them involved.	Survey	Noted	New strategic intention re Market position Statement
263	Communication	Quality	Make them aware of the excellent collaborative working Western Bay Community Services offer	Survey	Noted	
264	Staff	Value	Pay a decent rate so that they can get good quality well trained staff	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
263	Communication	Availability	Providers engagement days, workforce development programmes, community engagement days, facilitated exchange of good practice	Survey	Agreed. Strategic intention regarding building relationships with providers	
266	Communication	Availability	Set out clearly what you want - co-operative approaches with groups of care home users, families, staff and providers is an attractive option	Survey	Noted	

267	Legislation	Quality	Set firm guidelines into the way care should be provided to all clients, and consistent, independent spot checks / audit made routinely.	Survey	This relates to our Regional Quality Framework	
268	Cost	Availability	The council to provide financial incentives.	Survey	This would require closer analysis and discussion. However, Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
269	Sector	Quality	The problem will not be solved by encouraging new care home providers to move to the area, it is about solving issues with the ones you have and encouraging existing providers to invest in existing homes and developing new homes or more innovative ways to deliver services which meet the needs of an ageing population	Survey	Noted.	
270	Sector	Value	They are eager to expand in Bridgend as we have a severe deficit - but they will not do so without the large element of risk being accounted for i.e. resources (block purchasing for example)	Survey	The issue of shortfalls in capacity is understood. Otherwise the comment is not clear.	
271	Sector	Availability	Value for money	Survey	Not clear	
272	Staff	Quality	You need to get the GPs on side. Get each practice to take on one home rather many. It would improve care, in two ways. 1. Weed out the poor GP practices who are obstructive, and 2. Deliver a better service. The surgery could hold weekly clinics, rather than the ad hoc mess we have to deal with.	Survey	Noted. Engagement with Primary Care Services part of development of strategy	
273	Staff	Quality	ALL staff - NVQs in Care (or similar), generic Western Bay induction training and CPD; more qualified nurses	Survey	Noted	
274	Sector	Quality	https://www.jrf.org.uk/report/care-provision-fit-future-climate	Survey	Noted and thanks.	
275	Communication	Choice	No mention of patient advocacy and processes that are required for patients who lack capacity.	Survey	Agreed - Information, Advice and Advocacy Services are currently being developed across the Western Bay Region in response to the SSWB Wales Act and are also included in the RQF.	
276	Infrastructure	Choice	Place for family	Survey	Not clear although we recognise it is important for residents to maintain close links with their families.	
277	Infrastructure	Quality	The safety of elderly residents from fire and poor old unsuitable converted care accommodation	Survey	Noted.	
278	Sector	Quality	The strategy covers these areas fully.	Survey	Thank you for your endorsement.	

279	Sector	Quality	Treat old people with great respect	Survey	Agree this is a very important value statement and it lies at the heart of our regional Quality Framework.	
280	Sector	Choice	Yes - do not mark homes down if residents do not choose things inspectors would like to see	Survey	Noted.	
281	Legislation	Quality	You need to see beyond the surface and behind closed doors. For instance, eat the food.	Survey	Noted.	
282	Staff	Value	How providers are to care for people with more complex needs who need a higher staffing ratio.	Survey	Not clear although recognise the challenge	
283	Cost	Quality	No-one should miss out on any aspect of quality care due to financial circumstances	Survey	Agree	
284	Cost	Choice	Standardising costs as patients often can't have their first choice due to not being able to fund.	Survey	Noted.	
285	Cost	Value	The budget must meet the expectations of care.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
286	Cost	Value	The importance for some homes the issue of 'top up fees'	Survey	Agreed that an appropriate use of third-party contributions can be beneficial for providers - when delivered in accordance with guidance such as that provided by the Older Person's Commissioner.	
287	Legislation	Cost	There are very little incentives for care providers to provide and achieve high standards of care	Survey	Noted. This relates to our Regional Quality Framework	

