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, 19 Ebrill 2018**

Amser: **2.00 pm**

Cadeirydd: **Cynghorydd Rob Stewart**

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

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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**
   Cymeradwyo a llofnodi cofnodion y cyfarfod(ydd) blaenorol fel cofnod cywir

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. **Adborth craffu cyn penderfyniad - Canlyniad Adolygiadau Comisiynu Gwasanaethau Gofal Preswyl a Dydd i Bobl Hyn.**

8. **Canlyniad Adolygiadau Comisiynu Gwasanaethau Gofal Preswyl a Dydd i Bobl Hyn** **9 - 139**

9.	**Adolygiad y Gwasanaethau i Oedolion o Strategaethau Comisiynu ar gyfer Oedolion ag Anabledd Dysgu, Anabledd Corfforol a Nam Synhwyraidd ac Iechyd Meddwl.**	**140 - 345**
10.	**FPR 7 - Rhaglen Grant Cyfleusterau ir Anabl a Grant Gwella 2018/19.**	**346 - 349**
11.	**Papur am Gronfa Gyfun Bae'r Gorllewin ar gyfer Opsiynau Cartrefi Gofal.**	**350 - 366**
12.	**FPR 7 - Amddiffyn Arfordir y Mwmbwls Grant Rheoli Perygl Llifogydd ac Erydu Arfordirol 2018/19.**	**367 - 371**
13.	**Penodiadau Llywodraethwyr yr Awdurdod Lleol.**	**372 - 373**

Cyfarfod Nesaf: Dydd Iau, 17 Mai 2018 ar 2.00 pm

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mawrth, 10 Ebrill 2018

Cyswllt: Gwasanaethau Democrataidd - Ffon: (01792) 636923

City and County of Swansea

Minutes of the Cabinet

Council Chamber, Guildhall, Swansea

Thursday, 15 March 2018 at 2.00 pm

Present: Councillor R C Stewart (Chair) Presided – Minute 144-151
Councillor C E Lloyd (Vice Chair) Presided – Minute 152-161

Councillor(s)	**Councillor(s)**	**Councillor(s)**
M C Child	W Evans	R Francis-Davies
D H Hopkins	A S Lewis	J A Raynor
M Sherwood	M Thomas	

Apologies for Absence
Councillor(s):

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144. Minutes.

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

1) Cabinet held on 8 February, 2018; and
2) Cabinet held on 15 February, 2018.

145. Disclosures of Personal and Prejudicial Interests.

In accordance with the Code of Conduct adopted by the City & County of Swansea, the following interest(s) were declared:

Councillors M C Child, W Evans, R Francis-Davies, M Sherwood, R Stewart and M Thomas – Personal – Minute No. 156 – "Local Authority Governor Appointments".

Councillors A S Lewis and J A Raynor – Personal & Prejudicial – Minute No. 156 – "Local Authority Governor Appointments" and withdrew from the meeting prior to its consideration.

Councillor J A Raynor – Personal – Minute Nos. 159 & 161 – "Disposal of Surplus Land at Olchfa Comprehensive School".

146. Leader of the Council's Report(s).

The Leader of Council made no announcements.

147. Public Question Time.

No questions were asked.

148. Councillors' Question Time.

No questions were asked.

149. Anti-Social Behaviour, Crime and Policing Act 2014.

The Cabinet Members for Stronger Communities & Housing, Energy & Building Services submitted a report which provided an overview of the new Anti-Social Behaviour, Crime and Policing Act 2014.

Resolved that:

1) The Corporate Directors for People, Place and Resources have delegated authority to exercise, in consultation with the Cabinet Member for Stronger Communities, the new powers available to the Council to tackle anti-social behaviour as set out in the report;
2) The Corporate Directors for People, Place and Resources have delegated authority, in consultation with the Cabinet Member for Stronger Communities, to commence proceedings for civic injunctions, issue Community Protection Notices, create Public Space Protection Orders and issue closure orders for 24 hours together with authority to issue Fixed Penalty Notices under Part 4, Chapter 1 of Anti-Social Behaviour Crime and Policing Act 2014; and
3) The Head of Legal, Democratic Services and Business Intelligence be authorised to make applications for any necessary extension of the closure order for 24 hours or to make applications for the grant of an order for a 48 hour period.

150. Poverty Reduction Policy Development & Delivery Committee's Exploration of the Childcare Offer for 3 and 4 Year Olds.

The Chair of the Poverty Reduction Policy Development & Delivery Committee presented a report which sought to approve the recommendations to strengthen the Childcare Offer.

Resolved that:

1) A letter is written to the Welsh Government to: (i) Request flexibility to the eligibility criteria of the Offer (ii) seek assurance that the Offer will be long term; and
2) A co-ordinated approach be developed to employability (through the Poverty Partnership Forum) so that parents of young children are prioritised in order to be in a position to benefit from the Childcare Offer.

151. Quarter 3 2017/18 Performance Monitoring Report.

The Cabinet Member for Service Transformation & Business Operations submitted a report which detailed the Corporate Performance for Quarter 3 2017/18.

Resolved that:

1) 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.

152. Western Bay Regional Area Action Plan.

The Cabinet Member for Health and Wellbeing submitted a report which sought approval of the Western Bay Area Plan (2018-2023) and the Action Plan (2018/19).

Resolved that:

1) The Western Bay Area Plan and Action Plan be approved;
2) The Chief Social Services Officer be authorised to publish a link to the Area Plan and Action Plan on the Council's website; and
3) The Director of People be authorised to submit the Area Plan and Action Plan to the Welsh Ministers on behalf of the three local authorities and the health board in the Western bay region, countersigned by the Leader of Council and the Leaders of Bridgend CBC and Neath Port Talbot CBC and the Chair of the AMBU Health Board.

153. A Prevention Strategy for Swansea 2018 - 2021.

The Cabinet Member for Health and Wellbeing submitted a report which set out the Prevention Strategy and associated Delivery Plan for approval following extended consultation.

Resolved that:

1) The Prevention Strategy and associated Delivery Plan be approved.

154. 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)

155. Welsh Community Care Information System (WCCIS).

The Cabinet Member for Health & Wellbeing presented the business case for implementing the Welsh Community Care Information System (WCCIS) within Swansea Council.

Resolved that the recommendations as detailed in the report be approved.

(Open Session)

156. Local Authority Governor Appointments.

The Leader of Council on behalf of the Cabinet Member for Children, Education and Lifelong Learning presented a report which sought approval of the nominations submitted to fill Local Authority Governor vacancies in School Governing Bodies.

Resolved that the nominations listed below be approved:

1.	Birchgrove Primary School	Mrs Dawn Knight
2.	Dunvant Primary School	Cllr Louise Gibbard
3.	Gwyrosydd Primary School	Father David Jones Cllr Michael Lewis
4.	Bishop Gore Comprehensive School	Cllr Peter Jones
5.	Bishopston Comprehensive School	Cllr Lynda James

157. Building Capital Maintenance Programme 2018/19.

The Cabinet Member for Housing, Energy & Building Services presented a report which sought agreement for the schemes to be funded through the Capital Maintenance Programme.

Resolved that:

1) The proposed capital maintenance schemes listed in Appendix A (to the report) be approved; and
2) The financial implications identified in Appendix B and C (to the report) be included in the capital programme.

158. FPR7 Capital Allocation to Highway Infrastructure Assets 2018-19.

The Cabinet Member for Environmental Services presented a report which sought confirmation of the Capital Work Programme for highway infrastructure assets.

Resolved that:

1) The proposed allocations, together with the Financial Implications set out Appendix A (to be report), be approved and included in the Capital Programme; and

2) Authority be delegated to the Head of Service for Highways and Transportation in conjunction with the Cabinet Member for Environment to prioritise, finalise and allocate funding to those schemes not specifically referred to in the report.

159. Disposal of Surplus Land at Olchfa Comprehensive School.

The Cabinet Member for Children, Education and Lifelong Learning, submitted a report which detailed the responses to the consultation carried out in accordance with the Playing Fields (Community Involvement in Disposal Decisions) (Wales) Regulations 2015 in the relation to the proposed disposal as outlined in the report.

The Cabinet Member stated that a file containing all the correspondence in relation to the consultation carried out had been placed in the Cabinet Office for all Cabinet Members to observe.

Resolved that:

1) The responses/objections to the proposed disposal be considered and noted;
2) The site as indicated on the plans being approximately 7.8 acres (31,566m2) is surplus to requirements, subject to the provision of an artificial games surface being funded from the proceeds of the sale; and
3) Authority be delegated to the Director of Place to proceed with the disposal by marketing the land identified and to report back to Cabinet in due course upon completion of that exercise.

160. 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)

161. Disposal of Surplus Land at Olchfa Comprehensive School.

The Cabinet Member for Children, Education & Life Long Learning, presented a 'for information' report regarding the site valuation and financial information in regard to the disposal of surplus land at Olchfa Comprehensive School (Minute 159 above).

It was noted that Appendix B referred to in the report was contained in Minute No. 159 (Revised layout including a full size 3G pitch).

The meeting ended at 2.40 pm

Chair

Published on: 19 March 2018

City and County of Swansea

Minutes of the Cabinet

Council Chamber, Guildhall, Swansea

Thursday, 22 March 2018 at 3.00 pm

Present: Councillor R C Stewart (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
M C Child	W Evans	R Francis-Davies
D H Hopkins	A S Lewis	C E Lloyd
J A Raynor	M Sherwood	M Thomas

Apologies for Absence
Councillor(s): None

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161. Disclosures of Personal and Prejudicial Interests.

In accordance with the Code of Conduct adopted by the City and County of Swansea, no interests were declared.

162. Leader of the Council's Report(s).

The Leader of the Council made no announcements.

163. Public Question Time.

No questions were asked.

164. Councillors' Question Time.

No questions were asked.

165. Ethnic Minority Achievement Unit (EMAU).

The Cabinet Member for Children, Education & Lifelong Learning presented a report to propose options for consultation on significant changes to the structure and delivery of the Ethnic Minority Achievement Unit (EMAU).

Resolved that:

1) Consultation on the proposed model of service delivery is commenced with a proposed partial implementation date on 1 September 2018 (Option 1);
2) That sustainable funding is considered by the Council, as part of the 2019-20 budget setting, for the proposed model of service delivery for subsequent

financial years (2019-2020), once the final Welsh Government level and basis of any ongoing support is fully confirmed.

The meeting ended at 3.13 pm

Chair

Published on: 22 March 2018

Cyngor Abertawe
Swansea Council

Report of the Cabinet Member for Health & Wellbeing

Cabinet - 19 April 2018

Outcome of Residential Care and Day Services for Older People Commissioning Reviews

Purpose:	The report provides an outline of the preferred options for the Residential Care and Day Services for Older People Commissioning Reviews, with a view to proceeding to public and staff consultation on the preferred options.
Policy Framework:	Social Services and Well-Being (Wales) Act 2014
Consultation:	The preferred options will be subject to public and staff consultation. Legal, Finance, Access to Services.
Recommendation(s):	Cabinet are asked to consider the following recommendations:

1) Agree to commission complex care and residential reablement through our internal residential service and concentrate residential respite within the internal service, unless service users chose to access respite or complex care in the independent sector.
2) Proceed to a 12 week public and staff consultation on the proposal to maintain a mixed delivery model of internal and external services and apply a greater degree of specialism on internal beds.
3) Proceed to a 12 week public and staff consultation on the proposal to transform the day service so it focusses on higher dependency, and complex/dementia care.

Report Author:	Alex Williams
Finance Officer:	Chris Davies
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar

1. Executive Summary

1.1 In line with the corporate process, Adult Services has conducted two Commissioning Reviews of Residential Care and Day Services for Older People, and reached the Gateway 2 stage of the process. The Gateway 2 reports are appended as Appendices 1 and 2 to this report.

1.2 This paper outlines the preferred options, the service specific implications and the recommendation to proceed to public and staff consultation on the options.

1.3 Swansea Council recognises that it needs to shape the services that it delivers internally and those that it commissions externally to meet 21st century needs.

1.4 In line with the principles of the Social Services and Wellbeing (Wales) Act, the Council agreed a model for Adult Services in 2017 which had the following key principles at its core:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe.

1.5 In undertaking the review of Residential Care and Day Services for Older People these principles have been central to reaching a position of a preferred direction of travel.

1.6 In relation to residential care, the preferred options are to shape the Council's internal provision to focus on complex care, residential reablement and respite, and commission standard residential care and nursing care in the independent sector.

1.7 In line with the key principle of better prevention, the Council will be able to designate more in-house beds as respite provision, which will allow carers greater certainty and planning surrounding respite arrangements helping them to keep their loved ones at home for longer by providing them with a much needed break.

1.8 The reablement provision will be developed to better support people when leaving hospital or when they are finding it difficult to stay at home without support. Again, in line with the key principles of better prevention and early intervention, providing people with support in this way allows them to regain skills and independence to return to their own homes in line with their desired personal outcomes.

1.9 By adopting the preferred options and developing its provision in relation to complex care, the Council will be able to provide better care for people with complex needs such as dementia. This is an area of need that the

independent sector struggles to meet as typically it is more expensive to deliver because of the level of staff required to meet complex needs.

1.10 Refocussing internal provision in this way will allow the Council to provide better services and care for its residents. It will also provide market certainty for the independent sector surrounding the commissioning of standard residential care. The independent sector already provides the majority of standard residential care placements in Swansea and to an equivalent standard to that provided by the Council.

1.11 The Council also recognises that to deliver this vision of an improved residential care offer will require significant capital investment and this requirement has been added to the Council's Capital programme for the next 5 years.

1.12 By concentrating its resources on fewer discreet specialisms, the Council will ultimately provide a better service for residents in Swansea with complex needs because we will be in a position to upskill our staff to better meet these needs and consequently provide a higher quality service. If we no longer deliver standard residential care however, we will need fewer beds to deliver a service that only caters for residential reablement, respite and complex needs based on current demand and projected future growth in demand.

1.13 Subject to consultation, it is therefore proposed that Parkway Residential Home may close.

1.14 Of paramount importance will be what happens to those remaining residents and staff at Parkway, should it close. Residents will be fully supported to find alternative accommodation which meets their needs and staff will be supported to find alternative employment in line with the Council's HR processes.

1.15 If it is agreed following the consultation that Parkway will close, the Council will ensure that the Parkway site is released to still support accommodation needs of older people, whether this be age-friendly accommodation to encourage independent living or use of the home itself by the independent sector.

1.16 In a similar way to the Residential Care review, the preferred option of the Day Services review is to refocus internal provision on complex care and no longer deliver care for non-complex needs.

1.17 Again, shaping the service in this way supports the key principles of prevention and early intervention by ensuring those with complex needs are supported to remain at home for longer as well as provide much needed respite for carers.

1.18 It will allow Swansea Council to provide a specialist service for those with complex needs, ultimately providing better care for Swansea residents because again we will be able to upskill our staff to concentrate on providing this specialist service in a way that we are currently unable to do by needing to cater for people with a range of complex and non-complex needs.

1.19 Again, by refocussing the service in this way, less capacity will be needed and therefore, again subject to consultation, the Hollies and Rose Cross Day Service buildings may close, although provision will be maintained on the remaining day service sites.

1.20 All existing attendees would be fully supported with individual move on plans to either access an alternative day service place if they have complex needs or other support in the community if they do not have complex needs. For those with complex needs, it is envisaged that the majority of attendees would attend their nearest alternative day centre; for the Hollies, this would be Llys Y Werin in Gorseinon and for Rose Cross, this would be St Johns in Manselton.

1.21 In the event that the proposals are agreed following the consultation, alternative uses for the Hollies Day Service would be looked at and the potential to use the building to complement the co-located home would be explored. In relation to Rose Cross, as the day service is located within the Home itself, much needed additional communal space could be provided for residents in the home itself which would add value to their stay there.

1.22 Whilst a key driver for this change is to remodel the service to meet the needs of those most vulnerable in the City and County of Swansea, adopting this approach will also allow Adult Services to meet considerable budgetary challenges to allow them to deliver financially sustainable, high quality services.

1.23 Should the preferred options be agreed in principle, the Council will proceed to public consultation on the preferred direction of travel for Residential Care and Day Services and the specific potential closure of Parkway Residential Home, the Hollies and Rose Cross Day Service buildings.

1.24 It should be noted that if these proposals are agreed following the public consultation, the Commissioning Reviews in relation to Residential Care and Day Services for Older People will be complete and it is not envisaged that any further review will take place during this administration.

1.25 Remodelling the services in this way will allow the Council to provide better services, and allow people to meet their desired outcomes whilst delivering better care and ultimately keeping people safe and secure for the reasons explained earlier in this executive summary.

2. The Preferred Options and Options Appraisal:

2.1 Preferred options were drafted in relation to the following reviews:

- Residential Care for older people
- Day Services for older people.

2.2 Stakeholder workshops took place to ascertain feedback surrounding the advantages/disadvantages of the full range of options as follows:

- Residential Care for older people (Thursday 9th June 2016)
- Day Services for older people (Friday 10th June 2016)

Stakeholders included a range of internal and external providers, care managers, support and inter-related services, carers, representative groups and elected Members.

2.3 Following the stakeholder workshops, a dedicated session was also held with the Trade Unions on Tuesday 21st June 2016 to talk through their views on the options.

2.4 The detailed options appraisals were then held as follows:

- Residential Care for older people (Friday 24th June 2016)
- Day Services for older people (Monday 27th June 2016)

2.5 The Panel for each appraisal comprised the relevant Commissioning Review Lead, the respective Principal Officer, the Head of Adult Services, Chief Social Services Officer, the Director of Place, the then Cabinet Member as well as representatives from Legal, Finance, Procurement, HR and Corporate Property. The Director of People also attended the Residential Care for older people options appraisal.

2.6 On carrying out the appraisal, it was concluded that the original set of options was too extensive and complex. The options for each review were therefore refined to make them more straight forward and understandable.

2.7 The criteria used to appraise each option focussed on the following:

- Outcomes
- Fit with strategic priorities
- Financial impact
- Sustainability/viability
- Deliverability.

2.8 The full criteria are contained in the Gateway 2 reports appended as Appendices 1 and 2 to this report.

Residential Care for Older People Preferred Options:

2.9 The detailed Gateway 2 report is included as Appendix 1 to this report.

2.10 The options were considered against 4 distinct categories as follows:

1) Strategy
2) Service Model in relation to Short Term/Complex Residential and Nursing Care
3) Model of Delivery
4) Balance of Mixed Model

2.11 The highest scoring and therefore preferred options against each category were as follows:

1) *Strategy:*
Preferred Option: Review Strategy in relation to pattern of residential care provision balanced with alternative accommodation provision including Extra Care Housing

2) *Service Model in relation to Short Term/ Complex Residential and Nursing Care:*
Preferred Option: Commission Short Term/Complex Care on specific specialist sites

3) *Model of Delivery:*
Preferred Option: Maintain mixed delivery to deliver new model

4) *Balance of Mixed Model:*
Preferred Option: Apply greater degree of specialism on internal beds and provide no standard residential care in-house. Commission everything else.
(NB Within this preferred option, there was an assumption that the current level of internal beds would be too many to deliver this option, and it was therefore assumed that this would result in a reduction of beds. However, further work would need to be done at the point of implementation to quantify how many beds were needed before arriving at a position where the potential reduction in capacity could be quantified).

2.12 A more detailed rationale is provided within the Options Appraisal Matrix within the Gateway Report contained at Appendix 1 of this report, but in summary the preferred options scored the highest on the basis of the following.

2.13 The preferred options would allow Adult Services to remodel its internal service to focus on the specialisms of complex care, reablement and respite. In line with the Social Services and Wellbeing (Wales) Act, the focus of the service would be about aiming to achieve better outcomes for people with reablement and greater independence both for residents and carers at its core.

2.14 Individuals would be defined as having complex needs if they had needs attributable to one or more of the following features, and they required at least 2 hours of one to one care per day:

1) Double staffed care for people who are bed bound; have high risk of developing pressure sores; require careful repositioning.
2) People who have complex medication regimes.
3) People who require feeding or who are fed via a PEG.
4) People who have challenging behaviour and have packages of care that are difficult to manage.
5) People who have dementia or declining cognitive ability.
6) People with bariatric care needs.
7) People with learning difficulties who require increased care
8) People with manual handling needs requiring use of equipment and / or two person handling.

9) People with communication difficulties who need higher levels of care to explain or deliver care.

2.15 The targeted focus on respite and reablement would also help Adult Services to better manage demand, by focussing our internal service on early intervention and prevention to minimise or delay the need for more managed care.

2.16 Applying this degree of specialism would allow Adult Services to develop and upskill its internal workforce to focus on these needs, and therefore strive to improve quality of the service and better health and wellbeing outcomes for residents in the internal service.

2.17 The preferred options would also give the external market certainty surrounding future commissioning intentions, and would give them certainty of commissioning surrounding standard residential care.

2.18 From a financial perspective, recognising that the internal unit cost was substantially higher than the external unit cost, applying this degree of specialism would mean that less in-house beds were required and potentially release savings through an overall reduction in internal provision required.

2.19 Whilst there would be an assumed reduction in internal provision, a significant proportion of internal provision would be retained which would allow a certain degree of resilience in the event of external market failure.

Day Services for Older People Preferred Options:

2.20 The detailed Gateway 2 report is included as Appendix 2 to this report.

2.21 The options were considered against 3 distinct categories as follows:

1) Overall Day Services Model
2) Delivery Model
3) Income Generation

2.22 The preferred options for Day Services for Older People were as follows:

1) *Overall Day Service Model:*
Preferred Option: Develop service with reduced capacity refocussing day centres on higher dependency, complex/dementia care, but also act as community hubs to offer activities and community contribution through an expanded range of tier 2 services and local area co-ordination.

2) *Delivery Model:*
Preferred Option: Mixed Delivery with clearly defined internal and external services

3) *Income Generation:*
Preferred Option: Flat rate charge for access to services under community hub provision which do not meet an 'assessed for' eligible need.

2.23 A more detailed rationale is provided within the Options Appraisal Matrix within the Gateway Report at Appendix 2. However, in summary the preferred options scored highest on the basis of the following.

2.24 In a similar way to the proposals surrounding residential care, the preferred options would allow the Council to remodel the internal service to focus on more complex needs. Again, in line with the Social Services and Wellbeing (Wales) Act, the focus of the service would be about aiming to achieve better outcomes for people with reablement and greater independence both for attendees and carers at its core.

2.25 An individual will be defined as having complex needs and eligible to access a day service if they have needs attributable to one or more of the following features and only a day service can meet that need rather than some other means of support:

1) Require support to remain at home due to high levels of high levels of daily living, personal care support and health needs including dementia; failure to provide day service may lead to inability to remain at home.
2) Require support to enable reablement or maintenance of daily living skills to enable the person to remain in the family home.
3) Evidence to support the well-being of older people where there is a risk of loneliness, isolation and depression which could lead to significant mental ill-health.
4) Respite required for family and carers where there is a risk of the family situation breaking down.

2.26 This approach would also allow us to better manage demand by providing better support to individuals with complex needs and their carers through having a service which focuses on complex needs.

2.27 Again, we would be able to upskill the workforce to focus on complex needs and therefore provide a higher quality service to those that attended, including the potential for therapy input if needed. Those with non-complex needs, and consequently no eligible social care need to be met via a day service, would still be supported if needed. However, they would be better supported through other means in their local communities, drawing on the support of Local Area Coordinators where applicable and other naturally occurring opportunitiesin communities.

2.28 From a financial perspective, refocussing the service on complex needs would mean that less places were required which would release an overall saving on the delivery of day services.

3 Implications of the preferred options:

Residential Care:

3.1 In order to consider the specific implications, each preferred option will be considered in turn.

3.2 *Preferred option 1: Review Strategy in relation to pattern of residential care provision balanced with alternative accommodation provision including Extra Care Housing*

Due to the time delay in moving forward with the review, this option has been adopted as business as usual. Work is progressing to develop the Strategy and there is no requirement to publicly consult on the intention to proceed with this preferred option.

3.3 *Preferred option 2: Commission Short Term/Complex Care on specific specialist sites*

It is proposed that our internal service will focus on complex care, residential reablement and residential respite, unless service users choose to access respite and complex care in the independent sector. It should be noted that nursing respite cannot be delivered in-house due to CIW registration restrictions. It is proposed that this proposal is accepted by Cabinet as business as usual. There is no requirement to publicly consult on this proposal.

3.4 *Preferred option 3: Maintain mixed delivery to deliver new model*

We will commission all standard residential and nursing care in the independent sector, but retain an in-house service to deliver residential reablement, residential respite, and complex care.

3.5 *Preferred option 4: Apply a greater degree of specialism on internal beds and provide no standard residential care in-house. Commission everything else.*

Some detailed modelling has been undertaken to determine the potential impact of the proposed options in terms of reduction of internal beds and day service places based on current and projected demand in line with the preferred options.

3.6 This modelling exercise indicated that 157 internal beds would need to be retained to deliver the preferred options in line with current and future projected demand. The Local Authority currently has 198 beds (180 of which are registered). The modelling is based on an analysis of bed usage in February 2018, combined with projected increased demand in line with population growth by 2025 as follows:

Current bed usage	Current usage	2020		2025	
		%	No.	%	No.
Complex Care (not inc dementia)	86	3.4	1.3	6.4	2.5
Dementia Care	48	11.2	5.4	13.2	7
Assessment and rehab Services	34	3.4	1.2	6.4	2.3
Respite services	23	3.4	0.8	6.4	1.5
TOTAL	**143**	**8.7 beds**		**13.3 beds**	

Of the remaining 37 in-house registered beds, these were either being used by residents who either required standard residential care or were vacant.

Therefore on the basis of 157 beds being required to deliver the new model, 41 would be surplus to requirements, which would equate to the closure of one residential home leaving some surplus capacity to allow for flexibility surrounding delivery of the model.

3.7 Public consultation would consequently be required on Preferred Options 3 and 4 before a final decision could be made. We will need to consult on the Local Authority ceasing to deliver standard residential care, and the closure of one residential home.

3.8 If this proposal was agreed following public consultation, it is proposed that the Council would initially close the home identified and then gradually start to phase out standard residential care in the remaining services by no longer accepting new admissions for standard residential care. This approach would cause least disruption to current residents and only those in the home earmarked for closure would have to find an alternative home. However, this approach would mean that there would be insufficient capacity for all those currently residing in the home earmarked for closure to be relocated to an in-house bed. However, each individual would be supported to find an alternative home and it should noted that some individuals may decide they wish to reside in an independent sector home rather than an internal Council-run one as factors such as location often play a larger part in home care choice than the provider.

Day Services

3.9 *Preferred option 5: Develop service with reduced capacity refocussing day centres on higher dependency, complex/dementia care, but also act as community hubs to offer activities and community contribution through an expanded range of tier 2 services and local area co-ordination.*
The modelling exercise indicated that reducing capacity of day services places from 440 to 315 (a reduction in 125 places), would allow the service to meet current and projected future demand in line with the preferred options. The reduction of the 125 places would equate to the closure of two day services. The modelling is based on an analysis of occupancy in February 2018, combined with projected increased demand in line with population growth by 2025, as well as assuming any of those on the waiting list have complex needs.

3.10 In terms of implementation, in a similar way to how we managed the closure of the Beeches, following the final post-consultation Cabinet decision in August 2018, we would need to undertake an individual review of each service user who currently attends day services to determine whether or not they had complex needs and consequently an eligible social care need. This review would involve a social worker, the individual themselves and any carer/family as required. If it was determined through this review that the individual did not have complex needs, an individual plan would need to be determined as to how this person would access support/social opportunities on leaving the

service. If the individual lived in an area served by a Local Area Coordinator, support would be sought through them if appropriate. This plan would then be put in place and reviewed for a period of time to make sure no safeguarding issues emerged. The individual would have a clear point of contact with the service should their needs change over time and greater support was required.

3.11 It should be noted that the approach taken at the Beeches delivered good outcomes for all concerned; those that were eligible accessed alternative services if they wished to do so and appropriate move on plans were agreed with the remainder. The transition arrangements proved successful and no safeguarding issues emerged. For example, some people no longer wanted to continue attending the day service, but wanted to achieve other outcomes such as meeting a family member once a week. The social worker was able to work with the individual to ensure that outcome could be achieved, and the individual felt a greater sense of wellbeing as a consequence.

3.12 Since completing the Commissioning Review, it has been decided to not proceed with the second part of this preferred option to create Community Hubs as this approach has been superseded by the corporate Commissioning Review of Services in the Community. Tier 2 services will be developed in line with this model, or linked to existing hubs in the community.

3.13 Preferred option 5 therefore to develop the service with reduced capacity refocussing day centres on higher dependency, complex/dementia care would be subject to public consultation.

3.14 *Preferred option 6: Mixed Delivery with clearly defined internal and external services*
Implementation of Preferred option 5 is contingent on there continuing to be a mixed delivery of internal and external services. This aspect of the review would form part of the public consultation.

3.15 *Preferred option 7: Flat rate charge for access to services under community hub provision which do not meet an 'assessed for' eligible need.*
Due to the hub element of the preferred options not moving forward, this preferred option is now redundant. However, it should be noted the proposals surrounding charging for day services have been moved forward as part of the budget setting process.

4 Specific impact on internal Services and mitigation

4.1 An evaluation exercise was undertaken to determine the services that would no longer be required as a result of implementation of the preferred options.

4.2 An evaluation workshop consequently took place on 31st January 2018 to evaluate each service against specific criteria.

4.3 The evaluation workshop comprised representation from Adult Services including the Head of Adult Services and Chief Social Services Officer, Finance, Building Services and Corporate Property.

Residential Care

4.4 An evaluation matrix was utilised which assessed each residential home against the following specific criteria as follows:

Building Suitability:
- Current Condition Survey
- Building Investment to date
- Estimated investment in building required
- Care Inspectorate Wales/Health and Safety recommendations outstanding
- Fitness for purpose of existing building layout to deliver proposed future model
- Fitness for purpose in terms of accessibility and security to fit future model
- Estimated value of site for redevelopment

Location:
- Availability of alternative residential provision in the vicinity

Current Level of Use:
- Current occupancy levels
- Current level of alignment with the new model

Dependencies:
- Grant funding received to invest in building/services (potential claw back if decommissioned services.

4.5 Each criteria attracted a score of up to 5 with a weighted maximum score of 255, with the higher the score indicating that the home was most fit for purpose to deliver the proposed model.

4.6 The outcome of the evaluation led to the following overall scores:

Home	**Overall Score**
Bonymaen House	200
Parkway	132
St Johns	139
Rose Cross House	171
Ty Waunarlwydd	190
The Hollies	162

4.7 Parkway therefore attracted the lowest score, and it is therefore proposed, subject to public consultation, that Parkway would be the home to close if the preferred options emerging from the review were agreed.

4.8 This would mean that the residents at Parkway would have to relocate elsewhere to facilitate closure, if this outcome is agreed following the public consultation. At the time of the potential closure, there would be a maximum of 26 residents to relocate (there are currently 19 residents in Parkway).

4.9 In order to mitigate the impact on those residents affected, a hold would be put on any new admissions to Parkway once the consultation commenced to minimise any potential impact should the proposals be agreed following the consultation.

4.10 At the time of writing the report, there were 6 long-term bed vacancies internally and just over 60 vacancies in the independent sector so there would be sufficient vacancies to accommodate those affected.

4.11 It is anticipated that some residents in Parkway would need to relocate to independent sector homes. However, it is important to note that some people may wish to relocate to the independent sector rather than internal homes as many different factors determine care home choice such as location rather than specifically who the provider is. There are 5 independent sector homes located within the Sketty ward, with a further 7 in adjacent wards.

4.12 The impact of the overall implementation of the model would also be mitigated through the proposed approach to gradually phase out standard residential care in the remaining in-house homes, so we would not require people in the other homes to relocate.

4.13 If the proposals are agreed following the public consultation, there will be no further new admissions for standard residential care in Local Authority provision. This will mean that those individuals who wish to access standard residential care in the future will access independent sector provision only.

Day Services

4.14 A similar evaluation matrix was utilised which assessed each day service against the following specific criteria:

Building Suitability:
- Current Condition Survey
- Estimated investment in building required
- Fitness for purpose of existing building layout to deliver proposed future model
- Estimated value of site for redevelopment

Location:
- Availability of alternative day centre provision in the vicinity

Current Level of Use:
- Current occupancy levels
- Community links established/embedded in the community
- Flexibility of use aligned to future model
- Complexity of need of majority of attendees.

4.15 Each criteria attracted a score of up to 5 with a weighted maximum score of 175, with the higher the score indicating that the day service was most fit for purpose to deliver the proposed model.

4.16 The outcome of the evaluation led to the following overall scores:

Home	Overall Score
Norton Lodge	145
The Hollies	75
St Johns	150
Rose Cross	90
Ty Waunarlwydd	130

4.17 The Hollies and Rose Cross Day Services therefore attracted the lowest score, and it is therefore proposed that the buildings would close if the preferred options emerging from the review were agreed.

4.18 At the time of writing the report, there were 14 attendees at the Hollies and 44 at Rose Cross Day Service. In order to mitigate the impact on those affected, a hold would be put on any new admissions to the Hollies and Rose Cross Day Services once the consultation commenced.

4.19 In order to inform their response to the consultation, each service user in The Hollies and Rose Cross would be reviewed during the consultation period to determine whether they had complex or non-complex needs so they could understand how the proposals might affect them. Following the final post-consultation Cabinet decision in August 2018, a further review would be undertaken to ensure that they needs had not changed. If they had complex needs they would be offered a place in the nearest accessible day service to them. For the Hollies, most would therefore attend Llys Y Werin in Gorseinon, an externally commissioned service. For Rose Cross, the majority would be relocated to St Johns in Manselton.

4.20 If they did not have complex needs, a tailor made individual move on plan would be established and they would leave the service. This move on plan might for example involve identifying other opportunities for social activities and interaction either within their local communities or network of family and friends, and the care manager would work with them to put adequate arrangements in place to facilitate this.

4.21 Again, the overall impact of the implementation of the model would be mitigated through the proposed approach to gradually phase out non-complex care in the remaining day services, so we would not review people in the other services or require them to move on at this stage.

4.22 If the proposals are agreed following the consultation, for those that might need our services in the future, only those with complex needs would be able to access them in them in the future. Those with non-complex needs would be signposted and supported to access other forms of support as part of the social work care and support planning process.

4.23 A copy of the full evaluation matrix is attached as Appendix 3 of this report.

5 Summary of recommendations

5.1 Cabinet are therefore being asked to consider the following:

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1) Agree to commission complex care and residential reablement through our internal residential service and concentrate residential respite within the internal service, unless service users chose to access respite or complex care in the independent sector.
2) Proceed to public and staff consultation on the proposal to maintain a mixed delivery model of internal and external services and apply a greater degree of specialism on internal beds.
3) Proceed to public and staff consultation on the proposal to transform the day service so it focusses on higher dependency, and complex/dementia care.

6 Financial implications:

6.1 In line with the Council's Medium Term Financial Plan, there are significant savings targets against Adult Services.

6.2 The projected saving from closing Parkway Residential Home would be as follows:

	£
Current budget	745,750
10 external placements	(276,342)
Income (based on 2/5 of last year's income based on 25 residents)	86,200
Total Saving	**555,608**

6.3 The projected saving from closing the Hollies and Rose Cross Day Services would be as follows:

	£
Hollies current budget	84,400
Rose Cross current budget	111,400
Total Saving	**195,800**

6.4 The total direct saving from these proposals would therefore be £751,408.

6.5 In addition to the above, there would be a full contract review of all existing externally commissioned day services in line with the proposed delivery model if agreed and it is anticipated that this would release some further savings. The current contract value of externally commissioned services is £325,952.

6.6 The above clearly does not equate to meeting the savings targets required of the current budget for Adult Services. However, it should be noted that the Commissioning Reviews are only one element of the savings strategy for Adult

Services. The Commissioning Reviews need to be implemented in line with the Adult Services Improvement Plan as a whole and particularly targeted work surrounding demand management to strive towards meeting the overall Adult Services's savings targets. In addition, transforming both Residential Care and Day Services in line with the preferred options will allow for a keener focus on prevention and early intervention and thus decrease the recourse and consequently spend on long-term Residential Care.

6.7 It should also be highlighted that the cost of the routine maintenance required in relation to our residential homes and day services is just over £4million. A contribution toward this is now accounted for in the Capital Programme.

7 Legal implications:

7.1 There is a legal requirement to publicly consult and consult with staff affected by the second two recommendations.

7.2 Any future provision of services will need to be considered in accordance with the Social Services and Well-being (Wales) Act.

7.3 The Social Services and Well-being (Wales) Act and accompanying Part 4 Code of Practice sets out that where an Authority has carried out an assessment which has revealed that the person has needs for care and support then the local authority must decide if those needs meet the eligibility criteria, and if they do, it must meet those needs.

7.4 Any employment issues that arise will need to be considered in conjunction with HR, and in accordance with any relevant policies and legislative provisions.

8 Equality and Engagement Implications

8.1 Proceeding with the preferred options of the Commissioning Reviews will clearly have an impact on existing home residents and day service users. Due to the nature of the client group, there will be a disproportionate impact on older people and people with a range of disabilities.

8.2 5 separate EIAs have been opened as follows to fully assess the impact of the proposals:

- One for the overarching model for residential care.
- One relating to the potential closure of Parkway Residential Home.
- One for the overarching model for day services.
- One relating to the potential closure of the Hollies Day Service building.
- One relating to the potential closure of the Rose Cross Day Service building.

In relation to both reviews, these are currently in draft and will be informed further by the public consultation. The final EIAs will inform the final decision made surrounding the proposals.

8.3 A consultation plan has been developed and is attached as Appendix 4 to this report.

8.4 5 consultations will run over the same 12 week period if Cabinet decide to proceed to public consultation. The consultation will fall into 2 categories; general consultation on the proposed delivery model and specific consultation on the services affected.

General Consultation

8.5 A general public consultation will be carried out on the new models of delivery for both Residential Care and Day Services. The consultation will be separate for each service model.

8.6 The consultation will be carried out using a questionnaire. The survey will be available online and hard copies also made available at key council venues. We will publicise the consultations within the media and via social media platforms.

8.7 The consultation will also be publicised to current users, either via individual letters or information packs/posters sent to each venue.

8.8 The consultation will be on the new models only but will also need to make reference to the impact of the proposals.

Specific Consultation

8.9 3 consultations will be carried out with the specific home and day services that may close if the proposals to change the delivery model are approved.

8.10 For Parkway Residential Home, the following will be undertaken:

- A letter will be sent to each resident and their families to explain the proposals, timescales for decision, how the closure will be undertaken if agreed and give opportunities to have their say. This would include how their individual needs would be reviewed and any individual move on plans would be agreed.
- There will be offers of meetings/face to face opportunities at the care home.
- During the consultation period, we will ask a social worker to work with each individual affected to review their needs to establish whether or not they have complex needs. This will allow them to make a more informed response to the consultation as they will understand better how the proposals might affect them.
- There will be an offer of an advocate for each care home resident if they feel they are unable to take part. Some older people will not be able to express their own wishes or concerns without the help of an independent advocate. Where an older person lacks capacity and there is no relative or friend to represent them, an Independent Mental Capacity Advocate *must* be appointed since it is a legal requirement to appoint one when decisions are being made that could result in them being moved to a different care home.

- There will be a key named person available who can be contacted to answer any questions about the consultation.

8.11 For the Hollies and Rose Cross Day Services, the following would be undertaken:

- A letter would be sent to each service user and their families to explain the proposals, timescales for decision, how the closure will be undertaken if agreed and give opportunities to have their say. This would include how their individual needs would be reviewed and how any individual service provision plan would be agreed.
- There would be offers of meetings/face to face opportunities at the day service.
- During the consultation period, we will ask a social worker to work with each individual affected to review their needs to establish whether or not they have complex needs. This will allow them to make a more informed response to the consultation as they will understand better how the proposals might affect them.
- There would also be a key named person available who can be contacted to answer any questions about the consultation

8.12 Staff and Trade Unions will be briefed prior to the start of the consultation.

8.13 All Social Services staff will be briefed and given opportunities to have their say on the proposed new models for Residential Care and Day Services. Staff will also need to be made aware of the potential impact this will have in terms of future service provision.

8.14 Formal consultation will commence with staff who currently work at the services proposed for closure at the same time as the public consultation.

8.15 A Section 188 letter would be issued to the Trade Unions at the commencement of the consultation and they would be fully briefed on the proposals and the potential impact on staff.

8.16 Councillors will also need to be fully briefed surrounding the proposals and the potential impact.

8.17 Draft consultation documents have also been attached as Appendix 5 to this report.

8.18 A 12-week public and staff consultation will commence should Cabinet agree to proceed to consultation on the proposals.

9 Proposed implementation timetable

9.1 Should Cabinet decide to proceed, the proposed outline timetable for implementation would be as follows:

- 30th April 2018; 12-week public and staff consultation to commence
- 23rd July 2018; Public and staff consultation to end

- August 2018; Consideration of final proposals by Cabinet. Final proposals presented to public, staff and trade unions
- September 2018; Redeployment & Redundancy process to commence with staff (should Cabinet agree to proceed in August)
- September 2018; Commence reviews of all affected residents/service users to determine move on plans
- Early 2019; Potential closure of Parkway Residential Home and the Hollies and Rose Cross Day Service buildings.

Background Papers: None.

Appendices:

- Appendix 1: Residential Care for Older People – Commissioning Gateway Review Report Stage 4
- Appendix 2: Day Services for Older People – Commissioning Gateway Review Report Stage 4
- Appendix 3: Residential Services Evaluation Scoring Matrix
- Appendix 4: Adult Services Residential Care and Day Services Engagement Plan
- Appendix 5a-5d: Draft Consultation documents

Appendix 1

Commissioning Gateway Review Report
Stage 4

Draft v2.1

Residential Care for Older People

Contains:-

Review Overview and Details
Stages review summary
Gateway Approval

Gateway Review Approval

Budget and Performance Review Group 12th July 2016

1. PURPOSE OF REPORT

This report has been produced following the approval by BPRG at Gateway 2 to proceed onto stages 3 & 4 of the commissioning review process. Its purpose is to inform the Budget and Performance Review Group with proposals, and to seek support on the approach taken for the most viable service option, to ensure the continuous delivery of a sustainable provision for our customers and the residents of Swansea.

This report is to request approval to go out to public consultation on the preferred options prior to a final decision by Cabinet and proceeding to Stage 5 within the Commissioning Process by providing evidence the Service Review has completed all relevant tasks.

This Gateway Report will provide an overall status of the Review at Gateway 4. A RAG system will be used to highlight the overall recommendations made by the Gateway Review. Definitions below:-

Appendix 1

RAG	Gateway Decision	Definition
Red	**Stop**	The Gateway identified significant issues that require immediate action before the Review can proceeds onto the next stage.
Amber	**Conditional Approval**	The Gateway identified issues that must be actioned before next Gateway Review.
Green	**Approved**	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.

Recommendations *(if applicable)*	**Overall RAG**
	Red ☐ Amber ☐ Green ☐

Sign off	
Chief Executive :	
Lead Director/Sponsor:	
Review Cabinet Member:	
Date:	

REVIEW OVERVIEW

Commissioning Strand Lead:	Alex Williams
Service Review Lead:	Alex Williams
Service Review Title:	Residential Care for Older People

2. BACKGROUND

2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change[1], defines the following high level population outcomes:

- Children have a good start in life
- People learn successfully
- Young people and adults have good jobs
- People have a decent standard of living
- People are healthy, safe and independent
- People have good places to live and work.

Within the high level outcome "People are healthy, safe and independent", there is a primary driver:

"Older people age well and are supported to remain independent".

Secondary Drivers for this are:

- Support Age Friendly Communities
- Develop Dementia Supportive Communities
- Prevent falls by older people
- Maximise older people's opportunities for learning and employment
- Reduce loneliness and isolation among older people

The City and County of Swansea's Corporate Plan; "Delivering for Swansea 2016-17"[2] identifies the following priorities:

- Safeguarding vulnerable people
- Improving pupil attainment
- Creating a vibrant and viable city and economy
- Tackling poverty
- Building sustainable communities

This Commissioning Review is also being undertaken in the context of the Council's commitment to support "*individuals, families and communities to make use of their own collective resources and reduce the need for higher level support and intervention*"[3]. This commitment is detailed in what is currently a Draft Prevention Strategy which identified the following five key strategic aims:

- *"To make prevention everyone's business*
- *To prevent or delay the need for costly or intensive services*
- *To enable people to remain independent for as long as possible and to reduce dependency*
- *To promote voice, choice and control for individuals and families*
- *To increase resilience and build capacity within communities for self help".*

[1] file:///C:/Users/User/Downloads/The_One_Swansea_Plan_2015_final_version_august.pdf
[2] http://www.swansea.gov.uk/corporateimprovementplan
[3] Swansea's Prevention Strategy – Draft V 14; June 2016

2.2 National Policy Context

National policy over the last 5 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, notably 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) is due for implementation from 6 April 2016. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services, and provides for an increased focus on prevention and early help. The Act signals a fundamental change in the way services are commissioned and provided, with the emphasis on supporting individuals, families and communities to promote their health and wellbeing.

Local authorities and their partners need to make sure that people can easily get good quality advice and information which can help them make best use of resources that exist in their communities. They need to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs which require specialist and/or longer term support, they will work with them and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

At the same time, across Wales, public sector funding is under increasing pressure and as a consequence in Swansea our target for reducing expenditure on adult social care services is 20% during the period 2015/16 – 2017/18. So, at the same time, we need to save money and improve the effectiveness of our work – both at a time when the proportion of older people is projected to continue increasing, potentially placing additional demands on our services.

2.3 A New Vision for Adult Social Care

In the context of these challenges, a new model for Adult Social Care has been developed. This model is based on 5 key principles:

- **Better prevention –** by supporting care and wellbeing locally and offering good quality information and advice, we can help build more supportive local communities within which people are safer, less isolated and more resilient to problems when they arise.
- **Better early help** – by helping people quickly and effectively to maintain or regain their independence when they do have problems through services such as re-ablement, intermediate care and respite support, we can help keep vulnerable people safe, reduce the number of people who are dependent on care services and manage the demand for longer term care.
- **Improved cost effectiveness** – by commissioning and procuring services more effectively, and finding more cost–effective ways of delivering care we can ensure that every penny spent by the Council and its partners is used to maximise the health and wellbeing of our population.
- **Working together better** – by better integrating our services, our assessments and our resources with our partner agencies we can ensure that they are efficient, avoid waste and are more effective in meeting all of a person's needs.

- **Keeping people safe** – by undertaking a positive risk taking approach, responding proportionally to their needs and ensuring people are treated with respect, dignity and fairness.

All adult social care services and especially those that are the subject of a Commissioning Review will need to be guided by, and make a positive contribution to these principles.

Delivering on the 5 key elements above will require major changes in the way we work in Swansea. Our vision for health, care and wellbeing in the future is that:

"People in Swansea will have access to modern health and social care services which allow them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

2.4 The Service Model for Adult Social Care

We have developed a service model which summarises the approach which will enable us, working with our partner agencies, to deliver our vision and the 4 key elements described above. The service model is designed to ensure we deliver improving outcomes for adults in Swansea as laid out in the Department of Health Adult Social Care Outcomes Framework 2015/16[4]:

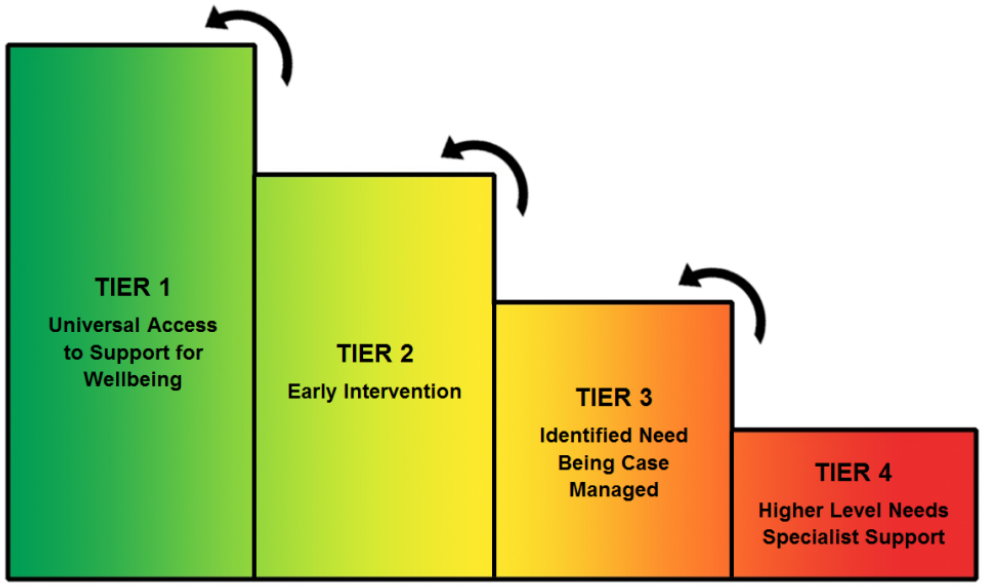
- Ensuring quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

The service model comprises 4 levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf

Appendix 1

The service model can be illustrated diagrammatically below:



Glossary

Tier 1 – Universal services aimed at all Swansea Citizens to enhance wellbeing
Tier 2 – Early intervention targeted support for people in need – single agency
Tier 3 – Managed care aimed at people in need of managed care to support achievement of person's own outcomes – Multi disciplinary approach
Tier 4 – Managed Care Complex/Higher needs aimed at people with long term complex needs

In this model a person's needs should always be met at the lowest appropriate level, and it is recognised that it should be the job of services at each level to work effectively with people to address their holistic needs and reduce their future problems and need for support.

We also believe that by ensuring that services at Tier 2 are more effective in the way that they work with people we can reduce dependency and demand for statutory/complex care over time, and thus shift our joint resources from complex and statutory services to universal and early intervention.

2.5 Key Priorities for Swansea Adult Social Care Services

This service model places a challenge before Swansea's Adult Social Care Services to embrace a culture which places individuals, families and communities at the centre of the services that are commissioned and provided. Consequently, it is necessary to undertake a fundamental transformation in our approach to service provision. In particular, we plan to focus on three key areas immediately:

- Targeted Early Help
- A different Approach to Assessment
- Developing Strong Practice

We will deliver the following changes in each of these areas through a concerted focus on strategic planning with our partners, commissioning and procurement of services, workforce development and training, and intensive and supportive performance management of internal and external services. This transformational approach will provide the strategic context in which the commissioning review for residential care services will be placed.