288	Staff	Cost	This needs to increase to cover statutory wage costs	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
289	Cost	Value	Why should people who are self-funding have to pay more?	Survey	Noted. WB partners will explore this issue in partnership with providers.	
290	Sector	Quality	A very well written, detailed strategy	Survey	Thank you for your endorsement.	
291	Sector	Cross cutting	Covers all key areas related to care homes, Choice is important however ensuring choice can be met, capacity and best interest principles to be considered. Acknowledging when ACP and end of life principles should be considered? Use of standardises frailty score (Rookwood) to red flag key levels of management i.e. levels of 7-9 may indicate this need. Creating more links with secondary care and CRT teams to provide quality teaching sessions or for NH staff to link into around all aspects of care - this principle is reflected in the document with the dementia training team.	Survey	Helpful point. We have added a new strategic intention regarding strengthening links with community health and social care services.	
292	Legislation	Quality	Gold, Silver, Bronze and fail, should be awards on the door like the food standards agency scores. You must work on the floor and see what goes on. Don't just talk to the managers.	Survey	Noted.	
293	Legislation	Quality	I have visited many local authority and private care homes in Wales over the past 7 years and the quality and standards vary from poor-good-excellent there has to be a minimum standard set not only for the care provision and the services on offer but for the overall fabric of the building. Why do we still have care homes over 2-3 floors isolating people if the lift fails, putting people at risk if there is a fire. Introduce new standards that assistance and money saving incentives will come with easily accessible care homes that are over 1 or 2 floors but are designed without lifts, stair lifts etc. This will assist the elderly to walk with their chosen aid or self-propel their wheel chair and access the home they live in without the fear of "putting you out".	Survey	This relates to our Regional Quality Framework. In the context of this strategy, it is not appropriate to comment on individual situations, however if they are of concern, they should be noted to the appropriate CSSiW offices and Council Contacting Teams.	

294	Cost	Value	It is a good idea to reduce your costs. We have reduced our costs as much as we can. To progress we need to see an increase in rates paid and for inspectors to be more person-centred as residents differ from home to home and one size fits all inspections do not work.	Survey	Noted. Western Bay partners are committed to building a sustainable care home market supported by reasonable fee levels. 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.	
295	Sector	Quality	Local Implementation Plans need to ensure full engagement with providers, carers and cared-for to build in the flexibility that will be required.	Survey	Noted. Local implementation plans are being developed subsequent to the publication of this strategy. Local authorities are responsible for the social and personal care components of a care home placement.	
296	Communication	Choice	No-one wants to put their loved ones into the care system / care home, however it is essential that when this happens, the family are made to feel that they have done their very best and that the best possible care has been taken, and that there is sufficient choice. I believe that engaging and communicating effectively with the family will benefit all parties.	Survey	Agree	
297	Cost	Value	Not a race to the cheapest ,	Survey	Agree. WB partners seek in their commissioning to achieve a reasonable yet exacting balance between quality and affordable price.	
298	Communication	Quality	Please publish the results of this consultation soon and do repeat this process regularly	Survey	Agreed. The results if the consultation will be published alongside the strategy	
299	Communication	Quality	Principles appear well-thought out. Important to get this right for ageing population.	Survey	Thank you for your endorsement.	
300	Sector	Availability	There is a severe deficit position in Bridgend and urgent action is required to put interim measures in place as well as the longer terms strategy.	Survey	The issue of shortfalls in capacity is well understood by commissioners.	
301	Alternative provision	Availability	We have good care home facilities, we are jeopardising. Care in the community can only go so far, there comes a time people need 24 hr care. That should be in their local community, with other residents that they know	Survey	Agree. This strategy seeks to achieve that objective.	