2.5.1 Targeted Early Help

We need to build on the success of many recent initiatives in Swansea to reshape our social care system to focus on those approaches, interventions and services which have been shown to make the greatest difference in promoting independence and reducing demand. Evidence from the Local Government Association Adult Social Care Efficiency Programme[5] shows that targeted interventions that pre-empt or respond rapidly to episodes of acute need are most effective and can make a real impact in reducing demand for longer term services. In particular:

- **Targeted Preventative Interventions** – A number of individuals make first contact with formal services in response to a single episode in their life. The provision of the right short-term help at the right time can reduce or eliminate the need for longer term care. This can include the provision of information, practical support, referral to community organisations and bereavement counselling. These interventions can also be pre-emptive, and focus on avoidable risks to independence. For example, falls prevention, vaccination, "stay warm" programmes.
- **Integrated Care Pathways** – A number of the approaches described above depend upon structured and effective joint working especially between health and social care professionals. The design and development of integrated care pathways support early identification of risk, targeted interventions, rehabilitation and re-ablement.
- **Stronger Rapid Response** – A swift and well-co-ordinated response to an individual's needs at the time of crisis has been shown to be effective at significantly reducing their need for longer term more complex services. These services can include the availability of a responsive out-of-hours community nursing service, rapid allocation of community equipment and "crisis intervention" domiciliary care service together with practical problem solving and rapid access carers' respite services.
- **Improved Intermediate Care –** To support effective planning and discharge from hospital, a variety of services "between hospital and home" will support an individual to return to as much independence as possible. These services include good nursing; therapy (from a range of different therapists); re-ablement-based domiciliary or residential intermediate care; continence services; and dementia care support services.
- **Better Hospital Transfer Co-Ordination** - A proactive and multi-disciplinary approach to hospital discharge arrangements and out-of-hospital care can make a significant difference to the ongoing need for formal care and support services that an individual requires.

2.5.2 A different approach to assessment

Current systems tend to intervene when individuals are at a point of crisis. Consequently, assessments tend to be undertaken when people's needs are at their greatest. Levels of longer term service are established without recognition of an individual's capacity to recover. The longer term provision of higher-than-necessary levels of care and support has been shown to "disable" individuals and promote reliance on those levels of care. We plan to use the opportunities afforded by the implementation of a new approach to assessment, required by the Social Services and

[5] Local Government Association's Adult Social Care Efficiency Programme Reports 2014

Wellbeing (Wales) Act 2014, to instil a “strengths and assets-based” approach to assessment focussed on individuals’ capacity to achieve greater independence and also emphasise the potential contribution from informal assets such as family, friends and others in the community. This will be developed with a clear eye on the importance of taking a measured approach to risk, the management of risk, and the importance of safeguarding vulnerable adults.

A number of Councils have also made savings and reduced demand on longer term services by undertaking careful reviews of the care and support received by individuals (possibly targeted) to identify where their needs and/or circumstances have changed in such a way as to reduce their needs. Managing demand away from higher cost, long term Tier 4 services will be an important component of our approach to finding required budget savings over the next three years.

2.5.3 Developing Strong Practice

As already described, the Social Services and Wellbeing (Wales) Act places a challenge on local authorities to embrace a culture which places individuals, families and communities at the very centre of the services we support, commission and provide. CC Swansea has translated this fundamental shift in culture into a detailed service model. However, neither “embracing a model” nor “agreeing a service model” will transform the experience of our citizens. Absolutely fundamental to the real delivery of our vision and our model of service, will be the practice and behaviour of our staff. Moreover, it will depend on a clear understanding and commitment to our approach from other professionals and community stakeholders so that we are working together to a common approach.

In particular, we plan to:

- Develop a clear practice framework which will guide and inform the day to day work of our staff and their key partner professionals.
- Enable our managers to support and challenge their teams to embrace the required culture shift and embed new ways of working.
- Make every contact count; ensuring that staff and colleagues from other bodies work well together and ensure that individuals and families are supported seamlessly to build on their strengths and assets in developing innovative responses to their individual needs.

By focussing our attention on these three areas for change, we believe we can make the biggest difference. But we recognise that the scale of transformation is ambitious and our task in achieving it is complex. We recognise that we won’t be able to put this model in place immediately, but rather build towards it carefully and with the full involvement of our partners, stakeholders and of course, communities and individuals.

3. THE RESIDENTIAL CARE SERVICE

3.1 Scope of the Commissioning Review

The **scope** of this Commissioning Review is defined in the Stage 2 Gateway Review Report as follows:

"The review will encompass all older persons care homes which are providing services on behalf of the City and County of Swansea. This includes 6 care homes owned and operated by the local authority which are registered to provide personal care, and 39 private sector homes, 10 of which are registered to provide personal care and 29 of which are dual registered to provide both personal and nursing care. 5 of these dual registered homes are registered to provide dementia nursing care."

3.2 Definition of Residential Care Services

The definition of a care home is provided in the Stage 2 Gateway Report as *"simply…the provision of residential accommodation, together with nursing or personal care".*

HousingCare.org define 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. A home registered simply as a care home will provide personal care only - help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.*

3.3 Strategic Role

Care homes occupy an important position in the spectrum of services commissioned and provided for older people by Swansea Adult Social Care. Our model of care emphasises prevention, early intervention, reablement, the promotion of independence and service user choice. It focusses on the need to intervene effectively to avert the need for higher cost long term maintenance services. In this context, the role of the care home sector could be regarded as "outdated" or at least less central to our future strategic direction.

This is not the case. Care homes offer an important choice to our citizens who no longer feel confident to stay living in their own homes. They can provide a homely environment which is safe and secure and which averts the loneliness and social isolation that can often come about when frail older people continue to live at home with their care and support needs being met by a domiciliary care service.

So care homes will continue to play an important part in Swansea's vision for adult social care. However, as with all the other services we commission, the future direction for the service must reflect key themes in our vision such as quality, choice and independence.

The CC Swansea Commissioning Review for Day Services recognises the potential future role of day centres as "community wellbeing hubs" where visitors can access a wider range of activities, community facilities and preventative health and wellbeing services. It should be noted that care homes also have some potential to occupy such a role in their local communities. This potential is explored further in Section 5.2

Whilst outside the agreed scope of this Commissioning Review, the future role of Extra Care Housing (ECH) Services must also be recognised.

HousingCare.org define Extra Care Housing as "…..*housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. Extra Care Housing is also known as very sheltered housing, assisted living, or simply as 'housing with care'. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can sometimes provide an alternative to a care home."*[6]

The potential future role of Extra Care Housing is explored further in Section 5.2.

3.4 Western Bay Care Home Commissioning Strategy

It should be noted that this Commissioning Review is being undertaken in parallel with the development of the Western Bay Care Home Commissioning Strategy. This identifies for the regional partnership (of which CC Swansea is a member) the following key strategic intentions:

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

The document (currently draft) also identifies the following more specific intentions:

- Work with partners to develop a range of accommodation, rehabilitation and support options for vulnerable and older people who need help to achieve or promote choice, wellbeing and quality of life.
- Support private care home managers and owners to meet regulations stipulated by the Older People's Commissioner, Social Services and Wellbeing (Wales) Act, NICE guidelines. including Medicines Management guidance and the Regulations and Inspection (Wales) Bill.
- Work in collaboration with a range of stakeholders including regulatory bodies.
- Improve the quality of provision via the Regional Quality Framework and in turn deliver person centred outcomes for everyone in residential care.
- Build relationships and trust with providers to enhance understanding of the operation of the market and how to help providers respond to ongoing changes in demand.
- Develop options for commissioning and contracting to improve sustainability of care homes whilst continuing to improve value for money and taking a strategic approach.
- Draw up new terms and conditions and service specifications in contracts to ensure they are fit for purpose and will meet the needs of the personalisation agenda.
- Work closely with providers to improve sustainability of the workforce. In particular to include an analysis of skills and training requirements and gaps, issues of recruitment challenges and gaps and opportunities for role and career development.

[6] http://www.housingcare.org/jargon-extra-care-housing.aspx

- Continue to build strong collaboration between the Health Board and Local Authority partners to include formal partnership arrangements such as pooled budgets.
- Continue to review, at a minimum of every three years, population ageing and demography to anticipate required changes to the market in line with the Social Services & Wellbeing Act's Population Needs Assessment.
- Encourage new innovative providers into the region to meet demand and support care home providers in the innovations they want to take forward.

3.4 Outcomes

A initial scoping workshop was held on 11th September 2015 at Stage 1 of this Commissioning Review to share information about the review process and to ask participants to share their views about how services to citizens, and commissioning arrangements, could be improved. Participants identified the following top four outcomes for service users:

- Service users should have a choice of accommodation options and not have to make do with residential care as a default option.
- Service users should receive services that are person centred and not task orientated.
- Services must ensure the safety of service users and enable them to feel safe.
- Services must promote social inclusion and companionship for service users.

3.5 Vision

The Gateway 2 Report identifies the following vision for residential care services in the City and County of Swansea:

- Services are person centred.
- Care homes are fit for purpose, offer good quality and keep people safe.
- Care homes offer reablement and promote independence.
- Care homes create a sense of community where residents are helped to access the community and organise and participate in activities.
- Priority is given to quality of care rather than quality of physical environment.
- Ensure the care home sector can meet current and future demands.
- Alternative models are available where these are affordable and offer more appropriate solutions.
- Alternatives to care homes are advertised and promoted so that citizens are fully informed of all options available before choosing residential care.
- Ensure services are situated in the right locations to match demand.
- Maximise the potential for efficient and effective services within available resources.
- Realise opportunities to make financial savings and deliver changes which are necessary to achieve commissioning objectives *and* Sustainable Swansea objectives.

4. SERVICE PERFORMANCE

4.1 Analysis

The Stage 2 report states that there are 6 residential care homes for older people owned and operated by the Local Authority and the council commissions services from 39 private sector care homes for older people in Swansea. The private sector market in Swansea is varied in terms of size of care home and type of ownership. The financial collapse of Southern Cross in 2012/13 highlighted the potential for larger corporate providers to operate higher risk business models that potentially undermine the stability of the market. However the position locally is that the largest proportion of care homes are owned by small businesses that operate exclusively in Swansea.

Currently there are:

- 12 small providers each owning one home and accounting for 387 bed spaces or 25% of total private sector capacity.
- 7 providers each owning two homes which in total add up to 488 bed spaces or 32% of total private sector capacity.
- 4 providers operating a group of homes in two or more other locations, and accounting for 282 beds or 18% of private sector capacity.
- 3 national corporate providers (Barchester, HC-One and Craegmoor) which together account for 266 bed places or 17% of capacity.
- 1 provider with 4 homes in Swansea which add up to 102 bed spaces or 6.5% of private sector capacity.
- 1 Provider is part of a large third sector organisation. This accounts for 23 beds or approximately 1.5% of total private sector capacity.

This varied provider base offers resilience against any single provider going out of business. However a relatively high proportion of beds are concentrated within a small number of larger independent sector homes.

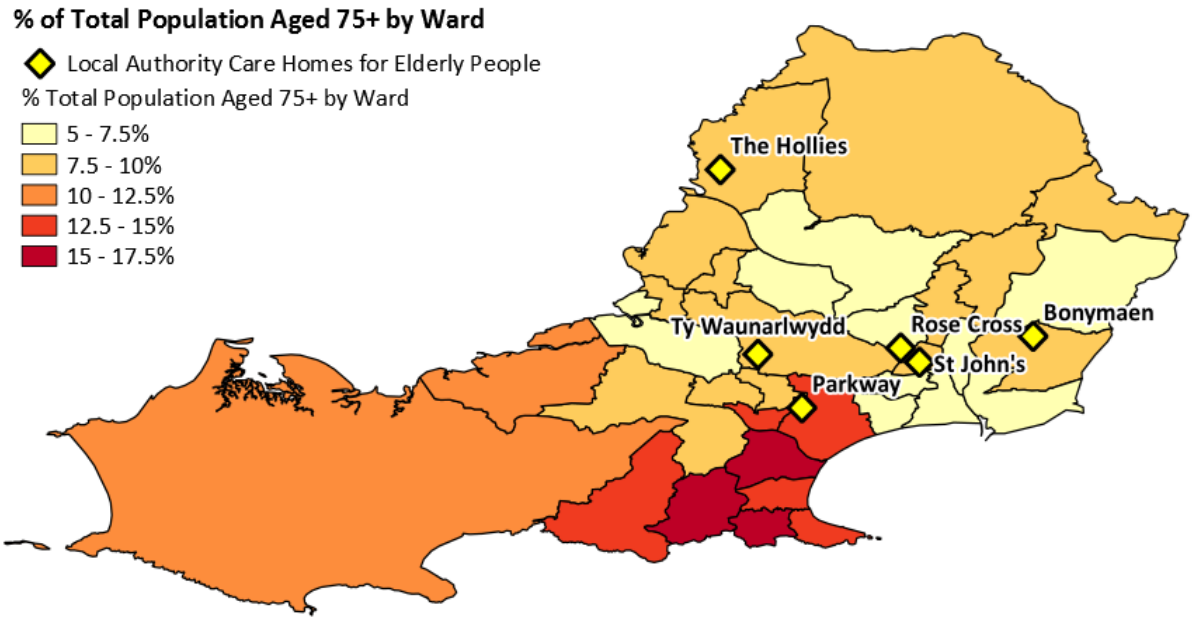
The average capacity within a care home is shown below (table 1).

Table 1 – Average Care Home Capacity

	Independent Res Care Home	Local Authority ResCare Home
Average capacity within a care home	41	33
Smallest capacity within a care home	5	24
Largest capacity within a care home	106	47

The 6 local authority residential care homes are located to the east of Swansea with central/west having no or limited access to local authority homes (figure 1).

Figure 1 – Percentage of Total Population Aged 75 + by Ward with CC Swansea Care Homes



The stage 2 review report indicates the following type of provision within the private sector overall offering a total of 1543 beds:

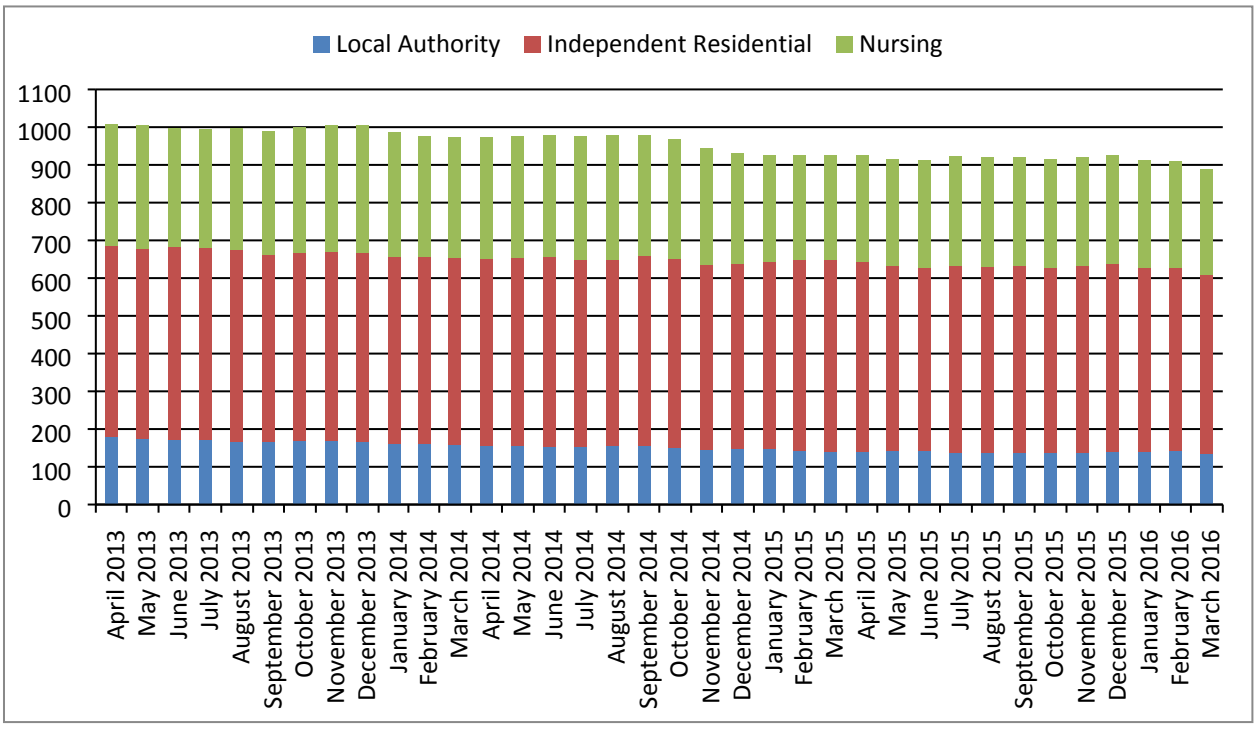
- 272 beds are dedicated for residential personal care
- 142 beds dedicated for dementia residential care
- 143 beds for dementia nursing care
- 986 beds are dual registered for either personal or nursing care to older people

The stage 2 review report indicates that within the local authority provision there is one care home (Ty Waunarlwydd) with 48 beds that specialises in dementia. 3 Local Authority homes currently provide beds which are dedicated for people who require respite and short term care. Ty Waunarlwydd and The Hollies both have 8 beds each, dedicated to respite for older people with dementia care needs. Rose Cross has 10 beds dedicated for respite older people with general personal care needs. There are currently no beds dedicated to respite services within the private sector. All private sector care homes will offer respite care subject to vacancy levels.

The stage 2 review report indicates that occupancy levels are generally high with an average of 92.4% occupancy in the private sector. Historically there have been lower occupancy levels within the internal service with St Johns, the Hollies and Parkway having occupancy levels of less than 85%. An occupancy level of 90% or above is considered a sustainable level. The occupancy levels would suggest that there is capacity to meet current demand. However, anecdotally demand for services capable of meeting complex needs is high, whilst available beds are relatively low.

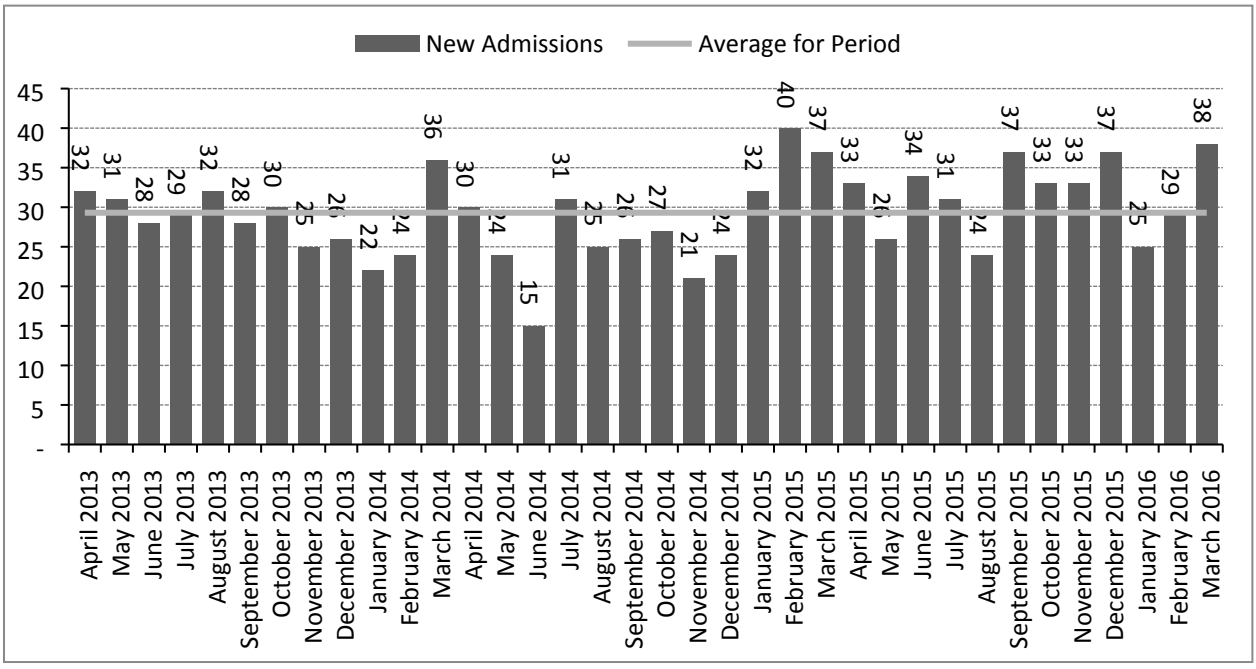
The overall number of people in local authority funded residential/nursing placements has fallen slightly over the past few years although this has recently stabilised.

Figure 2 - People in residential/nursing placements at month end



New admissions by month show wide variation from 15 to 40 where highest numbers do not necessarily reflect winter pressures (figure 3).

Figure 3 - New Admissions to Residential / Nursing Care (People Aged 65+)



The demand for residential and nursing care is greatest from older people 75 years and over, which is different than the profile of residents in local authority care homes (figures 4, 5 & 6).

Figure 4 Residential Care - Admissions by Age Group 2013-16

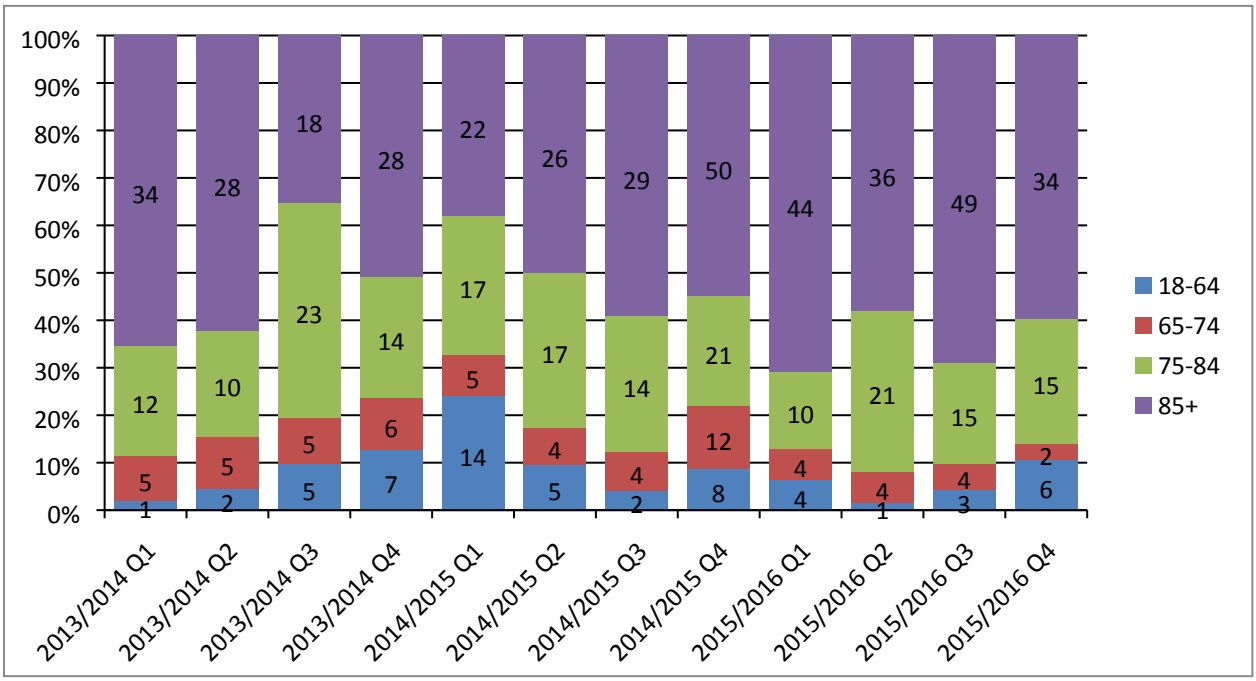
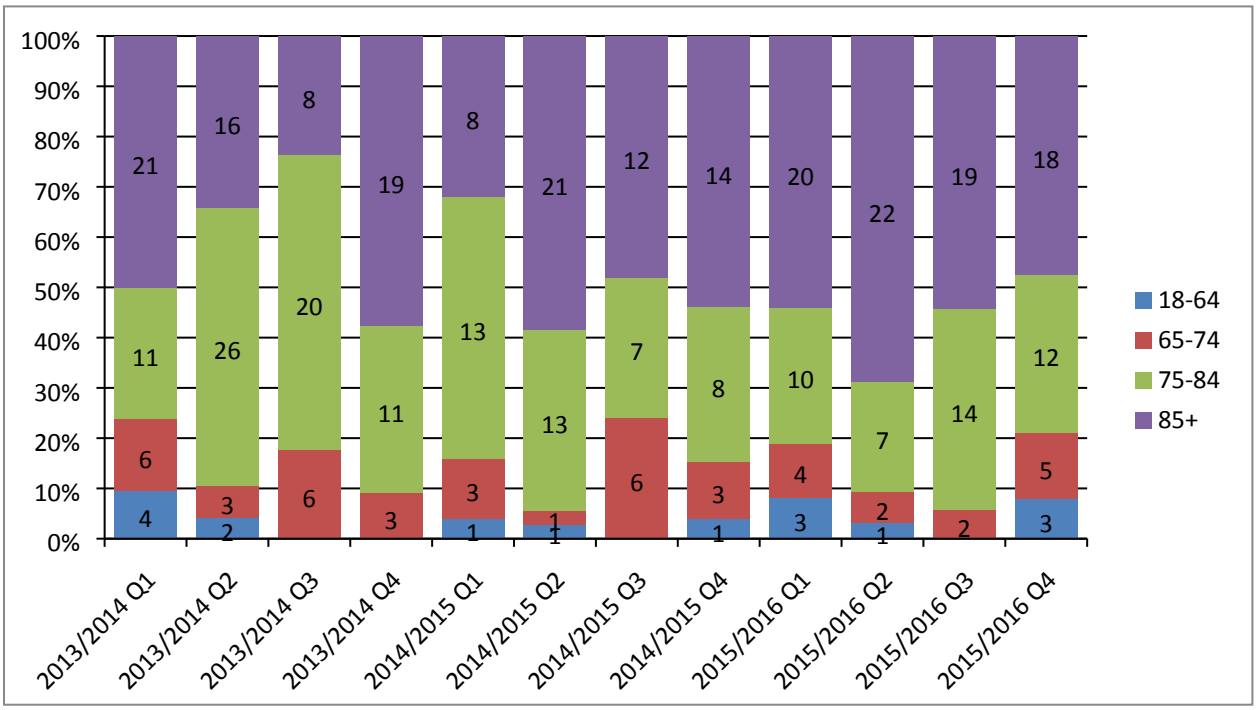


Figure 5 - Nursing Care - Admissions by Age Group 2013-16



Appendix 1

Overall there are more women than men in residential and nursing care, though the overall number of men in nursing care has seen an increase over the last year or so (figures 6&7).

Figure 6 - Residential Care - Admissions by Gender 2013-16

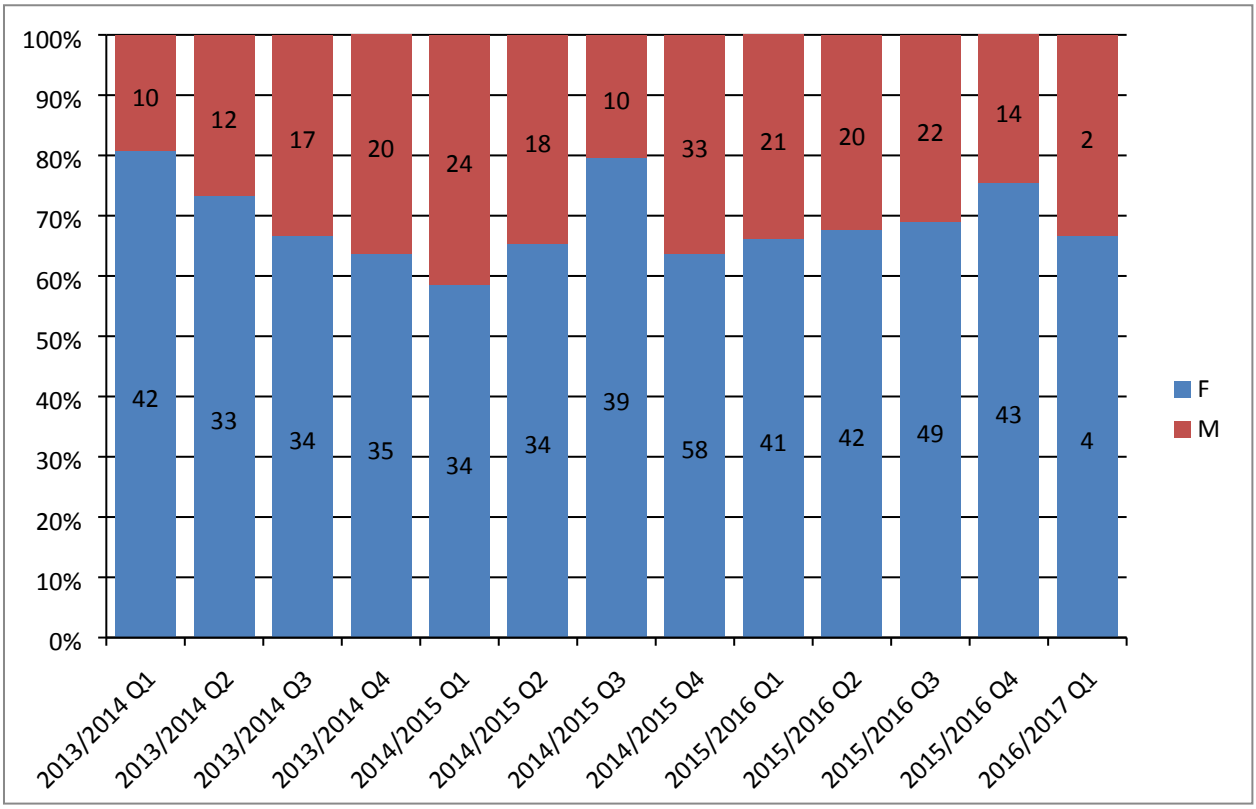
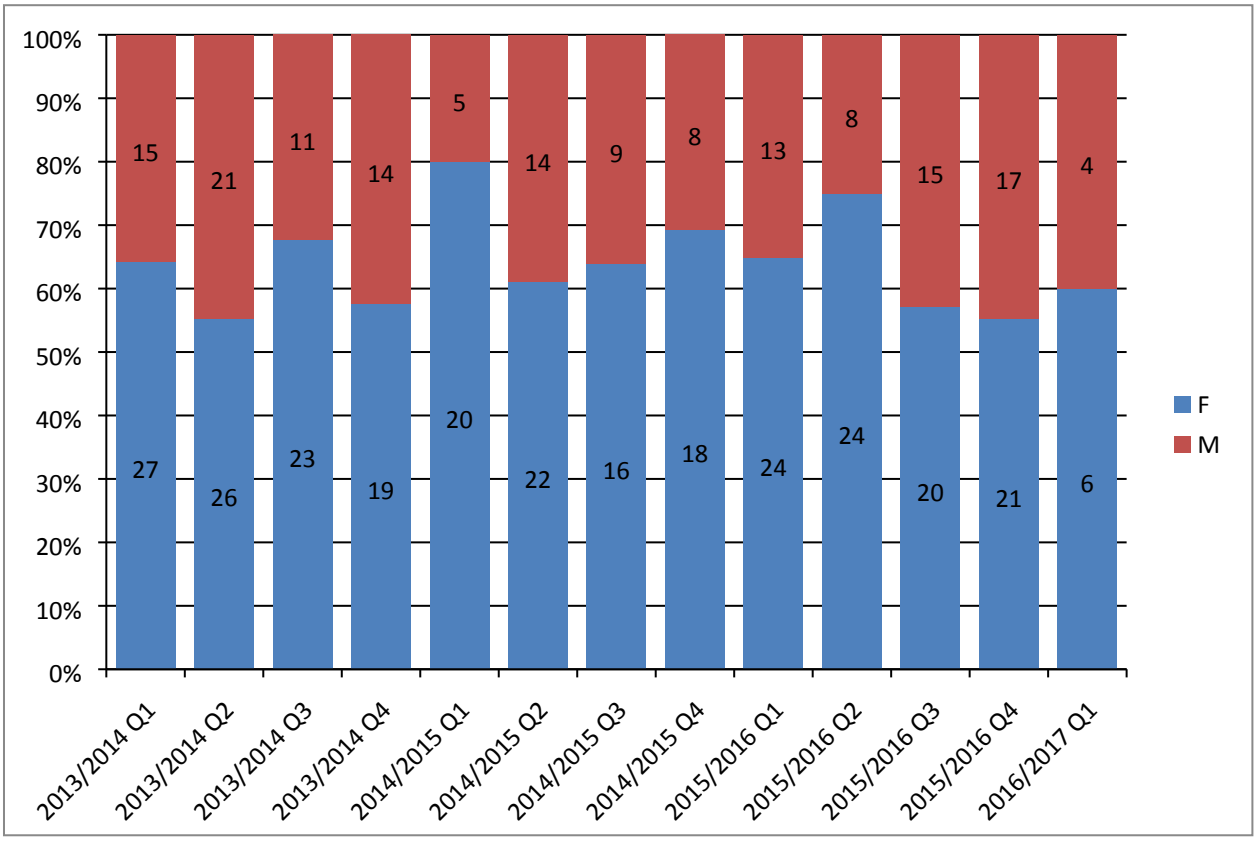


Figure 7 - Nursing Care - Admissions by Gender 2013-16

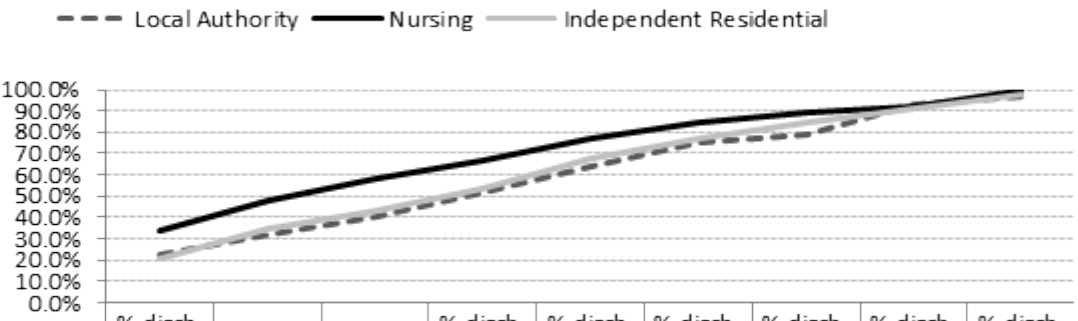
Appendix 1



The attrition rates across local authority, nursing and independent residential care are similar (figure 8) and demonstrate that time spent in care is associated with complexity of need. The more complex people's needs are the less time they remain in care: nearly 60% of people with nursing care only reside in nursing care for less than 18 months and only a small number of people remain in residential/nursing care after 7 years.

Figure 8

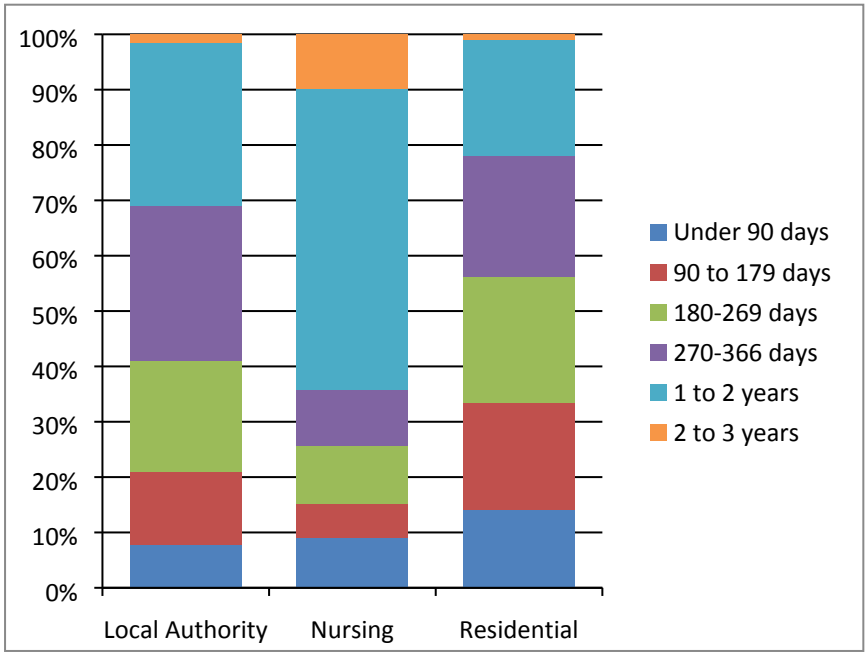
Attrition Rate: Likelihood of Remaining in Residential / Nursing Care at a range of intervals (2009-16)



	% disch. at 6 months	% disch. at 1 year	% disch. 1½ years	% disch. at 2 years	% disch. at 3 years	% disch. at 4 years	% disch. at 5 years	% disch. at 6 years	% disch. at 7 years
Local Authority	22.6%	31.5%	40.7%	51.3%	63.6%	75.3%	79.3%	93.3%	97.0%
Nursing	33.7%	47.5%	57.8%	67.0%	77.3%	84.9%	89.6%	92.2%	99.5%
Independent Residential	20.8%	34.4%	43.3%	53.7%	68.0%	77.0%	85.0%	91.2%	97.6%

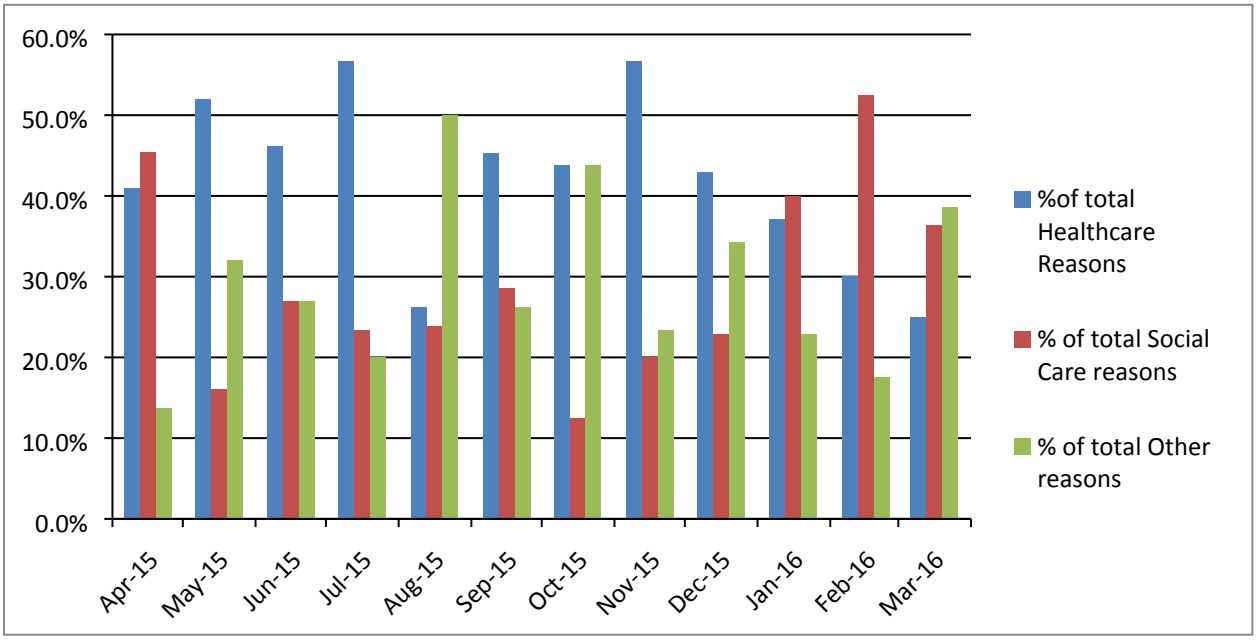
There is no data on outcomes for people in residential care although regular reviews will indicate that judgements have been made that an individual is receiving an appropriate level of care to meet their needs. Nearly 2/3rds of people in local authority and residential homes were reviewed in the last year. Less than 40% of those in nursing homes had been reviewed in the last year, although about 90% had been reviewed within the last 2 years (figure 9).

Figure 9 – Residential/Nursing Care – Time Since Last Review



There has been an increase in the number of delayed transfers due to social care reasons at the beginning of 2016 (figure 10).

Figure 10 - Delayed Transfers of Care



The Unit Cost is of residential care as detailed in the stage 2 review report is as follows:

Table 2 – Care Home Unit Costs

	External Residential	Nursing	Dementia Nursing	Internal Service
Unit Cost per week	£495	£510	£525	£538 to £1,110

The following information breaks down the internal service unit cost further to provide an average unit costing for standard residential care of £718 per person per week based on usage during the last year when full data is available (2014/15). This unit cost would have reduced to £612 per person per week based on full capacity usage. However this is still significantly higher than the external unit cost for all types of residential/nursing care.

Individual Homes

		Non Specialised			Rehab	Dementia
Direct Costs Only	**Rose Cross**	**St Johns**	**The Hollies**	**Parkway**	**Bony House**	**Ty Waun**
2014/15	1,202,770	979,804	833,519	847,839	1,611,133	2,163,099
	3	2	2	3	2	4
Capacity	3	9	3	6	9	8
		10,58	8,39	13,14	10,58	17,52
2014/15 Bed Days Available*	12,045	5	5	0	5	0
		1,72	2,21	2,11	38	42
2014/15 Bed Days Vacant*	461	3	1	8	5	4
2014/15 Occupancy	96.2%	83.7%	73.7%	83.9%	96.4%	97.6%
2014/15 Actual						
Unit Cost at 2014/15 Actual Usage	£ 727	£ 774	£ 944	£ 538	£ 1,106	£ 886
Unit Cost at 2014/15 Full Occupancy	£ 699	£ 648	£ 695	£ 452	£ 1,066	£ 864

Averages

Direct Costs Only	**Non Specialised**	**All Inclusive**
2014/15	3,863,932.	7,638,164
Capacity	121	198
2014/15 Bed Days Available	44,165	72,270
2014/15 Bed Days Vacant	6,513	7,322
2014/15 Occupancy	85.3%	89.9%
2014/15 Actual		
Unit Cost at 2014/15 Actual Usage	£ 718	£ 823
Unit Cost at 2014/15 Full Occupancy	£ 612	£ 740

The stage 2 review stated that the internal service is more costly to provide in part due to the more favourable terms and conditions that the Local Authority affords to staff, and the significant impact that Job Evaluation and Single Status has had in the internal residential homes. In addition the fact that the local authority managed care homes offer residential reablement and specialist dementia care means that there is a higher ratio of staff to residents which will be another reason why the internal service is more expensive.

Staffing data from the stage 2 report indicates:

- Across adult services, 41% of all staff employed are full time, 59% are part time. 19% are male and 81% are female.
- The greatest proportion of the workforce in private sector services (61%) is aged between 25 and 50.
- 81% of the workforce is white.
- Within residential services for adults 30% of all care staff were recruited to post within the previous 12 months.
- The number of care staff recruited across residential services for all adults exceeds the number of staffing leaving by 25%.
- The number of staff leaving with the required social care qualifications was 13% lower than the number of people recruited with the required qualification, therefore there has been an overall net increase in the number of qualified staff recruited.
- 91% of managers have the qualifications required to meet occupational and regulatory standards compared to 72% of carers.
- Residential services for adults reported only 29 vacancies which accounts for 2% of posts. 67% of all residential services for adults stated they had no vacancies at all.

The stage 2 review stated that in summary, whilst there have been certain providers that are known to have experienced difficulties, the headline data referred to above does not suggest a workforce in crisis. The number of staff recruited annually exceeds the number leaving the sector. The number of qualified staff continues to increase annually. The number of reported vacancies is low. The age of staff does not appear to present any barrier to workforce continuity. These are trends that have recurred for the last 3 years. Male carers however are significantly under represented within the workforce, whilst ethnic minority workers are over represented accounting for nearly 12% compared to an estimated ethic minority population of 6% (based on 2011 census data for Swansea).

Nearly one third of staff at all homes were recruited within the last 12 months. Ostensibly this raises concerns about the experience and quality of staff, and the extent to which there is a static population of carers available to provide good quality care for residents. It also raises concerns about ongoing recruitment, Induction and training costs for care home operators. However the data also suggests that 70% of staff leaving the employ of a care home operator go on to take another job within the care sector. The number of people that find a job at another care home is not captured by the data but the assumption is that workers are moving from home to home.

4.2 Summary

In summary, and based on available data, the following observations can be made about care home services commissioned or provided by the City and County of Swansea:

- There is a varied provider base which offers resilience against any single provider going out of business.
- However a relatively high proportion of beds are concentrated within a small number of larger independent sector homes.
- 3 Local Authority homes are located in Swansea East, with 2 in Swansea West and one in Gower constituency. However, those located in Swansea West and the Gower constituency are located fairly near to the City Centre, so there is limited access to Local Authority homes in the more rural Western areas of the City and County.
- Generally, occupancy levels in care homes across the City and County of Swansea area are high (92.4%)
- Occupancy levels in CCS care homes have generally been lower than this average with some care homes having levels of an average of 85%
- An occupancy level of 90% or above is considered a sustainable level.
- An analysis of current occupancy levels indicates that there is capacity to meet current demand.
- However, anecdotally, demand for services capable of meeting complex needs is high, whilst available beds are relatively low.
- New admissions to care homes by month show wide variation where highest numbers do not necessarily reflect winter pressures.
- Residents in local authority care homes are generally younger than the average across the care home sector
- There is no data on outcomes for people in residential care although regular reviews indicate that judgements have been made that an individual is receiving an appropriate level of care to meet their needs.
- Nearly 2/3rds of people in local authority and residential homes were reviewed in the last year. Less than 40% of those in nursing homes had been reviewed in the last year, although about 90% had been reviewed within the last 2 years
- There has been an increase in the number of delayed transfers due to social care reasons at the beginning of 2016
- The unit cost for CCS in-house residential care is significantly higher than for the private sector
- Whilst it is know that some care home providers have experienced difficulties with recruitment and retention, the overall data does not suggest significant problems across the sector.
- There is some indication of issues about the experience and quality of staff, and the extent to which there is a static population of carers available to provide good quality care for residents.

4.3 Key Themes for Options Appraisal

Generally, and from the above analysis, the preferred options must address the following key themes:

- **Strengthening the resilience of the care home market** – Whilst there is a broad provider base a high proportion of overall capacity is concentrated on a few larger providers.
- **Ensuring sufficient capacity to meet future need** – It is known that the older population in the CCS area will grow significantly. The new model for adult social care will seek to promote independence and manage down the demand for care home placements. However there will still be a requirement for a flexible, high quality service. There is a known requirement to expand the provision of services for people with complex needs, including dementia
- **Improving access, promoting choice and reducing delayed transfers of care** – The care home service needs to be responsive, offering swift and easy access to care home

placements, offering choice and averting the need for people to be accommodated in less appropriate environments while awaiting a placement.

- **Ensuring clear "value for money" from the service currently provided from in-house care homes** – The CCS in-house care home service is valued and generally regarded to be of high quality but has a high unit cost. The future approach to the in-house service will need to respond to need and represent an appropriate and justifiable investment.
- **Promoting a stable, experienced and well trained workforce**. – Whilst recruitment and retention has been shown to be perhaps less of an issue than may be expected, there is still some concern about the availability of a static, trained and experienced workforce suitable for offering high quality care and support to residents.

5. SERVICE COMPARISON

s part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with others.

5.1 Benchmarking Analysis

The following local authorities were agreed as being suitable for benchmarking with the City and County of Swansea. These represent areas which are predominantly urban in nature with an adjoining more rural hinterland with more dispersed populations:

- Cardiff
- Newport
- Neath Port Talbot
- Wrexham

As part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with others.

The current population in Swansea is 241, 297 of which 19.2% are 65 years and over. This is similar to the Welsh average though higher than Cardiff, Newport and Wrexham.

Table 3: Population in 2014 and breakdown by age

	Number of people	% 0-15 years	% 16-64 years	% 65 + years
WALES	3,092,036	17.9	62.2	19.9
Swansea	241,297	17.2	63.6	19.2
Cardiff	354,294	18.4	67.8	13.8
Newport	146,841	20.0	62.7	17.3
Neath Port Talbot	140,490	17.4	62.9	20.0
Wrexham	136,714	19.2	62.2	18.6

* Figures for 30 June 2014 – accessed Data Unit Wales, source ONS

The number of older people in Swansea is expected to rise significantly over the next 20 years: most significantly those aged 85 and over.

Table 4: Projected percentage change by 2035 in the older population

	65-69	70-74	75-79	80-84	85+
WALES	5	30	36	48	119
Swansea	1	26	30	**35**	**104**
Cardiff	24	62	57	51	88
Newport	16	36	30	31	100

Neath Port T	0	29	39	51	94
Wrexham	12	31	45	64	141

* source – Daffodil: Projecting the need for care services in Wales

Therefore the projected numbers of older people receiving residential services is also expected to increase over the next 20 years, especially for those aged 85 years and over where it is expected to more than double. The table below is based on national data on the Daffodil resource. Whilst the data for Swansea does not correlate precisely with what is known about the overall care home bed capacity, this is likely to result from data collection/reporting discrepancies. Overall, the message is still clear that across Wales, and in Swansea especially, the number of older people requiring residential care is expected to increase by 59%.

Table 5: Projected numbers receiving residential services by age

	65-74		75-84		85+	
	2015	2035	2015	2035	2015	2035
Wales	1,415	1,637	3,495	4,936	6,395	14,003
Swansea	117	131	294	388	512	1,043
Cardiff	133	187	291	449	437	821
Newport	49	61	111	145	200	400
Neath PT	84	95	165	237	349	677
Wrexham	62	75	122	187	250	603

* source – Daffodil: Projecting the need for care services in Wales

The number of people with dementia in Swansea is expected to increase by 61% over the next 15 years (table 6).