302	Alternative provision	Availability	Yes. To support more people to be independent at home, people will need better access to the right support and assistive equipment. Remembering that 70% of 70 year olds have a hearing loss, this will require new pathways to ensure that people are aware of equipment that can help them live at home safely e.g. adapted telephones, visual doorbells, TV listening devices, visual fire alarms and other communication devices that can prevent isolation for people with hearing loss. The increased focus on complex needs will need more highly trained staff able to support people for example that have dementia and hearing loss. Taking a few simple steps to address a person's hearing loss can then make it easier to communicate and support the person more effectively. Our research (Joined Up, 2013) shows that ensuring people with dementia receive a timely diagnosis, benefit from digital hearing aids, and receive communication support and assistive technology while living in their community would reduce residential care home placement by 28%.	Survey	Very helpful point. Alongside the development of this strategy, Western Bay partners are seeking to implement the "What Matters to Me" service model which promotes independence and supports people to remain at home for as long as possible.	
303	Legislation	Quality	You need to change Regulations & Inspections Bill to Act	Email	Done. Thank you.	
304	Staff	Quality	The Committee expressed concerns over the nursing staffing issues reported for care homes in that Agency staff were being used to fill the gaps at a likely higher cost. The Committee commented that this needed addressing as a priority and proposed looking towards improving the pay for permanent staff to try and recruit and retain more, instead of paying the higher cost of Agency nurses. The Committee requested that these concerns be fed back to the Western Bay Group in general as Members felt that this was not just a Health Board issue as the Partners within Western Bay should be looking at addressing this together.	Scrutiny	Noted	
305	Sector	Availability	The Committee recommend that the figures for the numbers of self-funders be gathered as is done in England, in order to determine the extent of the risk to the Authority in terms of the resources required for future funding for Care for Older People.	Scrutiny	We recognise the importance of this information. During the establishment of a pooled fund for care homes required by 2018, this information will be collected as part of the scoping exercise. This will allow us to have a full and true picture of future resources required.	
306	Communication	Cross cutting	The Committee requested that they receive the responses to the public consultation once they have been analysed and sorted.	Scrutiny	Agreed. The results if the consultation will be published alongside the strategy	
307	Communication	Quality	The Committee requested that the Commissioning Strategy be revisited at an appropriate time when the performance measurements for the region have been developed and finalised and there has been some reporting against them. Members agreed that this would also provide the Committee with the opportunity to consider the responses to the consultation in detail and specifically, the responses and receptiveness of Care Home Providers to the proposed increase in complex needs and dementia care beds.	Scrutiny	Agreed	

Agenda Item 10.

Report of the Interim Head of Legal & Democratic Services

Cabinet – 20 April 2017

EXCLUSION OF THE PUBLIC

Purpose:	To consider whether the Public should be excluded from the following items of business.	
Policy Framework:	None.	
Consultation:	Legal.	
Recommendation(s):	It is recommended that:	
1)	The public be excluded from the meeting during consideration of the following item(s) of business on the grounds that it / they involve(s) the likely disclosure of exempt information as set out in the Paragraphs listed below of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007 subject to the Public Interest Test (where appropriate) being applied.	
	Item No.	Relevant Paragraphs in Schedule 12A
	11	14
Report Author:	Democratic Services	
Finance Officer:	Not Applicable	
Legal Officer:	Tracey Meredith – Interim Head of Legal & Democratic Services (Monitoring Officer)	

1. Introduction

- 1.1 Section 100A (4) of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007, allows a Principal Council to pass a resolution excluding the public from a meeting during an item of business.
- 1.2 Such a resolution is dependant on whether it is likely, in view of the nature of the business to be transacted or the nature of the proceedings that if members of the public were present during that item there would be disclosure to them of exempt information, as defined in section 100I of the Local Government Act 1972.

2. Exclusion of the Public / Public Interest Test

- 2.1 In order to comply with the above mentioned legislation, Cabinet will be requested to exclude the public from the meeting during consideration of the item(s) of business identified in the recommendation(s) to the report on the grounds that it / they involve(s) the likely disclosure of exempt information as set out in the Exclusion Paragraphs of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007.

- 2.2 Information which falls within paragraphs 12 to 15, 17 and 18 of Schedule 12A of the Local Government Act 1972 as amended is exempt information if and so long as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.
- 2.3 The specific Exclusion Paragraphs and the Public Interest Tests to be applied are listed in **Appendix A**.
- 2.4 Where paragraph 16 of the Schedule 12A applies there is no public interest test. Councillors are able to consider whether they wish to waive their legal privilege in the information, however, given that this may place the Council in a position of risk, it is not something that should be done as a matter of routine.