Table 6: Projected numbers of people with dementia

	2020	2025	2030	2035
People aged 65-69 with dementia	158	166	182	179
People aged 70-74 with dementia	358	324	344	376
People aged 75-79 with dementia	565	686	624	670
People aged 80-84 with dementia	843	945	1,162	1,069
People aged 85 and over with dementia	1,696	1,977	2,357	2,955
Total population aged 65 and over with dementia	3,620	4,097	4,668	5,248

* source – Swansea

This is lower than the Welsh average of 71.9% but similar to all but one of the comparator authorities (table 7).

Table 7 – Percentage increase in number of people aged 65 and over with dementia by 2035

Local authority	% increase in number of people aged 65 years and over with dementia by 2035
WALES	71.9%
Swansea	61.3%
Cardiff	67.1%
Newport	59.8%
Neath Port Talbot	61.8%
Wrexham	87.1%

* source – Swansea

The rate per 1,000 older people helped to live in residential care in Swansea is 20 which is higher than the Welsh average and 3 of the 4 comparator authorities (table 8).

Table 8: How many older people were helped to live in residential care?

Local authority	Rate per 1,000 older people supported to live in residential care during the year 2014-15
WALES	19 per 1,000
Swansea	20
Cardiff	18
Newport	14
Neath Port Talbot	22
Wrexham	17

* data from Data Unit Wales – My local council

Swansea also has the second highest number of delays recorded of the comparator authorities (table 9).

Appendix 1

Table 9: Delayed transfers of care due to social care reasons by local authority and measure 2014-15

Local authority	Total number of local authority residents (aged 18+) experiencing a delayed transfer of care during the year for social care reasons
WALES	1,309
Swansea	100
Cardiff	354
Newport	62
Neath Port Talbot	40
Wrexham	19

Table 10 shows that in 2014-15 Swansea provided significantly more in-house respite care than was provided by the independent sector which does not reflect how respite care is provided across Wales or the comparator authorities where more nights of respite care are provided in the independent sector.

Table 10: Respite care by local authority and measure – 2014-15

2014-15	Nights of respite care provided in Local Authority care homes	Nights of respite care provided in Independent sector care homes under contract	Nights of respite care provided in Independent sector care homes under contract, receiving nursing care
Wales	63139	87548	12431
Swansea	7696	893	487
Cardiff	0	5590	1894
Newport	2642	7408	1648
Neath Port Talbot	2740	7708	63
Wrexham	2890	9175	823

* Data from Stats Wales

5.2 Summary

In summary, and based on available data, the following observations can be made about care home services commissioned or provided by the City and County of Swansea:

- The proportion of the population over the age of 65 is similar in Swansea to the Welsh average but slightly higher than similar urban authorities of Cardiff and Newport.
- The population of older people is set to grow at a similar rate across Wales and comparator authorities.
- Over the next 20 years, it is expected that the number of people in Swansea over the age of 85 will increase by 104%
- The number of people with dementia in Swansea is expected to increase by 61% over the next 15 years.
- It is expected that over the next 20 years, the number of people in Swansea requiring residential care services will increase by around 59%
- The number of people with dementia in Swansea is expected to increase by 61% over the next 20 years
- The proportion of older people in Swansea who are placed in care homes is slightly higher than most comparator authorities. This indicates that there is potential through improved care management practice, to manage down the demand for care home beds.
- Generally Swansea has higher than average Delayed Transfers of Care for social care reasons. This indicates particular problems in accessing care home placements swiftly.
- Swansea provides a significantly higher than average amount of residential respite care within its local authority care homes.

5.2 Key Themes for Options Appraisal

Generally, and from the above analysis, the preferred options must address the following key themes:

- **Ensuring adequate capacity for meeting growing demand** – Even in the context of a new model of adult social care which emphasises prevention, promotes independence and averts the need for long term care, demographic analysis indicated that the demand for care home beds in Swansea will increase significantly. There are already known to be pressures in meeting the needs of those with dementia and this population is set to grow significantly in Swansea.
- **Ensuring speedy access to care home beds** – In order to promote choice and ensure that people are provided with care and support in the most appropriate environment, people need to be able to access a placement in the care home of their choice without needing to wait unduly for that placement to become available.
- **Supporting an approach to manage down demand** – The new model for adult social care will manage down the demand for long term residential care, based on developed practices and an enhanced range of services elsewhere in the overall "whole system". However, the care home sector will have to work within that system and support this overall approach.
- **Making best use of in-house capacity** – The in house service has a higher unit cost than that of the independent sector and any future role in the whole system will need to show that it meets strategic need and demonstrates value for money.

6. BEST PRACTICE AND INNOVATION

The Institute of Public Care has undertaken research to identify innovation and best practice in other areas/countries. In particular, research has been focussed on the following issues:

- Managing future demand for care home capacity
- Care homes as community Hubs
- Flexible bed use
- Future role of Extra Care Housing
- Independent Sector as innovators

6.1 Managing future demand for care home capacity

Despite the increasing numbers of older people living longer, this is not generally being seen to be reflected in an equivalent increase in use of state funded residential care. Overall there has been a 16% reduction in the numbers of people whose care is paid for by councils in residential care over the last ten years – the lowest reduction is for younger adults who have a learning disability and the highest reduction is for older people (who are still the largest group being cared for in residential care).

In a paper written by Professor John Bolton for IPC on demand and capacity in social care, he suggests that there are local factors that are significant in influencing the demand for state funded services in adult social care. These include:

- The relative wealth in the population (or the opposite in relation to areas of high deprivation).
- The behaviours of key players in the NHS, the performance of intermediate care and the availability of therapists and nurses in the community.
- The effectiveness of the council front door in finding solutions for people and their problems - The effectiveness of short-term help and the approach to preventive help.
- The way in which the needs of people with lower care needs are met including the use of assisted technology.
- The practice and supervision of assessment and care management staff.
- The approaches taken to progression towards greater independence for those with long-term conditions.
- The way in which people with long-term conditions are helped to self-manage their conditions including dementia care.
- The approaches taken to the assets of the person being assessed and the involvement of family and community in a person's solutions.
- The way in which providers deliver outcomes including the availability and vibrancy of the voluntary sector.
- The availability and the nature of supported housing services including Extra-Care Housing for Older People.
- The partnership with carers and carer organisations.
- The use of performance measures to judge the outcomes from the care system. [7]

[7] Predicting and managing demand in social care Discussion paper. Professor John Bolton April 2016

With these factors in mind, it could be said that predicting or managing demand for care homes in the future requires a whole system approach to the problem, with collaborative working from all parties involved with the cohort of individuals in scope.

Of particular relevance to care homes is the behaviours of key players in the NHS, the performance of intermediate care and the availability of therapists and nurses in the community.

In the LGA Efficiency Programme it was found that if older people were placed in a residential intermediate care facility that helped to support recovery and rehabilitation with therapeutic support available, there was an 80% chance that an older person would return home. If a similar person was placed in a residential care home with no similar support there was an 80% chance the person would remain in that home for the rest of their life. [8]

It can be strongly argued that no one should make a long-term assessment for a person's needs when they are in a crisis. It is important to care and support a person through a crisis but in a way that gives them the right opportunity to recover, take stock and experience help in a particular way that might maximise their longer-term life chances. The focus should always be on the long-term outcomes rather than on the immediate crisis.

As a minimum no older person should be assessed for their longer-term needs from a hospital bed[9]. How a council responds to a person in a crisis can either accelerate them into the formal care system or can hold them and offer the right care and support which will focus on their longer-term outcomes, maximising opportunities for independence. The kind of response offered will make a difference in the overall demand for longer-term care. It is therefore important to ensure that all other opportunities to help an individual regain their independence have been explored prior to referring to residential care placement. It should be seen as the last option.

Good practice example - an outcome based approach to care home admission

East Renfrewshire's Care Homes Admissions Criteria Guidance has a particular emphasis on personal outcomes. The aim of the policy is to ensure that available resources are used in the most efficient and effective way and to ensure that there is consistency and fairness in application of criteria across East Renfrewshire for people in need of personal and nursing care in care homes.

They believe that an outcomes-focused approach is one that emphasises the strengths, capacity and resilience of individuals rather than their deficits. It builds upon natural support systems and includes considering wider community-based resources. The therapeutic role of the social worker and the relationship they establish with the person and their family is central to supporting people to find their own solutions.

To be eligible for a care home admission an outcomes focused assessment of a persons' needs is carried out. The expectation is that the assessment should include wide engagement with a person's family and other stakeholders and identify the key outcomes necessary to enable a person to be safe and secure. The assessment includes an analysis of risk based on the evidence. Once all options that would assist someone to stay at home have been considered and not deemed appropriate then care home admission will be considered.

[8] LGA Adult Social Care Efficiency Programme – The final report 2014

[9] Intermediate Care – Halfway Home Updated Guidance for the NHS and Local Authorities 2009

6.1.1 Managing Demand: Key messages

- CC Swansea's Adult Social Care Model and approach to managing down the demand for residential care reflects some national good practice and has the potential to reduce significantly the proportion of older people choosing residential care.
- An outcome based approach to individual assessments which maximise engagement with families and wider communities are an important component of the future "gateway" to care home admission.
- The demand for care home provision can only be effectively managed in the context of a "whole system" health and social care approach".

6.2 Care Homes as Community Hubs

More councils and NHS Trusts are considering community hubs as a central place for the delivery of a fully integrated health and social care service, bringing together health, housing and social care facilities all onto one site. The hope is these hubs will replace other buildings that deliver health and social care services separately, making it easier for individuals to have their needs met in their place of residence, and that services will be more efficient and cost effective in the longer term.

Good Practice Example 1 – Glan Irfon Health and Social Care Centre, Builth Wells

This joint initiative between Powys County Council and Powys Teaching Health Board involved closing a small community hospital and using a £5.2m Welsh Government Capital Grant to build an Integrated Health and Social Care Centre on the site of one of the community's care homes.

The centre was opened in 2014. It enables people to receive care in their local community. GPs visit the centre to see patients in the 12 bed flexible short-stay unit and nursing care needs for residents can be met by an in-reaching team of 24/7 NHS community nurses.

An in-reaching team of therapists and support workers provide reablement services to support people to get back on their feet and return home with as much independence as possible. The units 12 beds can be used for up to six weeks for rehabilitation, respite or recuperation.

Also within the Glan Irfon site there are facilities for community activities, treatment rooms for the local GPs to undertake consultations and for visiting specialist clinics.

Good Practice Example 2 - Cylch Caron Integrated Resource Centre, Ceredigion

An integrated resource centre is being developed similar to the one in Builth Wells, housing a range of services, including a GP surgery, community pharmacy, outpatient clinics, and community nursing services, long-term nursing care and day care. There are also plans for 34 flats for people who require extra care and support to remain in their own homes and six integrated health and social care places for people who no longer need to stay in hospital but require more support before they return home.

The scheme uses a blended infrastructure funding package with General Medical Services and community elements being funded through public capital and the housing element being jointly funded through public capital (housing grant) and private capital.

Good Practice Example 3 - Hogeway Care Home, Holland

There are some interesting examples of care homes that shift the public's perception of these services as dreary and negative, and deliver care in a holistic personalised way. Hogewey in Holland for example, is a care home for around 150 older people with dementia, consisting of shops, hairdressers, cafes and a range of social activities.[10]

6.2.1 Care Homes as Community Hubs: Key messages:

- A number of councils are recognising the need to expand the role played by care homes as a "hub" within communities for the provision of various social care health and wellbeing services.
- These initiatives are most successful, and to an extent, predicated upon the development of strong strategic partnerships with local health services and also care home providers.
- Consultation exercises conducted as part of this Commissioning Review have indicated some appetite across the independent sector to form such partnerships.

6.3 Flexible bed use

The independent sector can play an increasingly important role in health and social care provision, particularly for the elderly, that is complementary to the NHS. Larger operators have developed capabilities and have capacity in specialised areas of care such as nursing for frail elderly, step-up and step-down care, dementia care and palliative care.

A number of operators have already contracted specialist care services with both health and social care commissioners for high dependency patients at a fraction of the cost to the NHS and taxpayer, (between 35 and 50 per cent less than NHS tariff rates for hospital care).

Specialist input can help these patients regain independence or avoid an acute admission. But shortfalls in care which do not meet their needs can result in them remaining in a hospital bed for too long - and not being able to manage at home afterwards, potentially ending up in residential care permanently.

Health Boards and, in England, Clinical Commissioning Groups have started to look towards more innovative solutions. Some are commissioning beds and services in private care homes. While using beds in nursing homes has been commonplace for some time, there is now an additional focus on ensuring care is focused on helping patients recover rather than just providing them with a bed. Perhaps most importantly, good targeted care in such units can produce good outcomes with many patients able to return to their own homes, perhaps with a package of care. This can often be achieved within a relatively short length of stay with homes working to key performance indicators agreed with commissioners.

Good Practice Example - Four Seasons, Stoke on Trent

An example of where there is a flexible approach to the use of care home beds is Four Seasons care. Beds can be commissioned for admission avoidance - by diverting patients who otherwise

[10] http://hogeweyk.dementiavillage.com/en/

would end up in A&E and would probably be admitted - but also providing extra options when patients no longer need an acute hospital bed but can't simply be discharged.

Four Seasons have invested heavily in its flagship project in Stoke-on-Trent, where they have employed additional staff to manage specific care packages. They have also looked at issues such as governance and data protection at other units to ensure it fully meets NHS requirements.

6.3.1 Flexible Bed Use: Key messages

- Integrated approaches with primary and secondary health services support the delivery of effective "whole system" care and support for older people in communities
- There is an opportunity to consider the existing care home portfolio, both "in-house" and across the independent sector to assess the potential to re-use or extend current buildings to provide a wider range of health, social care and community facilities
- Flexible use, short stay beds can meet a variety of needs including intermediate care, reablement and respite.
- Flexible use, short stay care home beds can be supported by in-reaching community based services such as community nursing, therapies, and reablement support.
- With careful planning and full engagement with regulators, now models of care can be developed including meeting nursing care needs through in-reaching 24/7 community nursing services.
- There are opportunities for innovative and collaborative approaches to capital funding.

6.4 Future Role of Extra Care Housing

Extra care housing has been viewed as a possible alternative to, or even a replacement for, residential care, and includes a range of specialist housing models. Most recently, the Commission on Funding of Care and Support (2011) has identified extra care housing as providing a means by which people might exercise greater control over their lives by planning ahead and moving to more suitable housing before developing significant care and support needs. However, there is a lack of robust evidence about the effectiveness and, in particular, the costs of extra care housing.

A report by the Personal Social Services Research Unit summarises the results of a Department of Health (DH) funded evaluation of 19 extra care housing schemes that opened between April 2006 and November 2008,and which received capital funding from the Department's Extra Care Housing Fund.[11] It found:

- Outcomes were generally very positive, with most people reporting a good quality of life.
- A year after moving in most residents enjoyed a good social life, valued the social activities and events on offer, and had made new friends.
- People had a range of functional abilities on moving in and were generally less dependent than people moving into residential care, particularly with respect to cognitive impairment.
- One-quarter of residents had died by the end of the study, and about a third of those who died were able to end their lives in the scheme.
- Of those who were still alive at the end of the study, over 90 per cent remained in the scheme.
- For most of those followed-up, physical functional ability appeared to improve or remain stable over the first 18 months compared with when they moved in. Although more residents had a

[11] Improving housing with care choices for older people: an evaluation of extra care housing. PSSRU, University of Kent. 2011

lower level of functioning at 30 months, more than a half had still either improved or remained stable by 30 months.

- Cognitive functioning remained stable for the majority of those followed-up, but at 30 months a larger proportion had improved than had deteriorated.
- Accommodation, housing management and living expenses accounted for approximately 60 per cent of total cost. The costs of social care and health care showed most variability across schemes, partly because most detail was collected about these elements.
- Comparisons with a study of remodelling appear to support the conclusion that new building is not inherently more expensive than remodelling, when like is compared with like.
- Higher costs were associated with higher levels of physical and cognitive impairment and with higher levels of well-being.
- Combined care and housing management arrangements were associated with lower costs.
- When matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing.
- Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care.
- People had generally made a positive choice to move into extra care housing, with high expectations focused on improved social life, in particular.
- An important aspect of both overall costs and incentives for investment is that, while the focus here is on the comparison with residential care, a substantial proportion of people who live in extra care housing schemes are more able, and it is this element of a balanced community, including the active involvement of residents in the schemes, that contributes to their success.
- While the cost-effectiveness analysis focused on changes in functional ability, ultimately the objective is improved quality of life. In extra care housing, as in other care settings, higher costs are associated with greater well-being, after allowing for people's levels of functioning.
- In delivering outcomes, communal facilities, particularly restaurants and shops, and activities are important. In a period of cost cutting, this might be particularly challenging, but careful design and location of schemes and economies of scale can help ensure the accessibility and/or viability of such facilities. Moreover, when setting up a scheme, communal facilities and organised activities need to be available from when the scheme opens.
- Some questions were raised about the degree to which the most impaired residents were able to benefit from the opportunities for social participation. Schemes should ensure that support and care is as flexible as possible to facilitate this.
- The aims of the extra care housing scheme should be explained to prospective residents, particularly when the intention is to support diverse groups of older people (some with high care and support needs) or encourage local people to use the scheme's facilities.
- Good design, incorporating the principles of 'progressive privacy', with clear demarcation between public and private spaces, could also make local community use of the scheme more acceptable to residents.

Good practice example - Willow Housing and Care

In addition to the above general benefits and challenges associated with Extra Care Housing, the following example shows how extra care housing can increase chances of older people returning home.

Appendix 1

Willow Housing and Care[12], a London-based specialist provider of homes and services for older people, worked with Supporting People commissioners to establish a support service to older people in hospital. They did this after becoming aware that some new residents were coming direct from hospital where they had remained too long because their own home was not suitable for them to return to.

The service helps older people in hospital to make choices about their future housing. If the person wishes to return to their home, Willow Housing and Care arranges for various services such as aids and adaptations, cleaning, moving their bed downstairs, a community alarm and homecare. It provides on-going support for up to six months, linking into other services as appropriate. It helps others to secure alternative accommodation such as in a sheltered or extra care scheme.

Potential benefits/returns

- The Department of Health's evaluation of the service has shown that for a £41k investment, the service has saved £420k per year in health and social care expenditure through reducing admissions to residential care and readmissions to hospital.
- Service users have shown high satisfaction with the service, and an increasing number of older people have returned to live independently after a hospital stay.

Challenges

- The service requires good promotion and close working relationships with local social and health care professionals and residents to publicise what is on offer.

6.4.1 The Future Role of Extra Care Housing – Key Messages

- Outcomes for people in extra care housing are positive
- People tend to move to Extra Care Housing at a stage in their lives when they are less dependent.
- Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care.
- In delivering outcomes, communal facilities, particularly restaurants and shops, and activities are important. In a period of cost cutting, this might be particularly challenging, but careful design and location of schemes and economies of scale can help ensure the accessibility and/or viability of such facilities
- Good design, incorporating the principles of 'progressive privacy', with clear demarcation between public and private spaces, could also make local community use of the scheme more acceptable to residents.

6.5 Independent Sector as Innovators

There is a continued downward pressure on state funded fees and a tightening of admission criteria for new placements as local authorities seek to control spending in the face of increasing underlying demand. With the local authority budgets overwhelmed, the private sector can play a role in anticipating the structure of the future market and invest accordingly.

[12] *Found at www.**housing**lin.org.uk//**Housing**/H2Hshelteredandextra**care***

Appendix 1

Good practice example 1 - The Order of St John's Care Trust (OSJCT) - Intermediate care in a care home setting.

The Orders of St John Care Trust (OSJCT) was established in 1991 as a not for profit charitable trust. It is the second largest not for profit care provider in the UK, currently operating 68 homes and seven extra care schemes in four counties (Lincolnshire, Wiltshire, Oxfordshire and Gloucestershire).The Order of St John's Care Trust (OSJCT) delivers a varied range of care services, including residential, nursing and specialist dementia care, but also offers intermediate care beds within some of their larger care homes.

For the individual this facilitates a full assessment of their health and social care needs, coordinated from one point of contact. Health and social care professionals work with the individual, their family and staff in the care home to ensure that on discharge the right support systems are in place to enable the person to live as independently as they can in their own home. This approach could be regarded in essence as the provision of "residential reablement", however it also supports a broader whole system approach to rehabilitation and recovery. It also illustrates a constructive partnership with an independent sector provider.

Good practice example 2 – USA - expansion of residential social care

The USA has made significant progress in delivering higher quality care more efficiently. In doing so, the following developments have been key:

- Expanding privately assisted living (residential social care) and continuing care retirement communities: these are age restricted communities that combine independent living units (apartments or homes) with residential and nursing care beds on a campus. There are now more residents living in such facilities than in government supported nursing homes. The UK has limited communities in operation that are similar to the US model, but these are highly successful when combined with effective and available home care. These facilities are highly effective as they contain costs while also making a wider range of services available.
- Focusing on delivering true economies of scale: care providers will have to increase productivity year on year. Single care homes in an increasingly diverse market will have significant difficulties containing their costs. One of the most effective strategies to meet this challenge, without negatively affecting residents' lives, is either to group a number of care homes together or to provide services within a defined local area to residents with different needs. Such "care clusters" mean providers can secure economies of scale.
- Moving activity to the lowest cost setting that is appropriate: as demand for services for older people and those with disabilities grows, discussion by policy makers and care providers is shifting away from focusing only on price towards an emphasis on what will be needed, as well as where services should be located and whether a private house, care home, hospital or other facility is most suitable.[13]

6.5.1 The Independent Sector as Innovators – Key Messages

- The private sector can play a role in anticipating the structure of the future market and invest accordingly
- There is potential capacity and willingness in the independent sector to introduce innovative models of care in care homes which fit well with the CC Swansea Model for Adult Social Care
- There is an opportunity to develop strategic partnerships with independent sector providers.

[13] Found at: http://www.hsj.co.uk/topics/technology-and-innovation/how-the-us-improved-its-care-home-sector/5059640.fullarticle

6.6 Key Good Practice Messages

An analysis of examples of good practice described above gives the following key points which may be considered in the development and appraisal of options:

- An outcome based approach to individual assessments which maximise engagement with families and wider communities are an important component of the future “gateway” to care home admission.
- The demand for care home provision can only be effectively managed in the context of “whole system” health and social care approach”.
- Integrated approaches with primary and secondary health services support the delivery of effective “whole system” care and support for older people in communities
- There is an opportunity to consider the existing care home portfolio, both “in-house” and across the independent sector to assess the potential to re-use or extend current buildings to provide a wider range of health, social care and community facilities
- Flexible use, short stay beds can meet a variety of needs including intermediate care, reablement and respite.
- Flexible use, short stay care home beds can be supported by in-reaching community based services such as community nursing, therapies, and reablement support.
- With careful planning and full engagement with regulators, now models of care can be developed including meeting nursing care needs through in-reaching 24/7 community nursing services.
- There are opportunities for innovative and collaborative approaches to capital funding.
- There is a significant potential role for Extra Care Housing in a spectrum of services which offer older people accommodation with care and support.
- Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care.
- Good design, incorporating the principles of ‘progressive privacy’, with clear demarcation between public and private spaces, could also make local community use of the scheme more acceptable to residents.
- Some independent sector providers, both of care home services and registered social landlords possess expertise and are in a position to offer innovative contributions to an overall spectrum of services.
- Independent sector providers can access capital funds.
- There is potential for partnerships between commissioners to develop innovative services with collaborative funding arrangements.

6.7 Key Themes for Options Appraisal

The above research provides rich material to help shape future thinking on the provision of care home services. In particular it identifies the following key themes which should be addressed through the options appraisal.

- **Whole system approach** – The above research demonstrates that where commissioners and providers have been able to demonstrate improved outcomes through innovation, this has been in the context of a “whole system approach”. In Swansea, this “whole system” is articulated through the Adult Social Care Service model, and more broadly through the priorities of the Western Bay Health and Social Care Collaborative.

- **Review the best use of in house services** – There may be an opportunity to work with the existing resource of the Councils in-house care homes and extend their role, both in terms of providers of specialist care and also perhaps as a more general resource as a community hub.
- **Opportunity for strategic partnerships** – Research shows that innovation can on occasion be led by, and frequently delivered through strong partnerships between commissioners and providers.
- **Shown to work elsewhere** – Simply speaking, if an approach has been shown to yield improved outcomes, this may indicate that a similar approach could be developed and taken forward in Swansea

7. STAGE 4 – OPTIONS APPRAISAL

A set of options have been developed which seek to capture accurately the strategic commissioning themes that need to be considered as an output from Stage 4 of this Commissioning Review. The options are presented in a series of inter-related categories which need to be appraised separately and in sequence. The preferred approach from each appraisal will inform the options and approach taken within the subsequent category.

The options appraisal will produce a recommended strategic commissioning approach for residential care services which responds to the key operational and strategic issues identified. Whilst it is expected that this process will give clear direction to the commissioning approach, it is noted that subsequent implementation will need to be informed and guided by the development of detailed Business Case and Project Plan processes which will inform subsequent and more detailed decision making.

7.1 Assumptions

The following assumptions underpin the options and their appraisal:

- All commissioning activity takes place within a given budget.
- For the purposes of this options appraisal, it is assumed that investment levels for CC Swansea will not change
- Whilst the overall necessity for CC Swansea to find 20% efficiencies over the next three years remains. The approach taken here is based on the potential to reduce investment levels, but it is understood that the options alone cannot make the savings required. Significant attention will need to be paid to demand management across the system to realise real impact on the budgetary situation.
- Investment and disinvestment priorities will need to be taken in a “whole system” context.
- The proposed options relate to identifying the commissioning arrangements which make best use of resources to ensure improving outcomes for service users and sustainable service arrangements

7.2 Stakeholder Engagement

A initial scoping workshop was held on 11th September 2015 at Stage 1 of this Commissioning Review to share information about the review process and to ask participants to share their views about how services to citizens, and commissioning arrangements, could be improved. Participants identified the top four outcomes for service users which are described in Section 3.4 of this report.

A co-production workshop was held on 28th April 2016. This event was used to consolidate and develop an understanding of the key issues facing the residential care service and to engage stakeholders in early discussions on options and evaluation criteria (answering the question “what does “good” look like?”.

A stakeholder engagement event was held on 10th June 2016. This was attended by approximately 20 individuals representing a diverse range of stakes from across the care home sector. At this event, attendees were consulted on:

- The strengths and weaknesses of an initial draft range of options. The collated feedback from this exercise is shown in Appendix 1. This contributed to the development of a more focussed range of options that went forward for evaluation as shown below in Section 7.3

- Evaluation criteria. A draft set of evaluation criteria were considered, developed and extended by participants. The final set of evaluation criteria is shown below in Section 7.4

7.3 Options

Following detailed consultation, the following options were considered:

1. **Strategy**
    a) Maintain current strategy in relation to pattern of supported Living/Extra Care Housing/Residential/ Nursing Care
    b) Review Strategy in relation to pattern of residential care provision balanced with alternative accommodation provision including Extra Care Housing

2. **Service Model in relation to Short Term/Complex Residential and Nursing Care**
    a) Maintain current service arrangements
    b) Commission short term/complex care on specific specialist sites

3. **Model of delivery**

- Externalise all services to deliver new service model
- Maintain mixed delivery to deliver new model

4. **Balance of Mixed Model**

- Maintain current in-house portfolio completely and deliver a degree of specialist services and standard residential care. Commission all other residential services externally
- Apply greater degree of specialism on internal beds and provide no standard residential care in-house. Commission everything else.

A description of each option, together with an evaluation of its relative strengths and weaknesses is provided in Appendix 2.

7.4 Evaluation Criteria

Sections 4, 5 and 6 of this report consider current service performance, benchmarking against other comparator local authorities and evidence of good practice models across the UK and beyond. An analysis under each of these sections has identified the following key issues which need to be addressed through the options appraisal process:

Service performance - Section 4.3

- Strengthening the resilience of the care home market
- Ensuring sufficient capacity to meet future need Improving access, promoting choice and reducing delayed transfers of care
- Ensuring clear “value for money” from the service currently provided from in-house care homes.
- Promoting a stable, experienced and well trained workforce

Service Comparison (Benchmarking) – Section 5.3

- Ensuring adequate capacity for meeting growing demand
- Ensuring speedy access to care home beds
- Supporting an approach to manage down demand
- Making best use of in-house capacity

Best practice – Section 6.7

- Whole system approach.
- Review the best use of in house services
- Opportunity for strategic partnerships
- Shown to work elsewhere

The CC Swansea corporate template for options appraisal provides 5 key headings for evaluation criteria:

- Outcomes
- Fit with Priorities
- Financial Impact
- Sustainability and Viability
- Deliverability

Under each of these headings, the following evaluation criteria were developed by the Review Team. These were informed by the key themes from the analyses above and then further refined at the Stakeholder Co-Production workshop held on 9th June, 2016.

Category	Criteria Questions	Weighting
1. Outcomes		
1.1	Promotes health and wellbeing	M
1.2	Maximise opportunities for greater independence	M
1.3	Promotes choice and control	L
1.4	Reduces demand for services	H
1.5	Improves performance	H
1.6	Improves user experience	M
2. Fit with Priorities		
2.1	Fit with SSWB Wales Act and Guidance	H
2.2	Fit with CCS Adult Services Model	H
2.3	Fit with corporate priorities	M
2.4	Fit with Western Bay priorities	L

2.5	Promotes partnership	L
3. Financial Impact		
3.1	Supports cost reductions (20% over 3 years)	H
3.2	Requires investment but supports savings elsewhere in the system	L
3.3	Makes better use of staff resources	M
3.4	Limited/no set-up costs	L
3.5	Achieves capital receipt	L
3.6	Reduce premises cost/maintenance backlog	M
4. Sustainability/Viability		
4..1	Promotes positive workforce	H
4.2	Shown to work elsewhere	L
4.3	Supports positive market development	M
5. Deliverability		
5.1	Legally compliant	H
5.2	Safe	H
5.3	Acceptable to stakeholders/public	H
5.4	Manageable project	H

The detailed options appraisal is shown as Appendix 2. This outlines the rationale for how the preferred options were arrived at.

8. SUMMARY & CONCLUSIONS OF REVIEW TEAM

Following detailed analysis and options appraisal, the following strategic approach to residential care services is recommended:

Strategy

- Review Strategy in relation to pattern of residential care provision balanced with alternative accommodation provision including Extra Care Housing

Service Model in relation to Short Term/Complex Residential and Nursing Care

- Commission short term/complex care on specific specialist sites

Model of delivery

- Maintain mixed delivery to deliver new model

Balance of Mixed Model

- Apply greater degree of specialism on internal beds; providing no standard residential care in-house this being commissioned from the independent sector.

Appendix 1

Appendices

1. Feedback on Options from Stakeholder Workshop 09.06.16

2. Options Appraisal

Background Papers (Available on request)

1. Service Model
2. Commissioning Gateway Review Report Stage 2
3. Key themes from the Commissioning Review Workshop; 11.09.15
4. Key Themes from the Co-Production Workshop; 28.04.16

Appendix 2

Commissioning Gateway Review Report
Stage 4

Draft v2.1

Day Services for Older People

Contains:-

Review Overview and Details
Stages review summary
Gateway Approval

Gateway Review Approval

Budget and Performance Review Group 12th July 2016

1. PURPOSE OF REPORT

This report has been produced following the approval by BPRG at Gateway 2 to proceed onto stages 3 & 4 of the commissioning review process. Its purpose is to inform the Budget and Performance Review Group with proposals, and to seek support on the approach taken for the most viable service option, to ensure the continuous delivery of a sustainable provision for our customers and the residents of Swansea.

This report is to request approval to go out to public consultation on the preferred options prior to a final decision by Cabinet and proceeding to Stage 5 within the Commissioning Process by providing evidence the Service Review has completed all relevant tasks.

This Gateway Report will provide an overall status of the Review at Gateway 4. A RAG system will be used to highlight the overall recommendations made by the Gateway Review. Definitions below:

Appendix 2

Red	**Stop**	The Gateway identified significant issues that require immediate action before the Review can proceeds onto the next stage.
Amber	**Conditional Approval**	The Gateway identified issues that must be actioned before next Gateway Review.
Green	**Approved**	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.

Recommendations *(if applicable)*	**Overall RAG**
	Red ☐ Amber ☐ Green ☐

Sign off	
Chief Executive :	
Lead Director/Sponsor:	
Review Cabinet Member:	
Date:	

REVIEW OVERVIEW

Commissioning Strand Lead:	Alex Williams
Service Review Lead:	Alex Williams
Service Review Title:	Day Services for Older People

2. BACKGROUND

2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change[1], defines the following high level population outcomes:

- Children have a good start in life
- People learn successfully
- Young people and adults have good jobs
- People have a decent standard of living
- People are healthy, safe and independent
- People have good places to live and work.

Within the high level outcome "People are healthy, safe and independent", there is a primary driver:

"Older people age well and are supported to remain independent".

Secondary Drivers for this are:

- Support Age Friendly Communities
- Develop Dementia Supportive Communities
- Prevent falls by older people
- Maximise older people's opportunities for learning and employment
- Reduce loneliness and isolation among older people

The City and County of Swansea's Corporate Plan; "Delivering for Swansea 2016-17"[2] identifies the following priorities:

- Safeguarding vulnerable people
- Improving pupil attainment
- Creating a vibrant and viable city and economy
- Tackling poverty
- Building sustainable communities

This Commissioning Review is also being undertaken in the context of the Council's commitment to support "*individuals, families and communities to make use of their own collective resources and reduce the need for higher level support and intervention*"[3]. This commitment is detailed in what is currently a Draft Prevention Strategy which identified the following five key strategic aims:

- *"To make prevention everyone's business*
- *To prevent or delay the need for costly or intensive services*
- *To enable people to remain independent for as long as possible and to reduce dependency*
- *To promote voice, choice and control for individuals and families*
- *To increase resilience and build capacity within communities for self help".*

[1] file:///C:/Users/User/Downloads/The_One_Swansea_Plan_2015_final_version_august.pdf
[2] http://www.swansea.gov.uk/corporateimprovementplan
[3] Swansea's Prevention Strategy – Draft V 14; June 2016

2.2 National Policy Context

National policy over the last 5 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, notably 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) is due for implementation from 6 April 2016. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services, and provides for an increased focus on prevention and early help. The Act signals a fundamental change in the way services are commissioned and provided, with the emphasis on supporting individuals, families and communities to promote their health and wellbeing.

Local authorities and their partners need to make sure that people can easily get good quality advice and information which can help them make best use of resources that exist in their communities. They need to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs which require specialist and/or longer term support, they will work with them and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

At the same time, across Wales, public sector funding is under increasing pressure and as a consequence in Swansea our target for reducing expenditure on adult social care services is 20% during the period 2015/16 – 2017/18. So, at the same time, we need to save money and improve the effectiveness of our work – both at a time when the proportion of older people is projected to continue increasing, potentially placing additional demands on our services.

2.3 A New Vision for Adult Social Care

In the context of these challenges, a new model for Adult Social Care has been developed. This model is based on 5 key principles:

- **Better prevention –** by supporting care and wellbeing locally and offering good quality information and advice, we can help build more supportive local communities within which people are safer, less isolated and more resilient to problems when they arise.
- **Better early help** – by helping people quickly and effectively to maintain or regain their independence when they do have problems through services such as re-ablement, intermediate care and respite support, we can help keep vulnerable people safe, reduce the number of people who are dependent on care services and manage the demand for longer term care.
- **Improved cost effectiveness** – by commissioning and procuring services more effectively, and finding more cost–effective ways of delivering care we can ensure that every penny spent by the Council and its partners is used to maximise the health and wellbeing of our population.
- **Working together better** – by better integrating our services, our assessments and our resources with our partner agencies we can ensure that they are efficient, avoid waste and are more effective in meeting all of a person's needs.

- **Keeping people safe** – by undertaking a positive risk taking approach, responding proportionally to their needs and ensuring people are treated with respect, dignity and fairness.

All adult social care services and especially those that are the subject of a Commissioning Review will need to be guided by, and make a positive contribution to these principles.

Delivering on the 5 key elements above will require major changes in the way we work in Swansea. Our vision for health, care and wellbeing in the future is that:

"People in Swansea will have access to modern health and social care services which allow them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

2.4 The Service Model for Adult Social Care

We have developed a service model which summarises the approach which will enable us, working with our partner agencies, to deliver our vision and the 4 key elements described above. The service model is designed to ensure we deliver improving outcomes for adults in Swansea as laid out in the Department of Health Adult Social Care Outcomes Framework 2015/16[4]:

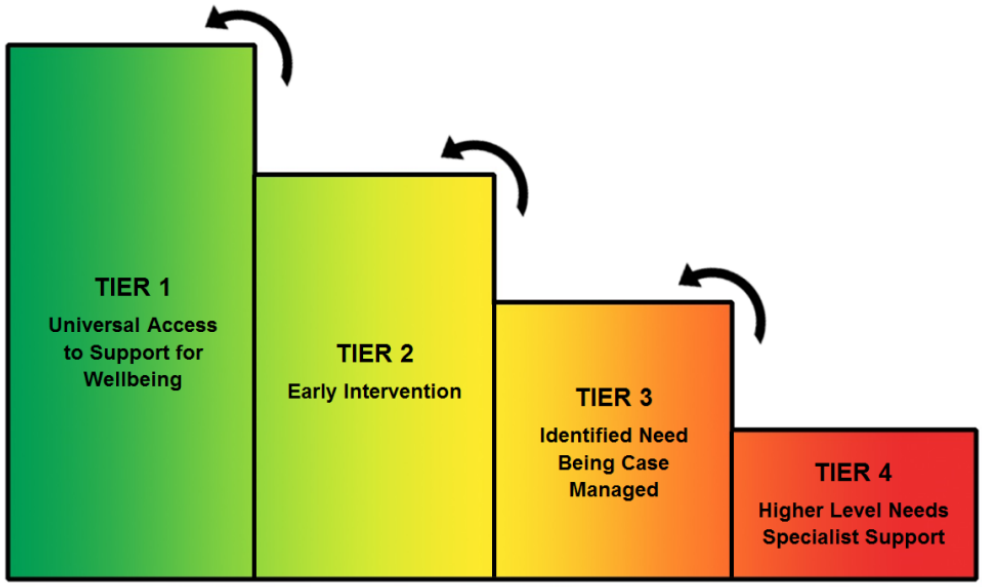
- Ensuring quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

The service model comprises 4 levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf

Appendix 2

The service model can be illustrated diagrammatically below:



Glossary

Tier 1 – Universal services aimed at all Swansea Citizens to enhance wellbeing
Tier 2 – Early intervention targeted support for people in need – single agency
Tier 3 – Managed care aimed at people in need of managed care to support achievement of person's own outcomes – Multi disciplinary approach
Tier 4 – Managed Care Complex/Higher needs aimed at people with long term complex needs

In this model a person's needs should always be met at the lowest appropriate level, and it is recognised that it should be the job of services at each level to work effectively with people to address their holistic needs and reduce their future problems and need for support.

We also believe that by ensuring that services at Tier 2 are more effective in the way that they work with people we can reduce dependency and demand for statutory/complex care over time, and thus shift our joint resources from complex and statutory services to universal and early intervention.

2.5 Key Priorities for Swansea Adult Social Care Services

This service model places a challenge before Swansea's Adult Social Care Services to embrace a culture which places individuals, families and communities at the centre of the services that are commissioned and provided. Consequently, it is necessary to undertake a fundamental transformation in our approach to service provision. In particular, we plan to focus on three key areas immediately:

- Targeted Early Help
- A different Approach to Assessment
- Developing Strong Practice

We will deliver the following changes in each of these areas through a concerted focus on strategic planning with our partners, commissioning and procurement of services, workforce development and

training, and intensive and supportive performance management of internal and external services. This transformational approach will provide the strategic context in which the commissioning review for day services will be placed.

2.5.1 Targeted Early Help

We need to build on the success of many recent initiatives in Swansea to reshape our social care system to focus on those approaches, interventions and services which have been shown to make the greatest difference in promoting independence and reducing demand. Evidence from the Local Government Association Adult Social Care Efficiency Programme[5] shows that targeted interventions that pre-empt or respond rapidly to episodes of acute need are most effective and can make a real impact in reducing demand for longer term services. In particular:

- **Targeted Preventative Interventions** – A number of individuals make first contact with formal services in response to a single episode in their life. The provision of the right short-term help at the right time can reduce or eliminate the need for longer term care. This can include the provision of information, practical support, referral to community organisations and bereavement counselling. These interventions can also be pre-emptive, and focus on avoidable risks to independence. For example, falls prevention, vaccination, "stay warm" programmes.
- **Integrated Care Pathways** – A number of the approaches described above depend upon structured and effective joint working especially between health and social care professionals. The design and development of integrated care pathways support early identification of risk, targeted interventions, rehabilitation and re-ablement.
- **Stronger Rapid Response** – A swift and well-co-ordinated response to an individual's needs at the time of crisis has been shown to be effective at significantly reducing their need for longer term more complex services. These services can include the availability of a responsive out-of-hours community nursing service, rapid allocation of community equipment and "crisis intervention" domiciliary care service together with practical problem solving and rapid access carers' respite services.
- **Improved Intermediate Care –** To support effective planning and discharge from hospital, a variety of services "between hospital and home" will support an individual to return to as much independence as possible. These services include good nursing; therapy (from a range of different therapists); re-ablement-based domiciliary or residential intermediate care; continence services; and dementia care support services.
- **Better Hospital Transfer Co-Ordination** - A proactive and multi-disciplinary approach to hospital discharge arrangements and out-of-hospital care can make a significant difference to the ongoing need for formal care and support services that an individual requires.

[5] Local Government Association's Adult Social Care Efficiency Programme Reports 2014

Appendix 2

2.5.2 A Different Approach to Assessment

Current systems tend to intervene when individuals are at a point of crisis. Consequently, assessments tend to be undertaken when people's needs are at their greatest. Levels of longer term service are established without recognition of an individual's capacity to recover. The longer term provision of higher-than-necessary levels of care and support has been shown to "disable" individuals and promote reliance on those levels of care. We plan to use the opportunities afforded by the implementation of a new approach to assessment, required by the Social Services and Wellbeing (Wales) Act 2014, to instil a "strengths and assets-based" approach to assessment focussed on individuals' capacity to achieve greater independence and also emphasise the potential contribution from informal assets such as family, friends and others in the community. This will be developed with a clear eye on the importance of taking a measured approach to risk, the management of risk, and the importance of safeguarding vulnerable adults.

A number of Councils have also made savings and reduced demand on longer term services by undertaking careful reviews of the care and support received by individuals (possibly targeted) to identify where their needs and/or circumstances have changed in such a way as to reduce their needs. Managing demand away from higher cost, long term Tier 4 services will be an important component of our approach to finding required budget savings over the next three years.

2.5.3 Developing Strong Practice

As already described, the Social Services and Wellbeing (Wales) Act places a challenge on local authorities to embrace a culture which places individuals, families and communities at the very centre of the services we support, commission and provide. The City and County of Swansea has translated this fundamental shift in culture into a detailed service model. However, neither "embracing a model" nor "agreeing a service model" will transform the experience of our citizens. Absolutely fundamental to the real delivery of our vision and our model of service, will be the practice and behaviour of our staff. Moreover, it will depend on a clear understanding and commitment to our approach from other professionals and community stakeholders so that we are working together to a common approach.

In particular, we plan to:

- Develop a clear practice framework which will guide and inform the day to day work of our staff and their key partner professionals.
- Enable our managers to support and challenge their teams to embrace the required culture shift and embed new ways of working.
- Make every contact count; ensuring that staff and colleagues from other bodies work well together and ensure that individuals and families are supported seamlessly to build on their strengths and assets in developing innovative responses to their individual needs.

By focussing our attention on these three areas for change, we believe we can make the biggest difference. But we recognise that the scale of transformation is ambitious and our task in achieving it is complex. We recognise that we won't be able to put this model in place immediately, but rather build towards it carefully and with the full involvement of our partners, stakeholders and of course, communities and individuals.

Appendix 2

3. THE DAY CARE SERVICE

3.1 Scope of the Commissioning Review

The scope of this Commissioning Review is defined in the Stage 2 Gateway Review Report[6] as follows:

- All Older People Day Service Provision, including:
  - 5 in-house day centres
  - 3 day centres commissioned externally from the independent sector
- Only older people client groups
- Develop a clear vision for a modern Older People Day Service
- To cover the reshaping & remodelling of all aspects of day services including:-
  - Needs led
  - Outcome focused
  - Social Inclusion
  - Transportation
- Services procured via:
  - Direct Payments
  - Local Authority

3.2 Definition of Day Care Services

The Stage 2 Gateway Review Report for Day Services[7] notes that within Swansea Council, there is no agreed definition of Day Care Services. It refers to the definition provided by Age UK in their paper, "Effectiveness of Day Services Summary of Research Evidence"[8]:

"The term 'Day Services' covers a diverse range of services and activities, which cater for a variety of people and needs, and serve a number of different purposes, most of which are broadly preventive including:

- *providing social contact and stimulation; reducing isolation and loneliness*
- *maintaining and/or restoring independence*
- *providing a break for carers*
- *offering activities which provide mental and physical stimulation*
- *enabling care and monitoring of very frail and vulnerable older people*
- *offering low-level support for older people at risk*
- *assisting recovery and rehabilitation after an illness or accident*
- *providing care services such as bathing and nail-cutting*
- *promoting health and nutrition*

[6] Day Care Commissioning Review Gateway 2 Report

[7] Commissioning Gateway Review Report – Stage 2: Older Peoples Day Services Review

[8] http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day_services_evidence%20_%20of_effectiveness_October_2011.pdf?dtrk=true

- *providing opportunities for older people to contribute as well as receive." (*2011)

In the City & County of Swansea Older People Service, the term 'day care' is a service provided in day centres to older people who continue to live in their own homes but who are assessed as needing some support. These centres allow carers to have a break from looking after their loved ones and give the older person the opportunity to socialise with other people and join in with group activities. Each centre is run by a manager and appropriately trained staff. The exact services that are provided vary from centre to centre.

3.3 Strategic Role

Day Services can be seen to play an important role in the Swansea Service Model for Adult Social Care. In particular:

- Attending a day centre is an important means by which older people can avoid loneliness and social isolation.
- Whilst attending, there is an opportunity for care staff and other professionals to provide information, practical support and perhaps signposting and referral to other community organisations**.** Day centres are an ideal venue for providing pre-emptive preventative programmes such as falls prevention, vaccination, "stay warm" programmes etc.
- Day centres provide a means by which care staff can monitor people's health and wellbeing and detect the early signs of problems and issues that may go on to become more significant and threaten independence. Having done this, day centres provide a good environment in which to address these issues.
- Day centres can potentially provide a good venue for local community groups and activities, strengthening their role as a community resource.
- There is an opportunity to enhance the functionality of day centres as a venue for a variety of in-reaching health and social care services, such as district nursing, chiropody etc.
- There is also the opportunity to develop day centres as a focus for local community support, possibly in collaboration with community facilitators such as Local Area Co-Ordinators.

Section 5.2, and of this report consider and compare models of best practice in the commissioning and provision of day care services. These inform the Options that are considered for the future strategic development of services in the context of the Swansea Model for Adult Social Care.

3.4 Outcomes

At the stakeholder workshop on the 10th September 2015 attendees proposed the following broad outcomes for the service:

- A range of service that are more joined up to ensure everyone has information and access to a relevant service whether this is provided by community groups, day care, respite at home or direct payments – this fits well with the 4 tier approach
- More about what the person wants to see as an outcome and what they want. Menu of options to support them to achieve their outcomes and support people to maintain independence
- A flexible 7 days a week service that improves quality of life, reduce social isolation that is person centred with carers involved. This is provided that within the contracts that

any future service, options need to be affordable; it may not be affordable to provide services 7 days a week.

- Clear eligibility criteria, signposting and referral pathway. Having the right assessment at the right time. Smaller numbers of higher need people with staffing levels to meet their needs
- Formal Day Care to provide a tailored service for 3 key areas
    - Re-ablement
    - Physical and cognitive impairment – people living with dementia
    - Complex needs
- A sustainable service that is fully compliant with the new Social Services and Wellbeing (Wales) Act 2014 and Well-being of Future Generations Act 2015.

The Stage 2 Gateway Review Report for Day Services identifies the following high-level outcomes for the overall model of care for adult social care:

Overall we expect a Swansea Future Model to help support the following:

- Radically changing the way we provide support, by remodelling traditional services and focusing on wellbeing and strengths, and through effective re-ablement approaches, working to achieve independence as soon as possible and then to maintain independence.
- Integrating and aligning our services with Health and other key partners.
- Consistency between children's services and adult services – to ensure a "whole life" approach and a more seamless transition from one service to the next.
- Working more closely with local communities and carers, by recognising the role that we all play in supporting our neighbours, friends and relatives.

In relation to day services in particular, it is proposed that the overall outcome is a sustainable model of day care services that:

- Delivers positive outcomes for citizens (including carers)
- Ensures high quality services
- Promotes a sustainable workforce
- Responds to demographic change
- Is compliant with legislation
- Promotes equality of opportunity
- Maximises independence and averts the need for longer term services
- Makes best use of public funds

3.5 Vision

Building on the above, the proposed broad vision for day services is:

- A tailored service for 3 key areas
    - Re-ablement
    - Physical and cognitive impairment – people living with dementia
    - Complex needs

- In doing the above a service which:
    - Encourages social contact and stimulation; reducing isolation and loneliness maintains and/or restores independence

- provides a break for carers
- offers activities which provide mental and physical stimulation
- enables care and monitoring of very frail and vulnerable older people
- assists recovery and rehabilitation after an illness or accident
- provides personal care services such as bathing and nail-cutting
- promotes health and nutrition
- provides opportunities for older people to contribute as well as receive.