3. Financial Implications

- 3.1 There are no financial implications associated with this report.

4. Legal Implications

- 4.1 The legislative provisions are set out in the report.
- 4.2 Councillors must consider with regard to each item of business set out in paragraph 2 of this report the following matters:
- 4.2.1 Whether in relation to that item of business the information is capable of being exempt information, because it falls into one of the paragraphs set out in Schedule 12A of the Local Government Act 1972 as amended and reproduced in Appendix A to this report.
- 4.2.2 If the information does fall within one or more of paragraphs 12 to 15, 17 and 18 of Schedule 12A of the Local Government Act 1972 as amended, the public interest test as set out in paragraph 2.2 of this report.
- 4.2.3 If the information falls within paragraph 16 of Schedule 12A of the Local Government Act 1972 in considering whether to exclude the public members are not required to apply the public interest test but must consider whether they wish to waive their privilege in relation to that item for any reason.

Background Papers: None.

Appendices: Appendix A – Public Interest Test.

Public Interest Test

No.	Relevant Paragraphs in Schedule 12A
12	Information relating to a particular individual.
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 12 should apply. Their view on the public interest test was that to make this information public would disclose personal data relating to an individual in contravention of the principles of the Data Protection Act. Because of this and since there did not appear to be an overwhelming public interest in requiring the disclosure of personal data they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
13	Information which is likely to reveal the identity of an individual.
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 13 should apply. Their view on the public interest test was that the individual involved was entitled to privacy and that there was no overriding public interest which required the disclosure of the individual's identity. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
14	Information relating to the financial or business affairs of any particular person (including the authority holding that information).
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 14 should apply. Their view on the public interest test was that:</p> <p>a) Whilst they were mindful of the need to ensure the transparency and accountability of public authority for decisions taken by them in relation to the spending of public money, the right of a third party to the privacy of their financial / business affairs outweighed the need for that information to be made public; or</p> <p>b) Disclosure of the information would give an unfair advantage to tenderers for commercial contracts.</p> <p>This information is not affected by any other statutory provision which requires the information to be publicly registered.</p> <p>On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>

No.	Relevant Paragraphs in Schedule 12A
15	<p>Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.</p>
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 15 should apply. Their view on the public interest test was that whilst they are mindful of the need to ensure that transparency and accountability of public authority for decisions taken by them they were satisfied that in this case disclosure of the information would prejudice the discussion in relation to labour relations to the disadvantage of the authority and inhabitants of its area. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
16	<p>Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.</p>
	<p>No public interest test.</p>
17	<p>Information which reveals that the authority proposes: (a) To give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) To make an order or direction under any enactment.</p>
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 17 should apply. Their view on the public interest test was that the authority's statutory powers could be rendered ineffective or less effective were there to be advanced knowledge of its intention/the proper exercise of the Council's statutory power could be prejudiced by the public discussion or speculation on the matter to the detriment of the authority and the inhabitants of its area. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>
18	<p>Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime</p>
	<p>The Proper Officer (Monitoring Officer) has determined in preparing this report that paragraph 18 should apply. Their view on the public interest test was that the authority's statutory powers could be rendered ineffective or less effective were there to be advanced knowledge of its intention/the proper exercise of the Council's statutory power could be prejudiced by public discussion or speculation on the matter to the detriment of the authority and the inhabitants of its area. On that basis they felt that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. Members are asked to consider this factor when determining the public interest test, which they must decide when considering excluding the public from this part of the meeting.</p>

Agenda Item 11.

Yn rhinwedd paragraff(au) 14 Atodlen 12A
o Ddeddf Llywodraeth Leol 1972
fel y'i diwygiwyd gan Orchymyn Llywodraeth Leol (Mynediad at
Wybodaeth) (Amrywiad) (Cymru) 2007.

Document is Restricted

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