Appendix 2

4. SERVICE PERFORMANCE

4.1 Analysis

The stage 2 review report states there are 3 External Day Care providers and 5 local authority providers. The external providers are:

- Ty Conway, Penlan – Swansea Carers Centre
- Llys y Werin, Gorseinon - Gwalia
- Norton Lodge – joint Red Café & Social Services at Norton Lodge

There are 5 Day Centre services to support older people:

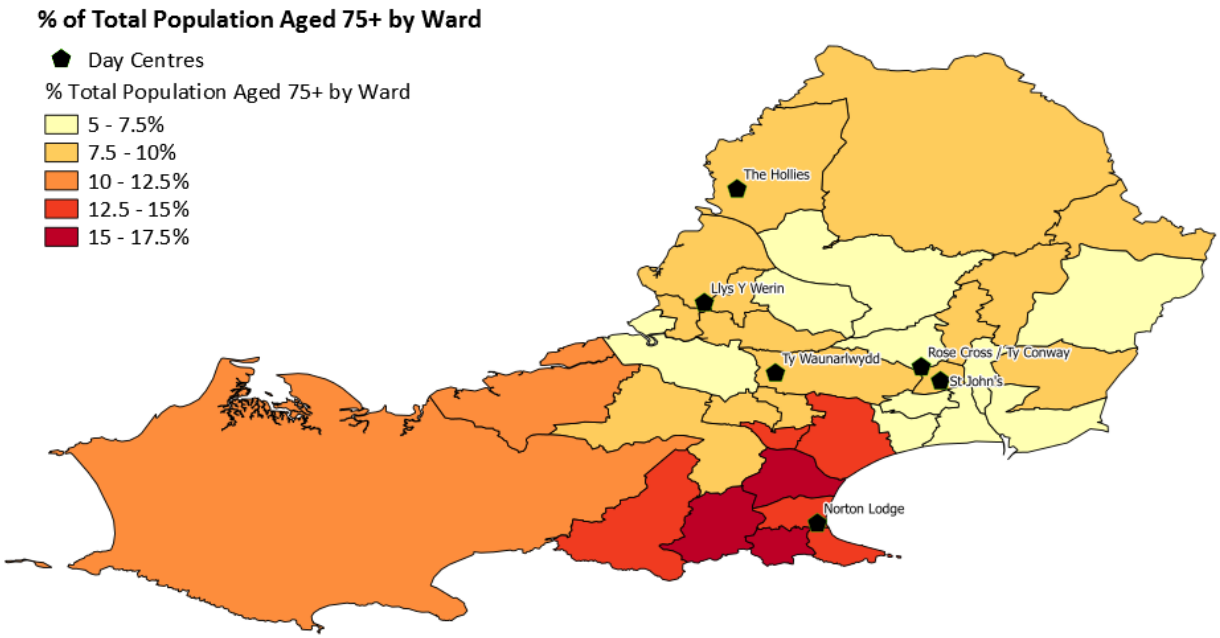
- Norton Lodge, Norton – stand-alone provision
- Rose Cross, Penlan – within Rose Cross Residential Care HomeTy Waunarlwydd, Waunarlwydd - within Ty Waunarlwydd Residential Care Home
- St Johns, Manselton – within the grounds of St Johns Resident Care Home
- Hollies, Pontardulais – within the grounds of Hollies Residential Care Home

The stage 2 review states that current service provision is not evenly positioned across the county geographically; there are no facilities in the north east or south east. There are 3 facilities within a mile of each other and 3 in the north west of the county but only 1 covering the whole of the west (Bay). However, whilst there is not an even geographical spread of services across Swansea, it should be noted that transport is currently provided to all service users who want it so nobody is prevent from accessing a service on the basis of where they live. The only specialism that exists is the Red Café – a 4 hour session which is for people living with dementia and 1 day at the Hollies also for people living with dementia with complex needs. Ty Conway offers day care only to those people who have a carer – providing carers' respite.

The map below shows the population aged 75 years and over in relation to the day centre locations illustrating where there is a lack of provision within Swansea (figure 1).

Appendix 2

Figure 1 – Percentage of Total Population Aged 75 + by Ward with CC Swansea Day Centres



The access, availability and services provided varies at each establishment, the table below from the stage 2 review report illustrates the availability (table 1):

Table 1 – Day Centres: Capacity and Access

Establishment	No. of Places per day	No of Places per week	Days	Transport	Specialism
Norton Lodge Norton	25	100	Mon-Frid Not Thurs	Social Services	
Norton Lodge Norton	20	20	Thurs	Social Services	
Red Café Norton	10	10	Thurs 1-4	Self-funded DANSA	People living with dementia
Red Cross Penlan	20	100	Mon-Frid	Social Services	
Hollies Pontardulais	20	100	Mon, Tues & Frid	Social Services	
Hollies Pontardulais	8	8	Wed	Social Services	People living with dementia only
St Johns Cwmbwrla	30	100	Mon-Frid	Social Services	
Ty Waunarlwydd Waunarlwydd	23	115	Mon-Frid	Social Services	
Llys y Werin Gorseinon	25	125	Mon-Frid	Social Services	
Llys y Werin Gorseinon	6	30	Mon-Frid	na	15 Extra Care Service Users are offered up to 2 days a week Day Care
Ty Conway Penlan	9	54	Mon-Sat	Subsidised - taxis	

Total	**186**	**762**			

Data provided by Swansea states that in May 2016 there were 300 Day service users with an overall waiting list of 22 people. St Johns Day service has the largest waiting list of 14 people (table 2).

Table 2

Day Services clients & waiting lists - May 2016

	Day Service Support	Waiting list
Rose Cross	40	0
Hollies	31	1
Norton Lodge	83	5
St Johns	96	14
Ty Waunarlwydd	50	2
Total	300	22

However the stage 2 review report details a service user profile of internal provision undertaken in 2015 which found that since 2009 (when the previous profile had been undertaken), the total number of people using the service has dropped considerably from 471 to 268. This was explained by the fact that very few people had been able to access Day Care services for some time, although there was a waiting list of 112 people, despite most of the Day Centres reporting they were working at approximately 50% capacity. This was due to a historical management decision to not allow any new entry into services. This management decision has now been overturned, waiting lists have all been reviewed and the number of people now waiting is relatively low. The capacity and vacancies are detailed below (tables 3&4)

Table 3: Internal Provision Capacity and Current Vacancies

Centre	Mon	Tues	Weds	Thurs	Fri	Total	Vacancy %
Hollies Capacity	20	0	8	20	20	**68**	
Hollies Vacancies	8	0	6	10	14	38	**55.88%**
Norton Lodge Capacity	25	25	25	20 + 10	25	**130**	
Norton Lodge Vacancies	7	7	6	6 + 1 (D)	4	31	**23.84%**
Rose Cross Capacity	20	20	20	20	20	**100**	
Rose Cross Vacancies	8	10	10	11	6	45	**45%**
St John's Capacity	30	30	30	30	30	**150**	
St John's Vacancies	12	6	15	9	10	52	**34.66%**
Ty Waunarlwydd Capacity	23	23	23	23	23	**115**	
Ty Waunarlwydd Vacancies	4	8	13	9	7	41	**35.65%**
Total Capacity						**563**	
Total Vacancies						**207**	
Overall Vacancy							

Percentage							**36.76%**

Table 4: External Provision Capacity and Current Vacancies

Centre	Mon	Tues	Wed	Thurs	Fri	Sat	Total	Overall Vacancy %
Ty Conway Capacity	9	9	9	9	9	9	**54**	
Ty Conway Vacancies	2	3	2	1	2	2	12	**22.22%**
Llys y Werin Capacity	25	25	25	25	25	25	**150**	
Llys y Werin Vacancies	13	6	15	6	14		54	**36%**

The stage 2 review report also indicates that there has been a considerable increase in the number of people accessing the service for a second day (table 5).

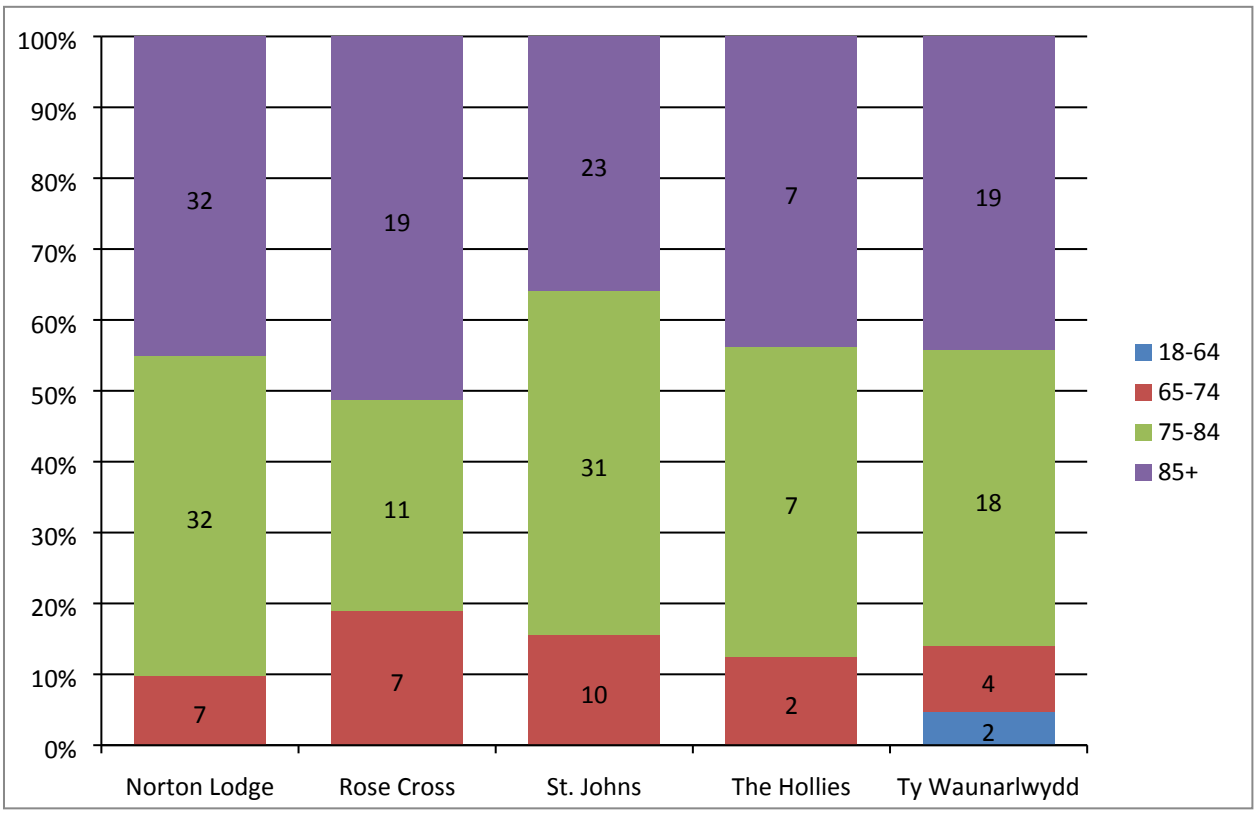
Table 5

Site	Number of SU's that are Single Service 2009	**Number of SU's that are Single Service 2015**	Number of SU's which attend a 2nd Day 2009	**Number of SU's which attend a 2nd Day 2015**	Number of SU's which attend on 3 days 2009	**Number of SU's which attend on 3 days 2015**
Norton Lodge	59	**59**	7	**14**	0	**0**
Rose Cross	18	**17**	0	**18**	0	**1**
St Johns	38	**72**	2	**11**	0	**1**
Hollies	29	**15**	12	**10**	0	**0**
Ty Waunarlwydd	41	**27**	0	**21**	0	**1**
Total	185	**190**	21	**74**	0	**3**

The profile of people using these centres is similar, though Rose Cross has a higher proportion of people aged 65-74 years and people over 85 years, and St Johns has a higher proportion of people aged 75-84 years. Also Ty Waunarlwydd is the only centre that currently has clients aged between 18-64 years (figure 2).

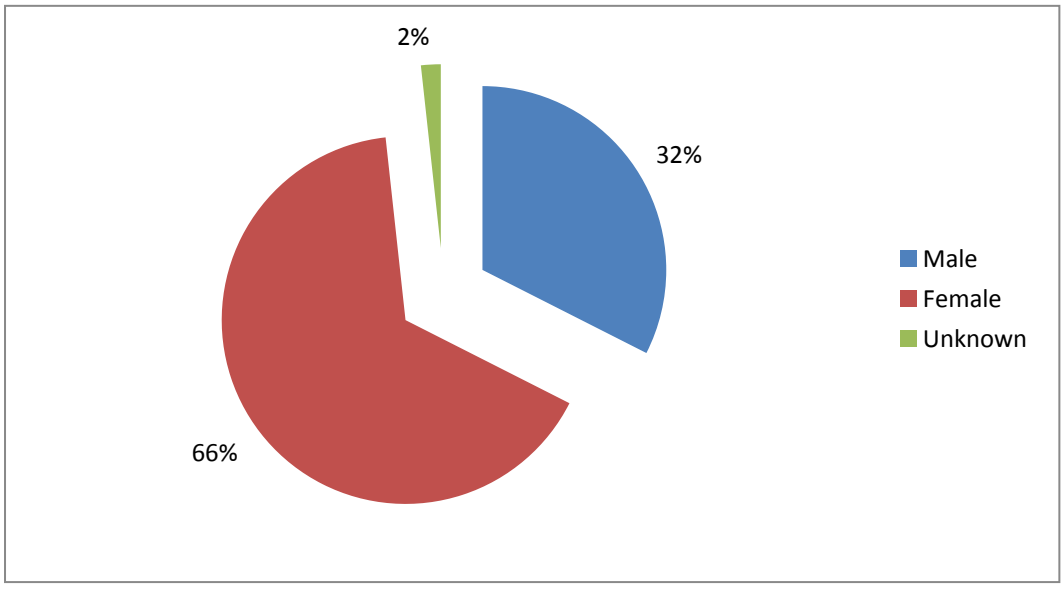
Appendix 2

Figure 2 - Day Services Client Age Groups May 2016



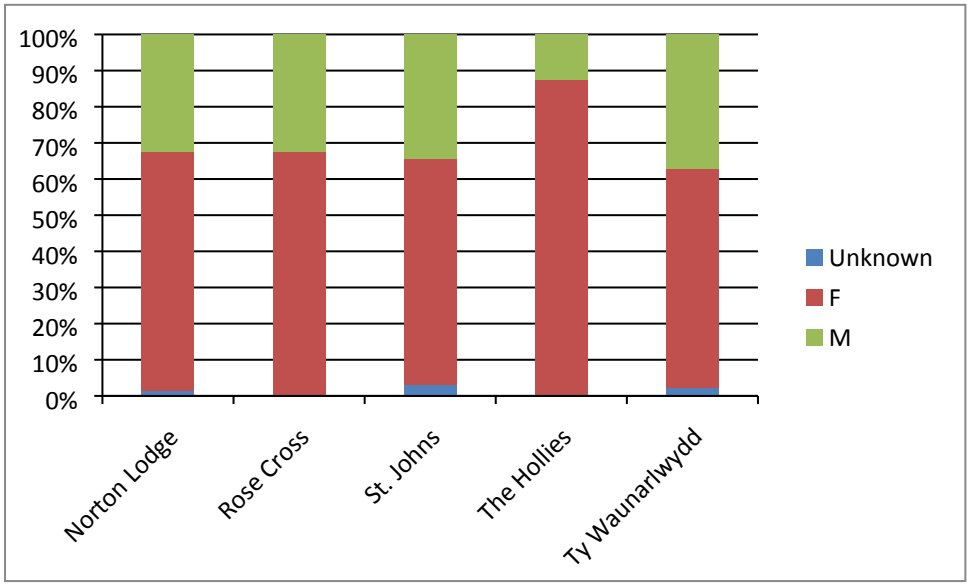
Overall, around two-thirds of clients were female (figure 3).

Figure 3 - Day Services Client Gender - May 2016



Breakdown by day centre shows that The Hollies support a higher proportion of female, and Ty Waunarlwydd supports slightly more male clients (figure 4).

Figure 4 - Day Services client gender - May 2016

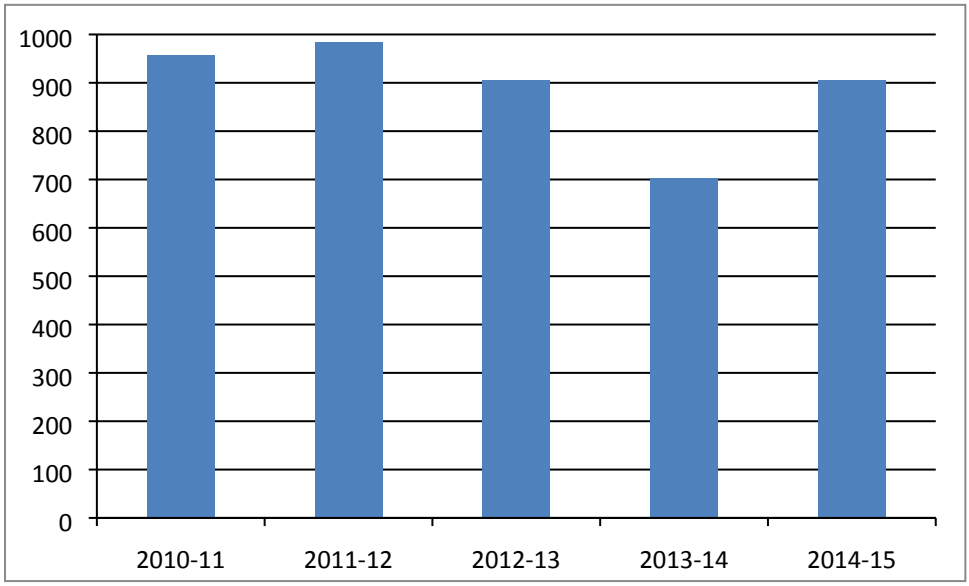


The service user profiling detailed in the stage 2 report indicates that the needs of people using Day Services in 2015 compared to 2009 have increased, the largest percentage increase are in the following areas:

- risk to safety from 38% to 78% - an increase of 40%
- people living with dementia from 19% to 47% an increase of 28%
- confused or disorientated from 29% to 51% an increase of 22%
- history of falls from 43% to 62% and increase of 19%
- assistance with personal care from 22% to 41% and increase of 19%

The total number of people aged 65 years and over receiving day care over the whole year (2014-15) is 904 (figure 5). This is a significant increase from the previous year. It should be noted that this is the total number in a year rather than the number accessing day services at any given time.

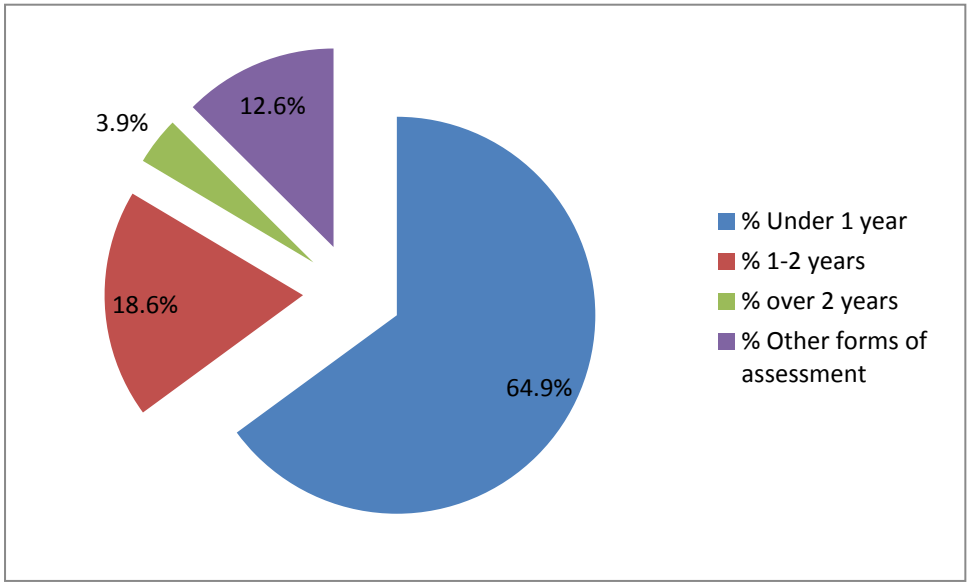
Figure 5 - Total number of people aged 65+ years receiving day care (whole year)



Appendix 2

In order to ensure that people are receiving the right services and support it is important that they are reviewed regularly. Figure 6 shows that 65% of people have had a review in the last year with just under an additional 20% reviewed in the last 1-2 years. However, 4% of people had a review over 2 years ago and nearly 13% were classified by Swansea as never having had a social care assessment (other forms of assessment).

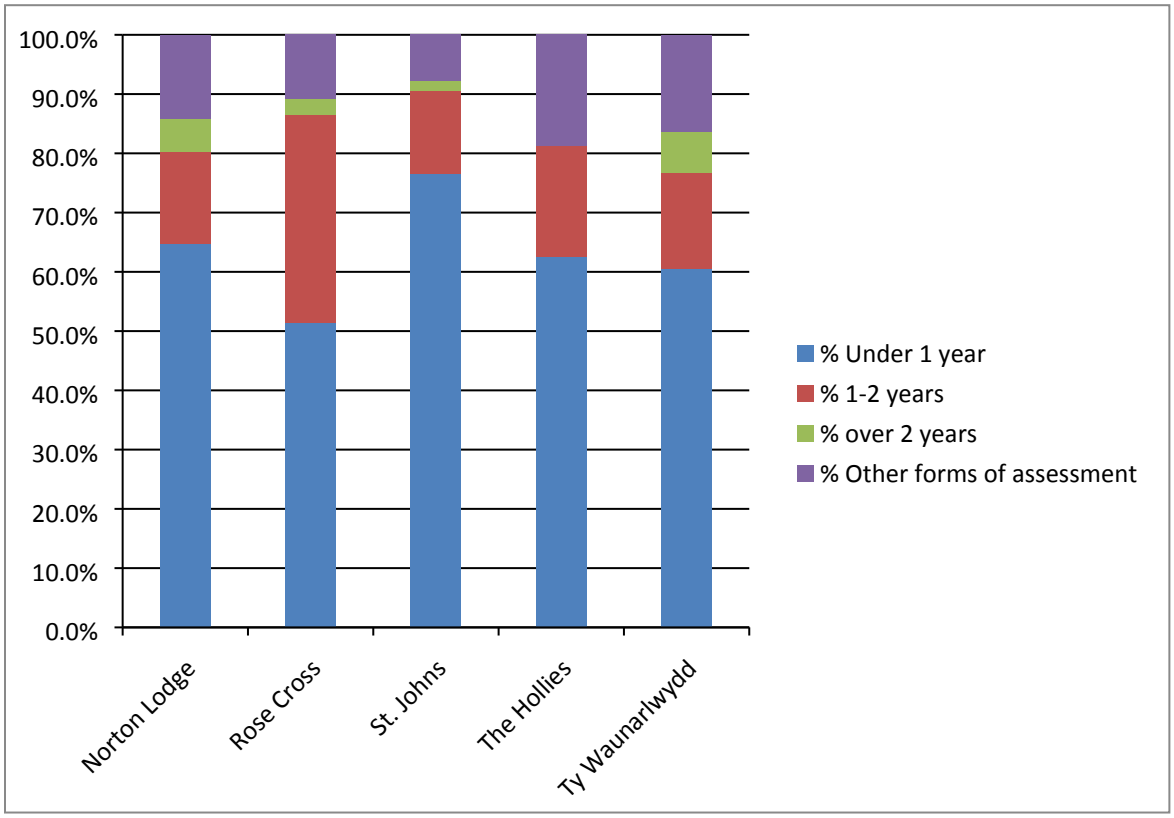
Figure 6 - Day Care - Time since last review (as at May 2016)



Breakdown by Day Centre shows that Rose Cross has the lowest number of people who have been reviewed in the last year (51.4%, though does have a larger number of people reviewed in the last 1-2 years) and the Hollies and Ty Waunarlwydd have the highest proportion of people who have never been assessed (18.8% and 16.3%) (figure 7).

Figure 7 - Day Care - Time since last review (as at May 2016)

Appendix 2



21% of day centre clients are registered disabled (figure 8).

Figure 8 - Day Services Client Disability Registration May 2016

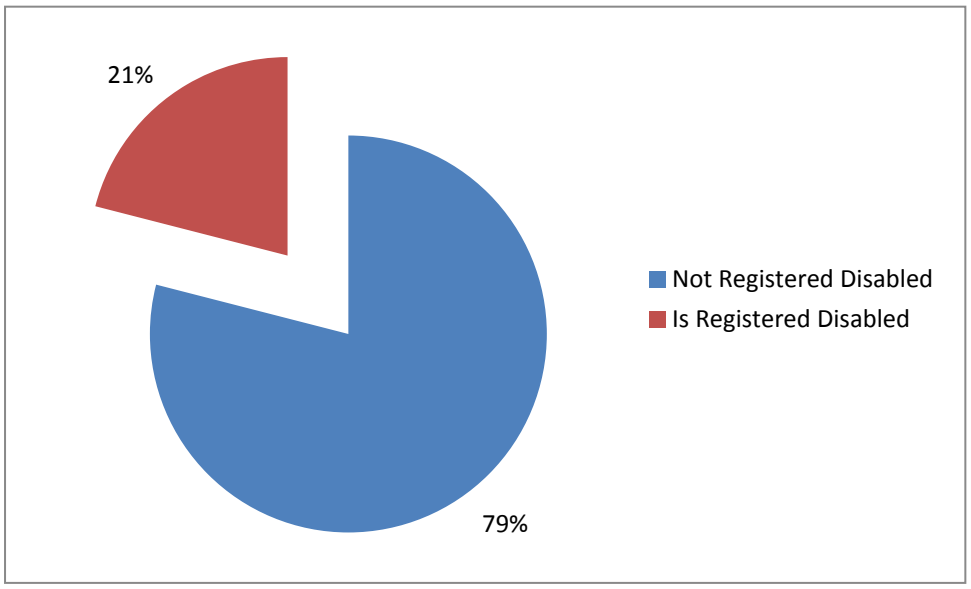


Table 6 below from the stage 2 review report demonstrates the actual cost per unit per day per person if all sites were at full capacity 52 weeks a year and taking into account 10 non-working days which includes 8 Bank Holidays.

Appendix 2

Table 6 – Day Centres: Cost per Person per Day

	Norton Lodge	Rose Cross	St Johns	Hollies	Ty Waunarlwydd
Days Available		5,020	5,020	3,348	5,773
Annual Cost	178,073	144,465	184,769	38,724	166,192
Unit Cost (Cost per person per day)	**29.56**	**28.78**	**36.81**	**11.57**	**28.79**

St Johns and Hollies benefitted from upward asset valuations during the year which has the subsequently effect of reducing their expenditure for the year in question. Should these be ignored, the effect is as follows (table 7):

Table 7 – Day Centres: Cost per Person per Day (disregarding asset valuation)

	Norton Lodge	Rose Cross	St Johns	Hollies	Ty Waunarlwydd
Day Available	6,025	5,020	7,530	3,348	5,773
Annual Cost (Ignoring Asset Valuation)	178,073	144,465	195,881	72,741	166,192
Unit Cost (Cost per person per day)	**29.56**	**28.78**	**26.01**	**21.73**	**28.79**

The **total** number of days available across in-house provision is **27,696**, the **total** annual costs ignoring asset valuation is **£757,351** which equates to an average cost of £**27.35** per unit (stage 2 review report).

4.2 Summary

In summary, and based on available data, the following observations can be made about day services provided or commissioned by the City and County of Swansea:

- There are 5 local authority and 3 independent sector day centres in the City and County of Swansea area
- Current service provision is not evenly positioned across the county geographically
    - There are no facilities in the north east or south east.
    - There are 3 facilities within a mile of each other and 3 in the north west of the county but only 1 covering the whole of the west (Bay).
    - However, transport is currently provided to all service users who want it so nobody is prevent from accessing a service on the basis of where they live.
- There is a limited (although highly valued) service for people with dementia and for carers.
- There are currently around 300 day service users with an overall waiting list of 22 people.

- Since an earlier study in 2009, the number of people accessing the day service has dropped considerably. This is thought to result from an earlier management decision not to take new referrals. This has now been reviewed.
- There has been a considerable increase in the number of people accessing the service for a second day.
- The age profile of attendees to day centres is similar with the majority being over the age of 75 years
- Since an earlier survey in 2009, the needs of people using day services have increased. For example:
    - risk to safety from 38% to 78% - an increase of 40%
    - people living with dementia from 19% to 47% an increase of 28%
    - confused or disorientated from 29% to 51% an increase of 22%
    - history of falls from 43% to 62% and increase of 19%
    - assistance with personal care from 22% to 41% and increase of 19%
- 65% of people have had a review in the last year with just under an additional 20% reviewed in the last 1-2 years.
- 21% of day centre clients are registered disabled.
- The total number of days available across in-house provision is 27,696, the total annual costs ignoring asset valuation is £757,351 which equates to an average cost of £27.35 per unit.

4.3 Key Themes for Options Appraisal

Generally, and from the above analysis, the preferred options must address the following key themes:

- **Equity of Access** – Day centres are not evenly positioned across the county. In spite of the fact that transport is available to all users, the potential for day centres to be a local resource is not currently realised.
- **Targeting Day Services** – Whilst the levels of need and complexity of needs seem to be increasing, there are other indications that day centre services are not targeted. There is no consistent availability of specialist services especially for people with dementia.
- **Making best use of the resource** – Day centre buildings may not currently be being used to their maximum potential.
- **Promoting a stable, experienced and well trained workforce**. – Whilst recruitment and retention has been shown to be perhaps less of an issue than may be expected, there is still some concern about the availability of a static, trained and experienced workforce suitable for offering high quality care and support.

5. SERVICE COMPARISON

As part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with others.

5.1 Benchmarking Analysis

The following local authorities were agreed as being suitable for benchmarking with the City and Council of Swansea. These represent areas which are predominantly urban in nature with an adjoining more rural hinterland with more dispersed populations:

- Cardiff
- Newport
- Neath Port Talbot
- Wrexham

As part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with others.

The current population in Swansea is 241, 297 of which 19.2% are 65 years and over. This is similar to the Welsh average though higher than Cardiff, Newport and Wrexham.

Table 8 - Population in 2014 and breakdown by age

	Number of people	% 0-15 years	% 16-64 years	% 65 + years
WALES	3,092,036	17.9	62.2	19.9
Swansea	241,297	17.2	63.6	19.2
Cardiff	354,294	18.4	67.8	13.8
Newport	146,841	20.0	62.7	17.3
Neath Port Talbot	140,490	17.4	62.9	20.0
Wrexham	136,714	19.2	62.2	18.6

The number of older people in Swansea is expected to rise significantly over the next 20 years: most significantly those aged 85 and over.

Table 9 - Projected percentage change by 2035 in the older population

	65-69	70-74	75-79	80-84	85+
WALES	5	30	36	48	119
Swansea	1	26	30	**35**	**104**
Cardiff	24	62	57	51	88
Newport	16	36	30	31	100
Neath Port T	0	29	39	51	94

Wrexham	12	31	45	64	141

* source – Daffodil: Projecting the need for care services in Wales

The number of people with dementia in Swansea is expected to increase by 61% over the next 20 years (table 10).

Table 10 - Projected numbers of people with dementia

	2020	2025	2030	2035
People aged 65-69 with dementia	158	166	182	179
People aged 70-74 with dementia	358	324	344	376
People aged 75-79 with dementia	565	686	624	670
People aged 80-84 with dementia	843	945	1,162	1,069
People aged 85 and over with dementia	1,696	1,977	2,357	2,955
Total population aged 65 and over with dementia	3,620	4,097	4,668	5,248

* source – Swansea

The number of people projected to need support to manage on their own is expected to increase over the next 20 years (tables 11, 12 and 13).

Table 11 - Projected number of people aged 65 and over unable to manage at least one domestic task on their own

	2020	2025	2030	2035
WALES	278,422	311,163	347,518	381,580
Swansea	20,851	22,954	25,240	27,388
Cardiff	22,551	25,365	28,933	32,677
Newport	11,187	12,316	13,672	15,154
Neath Port Talbot	12,321	13,658	15,182	16,532
Wrexham	11,734	13,351	15,124	16,862

* source – Daffodil: Projecting the need for care services in Wales

Appendix 2

Table 12 - Projected number of people aged 65 and over unable to manage at least one self-care activity on their own

	2020	2025	2030	2035
WALES	227,850	254,261	284,615	312,907
Swansea	17,049	18,747	20,676	22,486
Cardiff	18,529	20,813	23,720	26,770
Newport	9,149	10,079	11,220	12,435
Neath Port Talbot	10,082	11,155	12,411	13,530
Wrexham	9,596	10,892	12,377	13,830

* source – Daffodil: Projecting the need for care services in Wales

Table 13 - Projected number of people aged 65 and over unable to manage at least one mobility activity on their own

	2020	2025	2030	2035
WALES	125,645	140,963	159,599	178,134
Swansea	9,445	10,427	11,617	12,821
Cardiff	10,283	11,533	13,188	15,076
Newport	5,058	5,588	6,271	7,021
Neath Port Talbot	5,531	6,143	6,905	7,647
Wrexham	5,272	6,024	6,942	7,871

* source – Daffodil: Projecting the need for care services in Wales

Swansea has the highest number of adults receiving day care of the 4 comparator authorities (table 11 and figure 9). The biggest proportion of these are for clients age 85+ years.

Table 11: Adults receiving day care by LA and age group

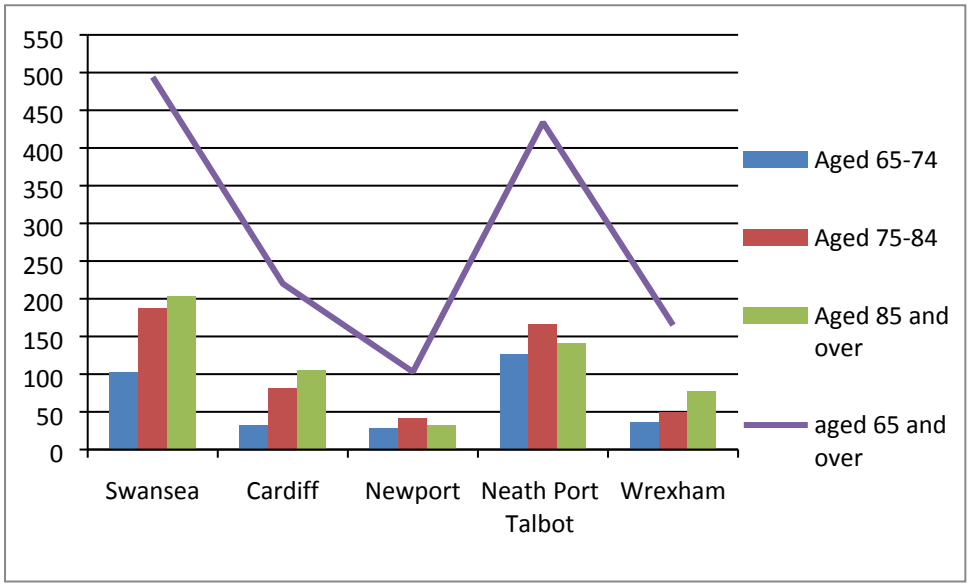
	Total	65-74 years	75-84 years	85+ years
WALES	9103	965	1627	1858
Swansea	1257	103	188	203
Cardiff	281	33	81	106
Newport	293	29	42	32
Neath Port Talbot	1021	127	166	141
Wrexham	243	37	50	78

* Data from Stats Wales
NB this includes substance misuse and other vulnerable adults

Appendix 2

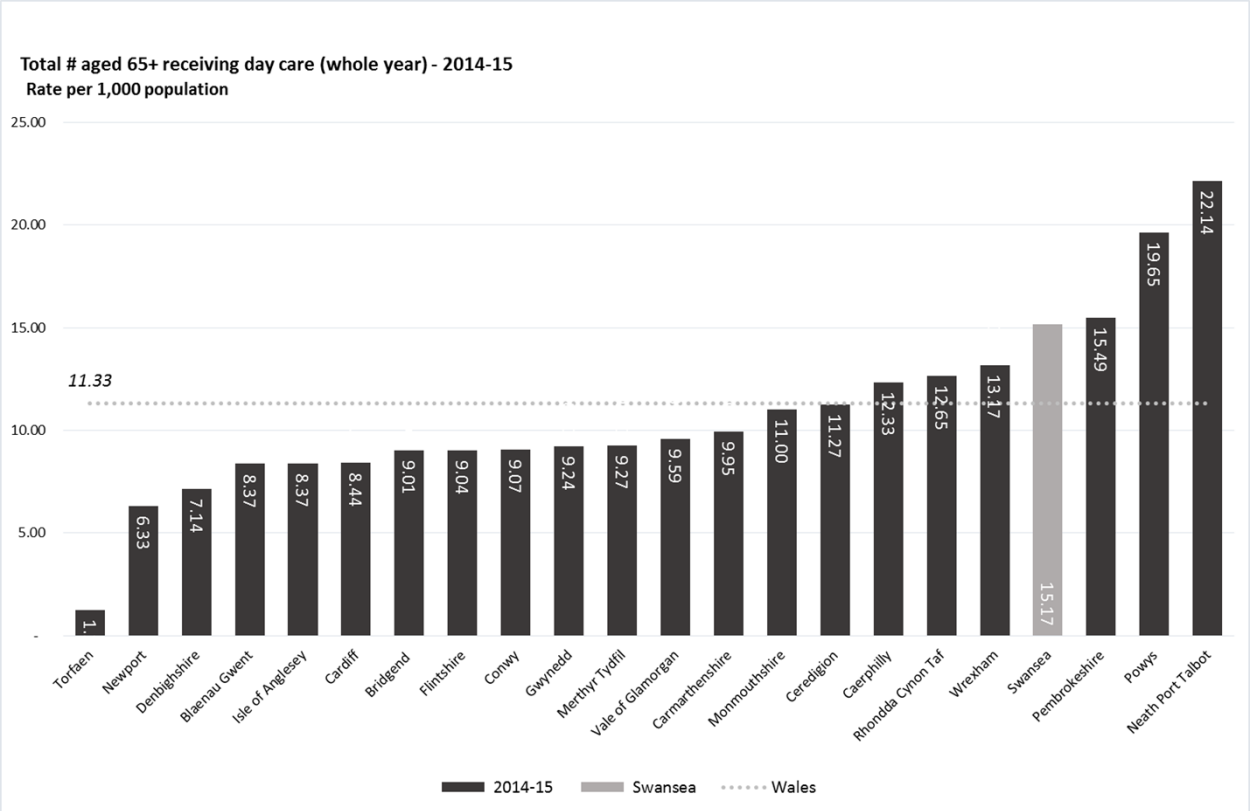
Figure 9 below shows breakdown of those aged 65 years and over: the highest proportion in Swansea being those aged 85 years and over.

Figure 9 – Older People Receiving Day Care



The rate of people in day services per 1,000 population in Swansea is higher than the Welsh average and 4th highest of all the Welsh local authorities (figure 11).

Figure 10 – Total number aged 65+ receiving day care (whole year) 2014-5 Rate per 1000 population



5.2 Summary

In summary, and based on available data, the following observations can be made about day services commissioned or provided by the City and County of Swansea:

- The proportion of the population over the age of 65 is similar in Swansea to the Welsh average but slightly higher than similar urban authorities of Cardiff and Newport.
- The population of older people is set to grow at a similar rate across Wales and comparator authorities.
- Over the next 20 years, it is expected that the number of people in Swansea over the age of 85 will increase by 104%
- The number of people with dementia in Swansea is expected to increase by 61% over the next 15 years
- The number of people projected to need support to manage on their own is expected to increase over the next 20 years.
- Swansea has the highest number of adults receiving day care of the 4 comparator authorities.
- The biggest proportion of these are for clients age 85+ years.
- The rate of people in day services per 1,000 population in Swansea is higher than the Welsh average and 4th highest of all the Welsh local authorities

5.3 Key Themes for Options Appraisal

Generally, and from the above analysis, the preferred options must address the following key themes:

- **Ensuring adequate capacity for meeting growing demand** – Even in the context of a new model of adult social care which emphasises prevention, promotes independence and averts the need for long term care, demographic analysis indicated that the demand for day services in Swansea will increase significantly. There are already known to be pressures in meeting the needs of those with dementia and this population is set to grow significantly in Swansea.
- **Supporting an approach to manage down demand** – The new model for adult social care will manage down the demand for long term residential care, based on developed practices and an enhanced range of services elsewhere in the overall “whole system”. There is an opportunity to review the role day centres play in this whole system approach.

6. Best Practice and Innovation

The Institute of Public Care has undertaken research to identify innovation and best practice in other areas/countries. In particular, research has been focussed on the following issues.

- Outcome measurement in day services
- Alternative models of day service
- The role of Local Area Co-Ordination (and similar models) to provide day opportunities and address social isolation
- Day centres as community hubs
- Social enterprise and Local Authority Trading Company (LATC) management models
- Income generation through charging for day services
- Workforce approaches

6.1 Outcome measurement in day services - Using an outcome-based model to commission services should help public sector organisations to achieve greater strategic coherence between service level outcomes and wider social, economic and environmental sustainability. Specifically it should:

- Support better understanding of the longer term impact of their spend and identify ways in which more sustainable, joined-up procurement can help their objectives (positive social, economic and environmental outcomes).
- Stimulate innovation among providers of services (whether third sector, independent or in-house) related to the delivery of the organisations' social, economic and environmental goals.
- Increase the opportunity for third sector organisations, service users and communities to be involved in design and delivery of services – 'co-production' by recognising the importance of wider community and social outcomes.

Good Practice Example - Camden Mental health day care services[9]

The development of a new model to commission outcomes has enabled a major shift in commissioning and procurement practice in Camden. The Invest to Save Budget ISB project joined Camden's mental health commissioners on a journey from a traditional mental health day centre model to an innovative 'co-production' approach, which aims to enable recovery and involvement in mainstream life for all residents. Two of the key elements of the new approach were:

- Explicitly specified social, economic and environmental outcomes to be accounted for in procurement and delivery.
- Establishing effective ways to measure and report on outcomes.

The Outcomes Framework describes:

- How activities and outputs delivered as part of the service contribute to the desired service-level outcomes established by end-users of the service, and commissioners.
- How the service level outcomes relate to the Council's broader priorities (called 'Community Outcomes') established by the Council in their policy and strategy documents.
- How the Council will monitor the value and benefits created through delivery of this service.

[9] Commissioning outcomes and recovery London Borough of Camden October 2008

- Value can be measured in qualitative, quantitative and financial terms. Value accrues to the service, but also across the Council, its partners in the community and to the wider public sector.

Key messages

- The model has stimulated innovation amongst all providers (in-house, private and third sector) to achieve key local priorities of a public agency.
- The model places the wider social, economic and environmental impacts that some providers may bring to a service at the core of the commissioning process.

However:

- Outcomes are often harder to measure and can be time consuming for the provider
- The more aggregated the personal outcome measures, the less meaningful they become
- There can be a dichotomy between importance to individual and meeting national standards and other drivers

6.2 Alternative models of day service

Community Asset Based Approach

The term an “asset-based approach” has become popular in health and social care in the UK in recent years. The reasons for this are:

- The former social contract of exclusively state provided services is no longer viable in the current economic climate;
- People are living longer and the proportion of older people will increase significantly in the next decade and beyond;
- People want to make decisions about what is important to them, their family and their community – rather than the state making decisions for them;
- The health and wellbeing risks of loneliness and isolation are being recognised and there is a need to address this; and
- There is an increasing recognition that place-based responses are critical to ensuring people can age well close to home.

An asset based approach is about citizens identifying, connecting and using the assets of a community. It starts with the asppirations people have for themselves and their community, then at a more personal level people identify the skills they have as local residents to achieve these. Community asset mapping looks at what the neighbourhood has to offer, where are the clubs, associations, churches, schools and other meeting places? Once a group know what they already have, they can start making connections between people and places to achieve the things that they want for their neighbourhood.

Appendix 2

Good Practice Example - 'I love Thornton'[10]

Commissioned by NHS Croydon, Croydon Voluntary Action (CVA) delivered this asset based approach pilot project in Thornton Heath, one of Croydon's most deprived wards. Working with three other voluntary sector partners, CVA was given the unique opportunity of being mentored in asset based methodology by Nurture Development –with a two-day practical training course held at the start of the project. The project brief was to "promote participation in social networks and strengthen social connectedness among people aged 50-70 to improve their health and wellbeing".

Becoming part of a network of local people working to improve their area has translated into a mobilisation of assets under the four chosen themes, resulting in the emergence of new activities including:

- Parents support project – older people developing activities and support networks for parents with young children in the area.
- School magazine – article on intergenerational lunch bringing pupils and older members of the community together.
- Employment and Education for young people – Thornton Heath Business Partnership members offering conflict resolution, mentoring, work experience and training advice in local schools.
- Thornton Heath Rec Cricket Coaching Initiative - coaching, umpiring and friendly matches for elders.
- Thornton Heath Rec Active Walking Group – group of elders from bowling club conducting walking site tours.
- E.T.H.O.S Exercise Group – ten-week programme for older people run by Active Lifestyles.
- Making Tesco elder-friendly – volunteers assisting older people to do their shopping; seated rest areas available; use of the store training room for healthy living classes.
- Thornton Heath Festival – a history tour and big clean project.

Key messages

- In contrast to this fear of an increased demand on services there is evidence that people aged 65 and over are making a significant contribution to the economy and are a valuable asset.
- Some older people, particularly those over the age of 85 years will need help and support to remain independent. The "Little bit of help", described by the Joseph Rowntree Foundation that can enable a person to remain living independently at home is rarely provided by social services as spending on adult social care has steadily decreased since 2005. [11]
- Older people offer a wealth of experience, talent and knowledge that is a tremendous asset to their communities. Those older people that do need "A little bit of help", are much more comfortable with an arrangement where there is a mutual sharing and exchange.[12]
- A reduction in social isolation and loneliness experienced by many older people. A survey by Age UK found that 10 percent of adults over the age of 65 years feel lonely often or all of the

[10] Asset based community development – enriching the lives of older citizens. Deborah Klee, Marc Mordey, Steve Phuare and Cormac Russell. Working with older people vol 18 no.3. 2014

[11] Age UK (2012), Care in Crisis 2012, Age UK, London

[12] Bowers, H., Lockwood, S., Eley, A., Catley, A., Runnicles, D., Mordey, M., Barker, S., Thomas, N., Jones, C. and Dalziel, S. (2013), Widening Choices for Older People with High Support Needs, Joseph Rowntree Foundation, York.

time[13],[14] and a reduction in the health risks associated with loneliness. Research has shown that participation in a group cuts an older person's chance of dying in the next year by a half and joining two groups cuts the risk by 75 per cent.

- Although the idea is simple, getting to a point where the assets in a neighbourhood are understood takes time and patience. A group of citizens need to be found who know the neighbourhood and are good at relationship building. It may take some time to get together willing connectors that represent the diversity of the community.

Developing a reablement approach within day services for older people

There are examples of where local authorities have tried to change the culture of day care services to a more reablement style approach.

Good Practice Example: Joint Improvement Team, Edinburgh.[15]

Occupational therapists have trained day centre staff on 14 week Cognitive Stimulation Therapy (CST) programmes working with service users with mild to moderate levels of dementia in small groups. They are rolling this out across the city. It is working closely with the voluntary sector where OTs are rolling out their work further. This service is also linking in with Health services, Home Care Reablement, Intermediate Care and the Dementia Strategy.

The evaluation of this approach has demonstrated the following outcomes:

- The Reablement approach within day services can have a positive impact on both service users and carers by helping older people to regain life skills and maintain as independent a life as possible.
- The approach has shown immediate, positive effects. There has been instant improvement in service user's abilities and staff skills, for example the mobilising of seven people who were in wheelchairs.
- The OTs have been working closely with staff which has greatly helped to change the culture within day centres. These results will continue to produce short, medium and long term results for the service and the outcomes of the service users. A longer term objective is the anticipated increase in throughput to preventative services due to the Reablement approach and plans are underway to facilitate this.
- CST has been shown to stimulate and improve memory and cognition therefore strengthening people's resources and allowing them to function at the maximum capacity. This fits with the ethos of Reablement. CST is being offered to older people through the day services as part of a structured programme.
- The service is looking into training relatives/carers in the future so they can undertake CST at home which has had a very positive response from the programme group members.

Key messages

[13] www.ageuk.org.uk/latestpress/over-1-million-older-people-in-uk-feel-lonely/ (Age UK, May 2013).

[14] Putnam, R.D. (2000), Bowling Alone: The Collapse and Revival of American Community, Simon and Schuster, New York, NY.

[15] http://www.jitscotland.org.uk/example-of-practice/developing-reablement-approach-within-day-services-older-people/

- There is an opportunity to develop a culture of reablement and, more generally, the promotion of independence in day centre settings.
- Day centres offer a good environment for joint working with health and social care professionals to regain life skills and independence
- Cognitive Stimulation Therapy (CST) programmes working with service users with mild to moderate levels of dementia inday centres settings have been shown to produce positive outcomes.

Integrated day services for people with dementia

Tailored around the needs of the people, these services support and focus on improving the physical and mental health, and overall wellbeing of those with dementia. Care is delivered by staff who have received specialist training in dementia care and will often include the use of assistive technologies and specialist facilities, to offer independence, safety and security to those they support.

Good Practice Example 1: East Renfrewshire integrated day care services for people with dementia[16]

The service provides person-centred day services to adults with a diagnosis of dementia. The integrated approach model focuses on high quality personal planning together with care and support arrangements tailored to the person's ability and resources. Specifically, the service offers a person-centred planning service for individuals and carers to help them plan a life with dementia. This includes:

- Advance directive planning; anticipatory care planning and advice and information on accessing help with personal finances and self-directed support arrangements.
- Post diagnostic support to carers and individuals diagnosed with dementia, including accessing mental health services to cope with the diagnosis.
- A flexible day opportunities service, focused on mainstream services and activities that build upon people's hobbies, interests and preferences.
- Carer support, to help people plan for the future, access carer's support through East Renfrewshire carer's service.
- A high quality day care service with clearly programmed activities that focus on the person's strengths and abilities.

Key Messages

This approach has been shown to:

- Focuses on the person's strengths and abilities through activities tailored specifically to them.
- Promotes the idea of anticipatory care planning, reducing crisis management of people with dementia when their illness progresses.

The organisation of health and social care services does not always support the delivery of care addressing the physical and mental health needs of patients, therefore integrated working needs to be promoted as far as possible. Joint assessment is needed to address mental and physical health to provide holistic care, consulting GPs and other staff with specialist knowledge of physical or mental health when needed.

[16] www.trfs.org.uk/what_we_do/older_**people**_including_**dementia**

Appendix 2

6.3 The role of Local Area Co-Ordination (and similar models) to provide day opportunities and address social isolation

Men's Sheds Association

The Sheds movement originated in Australia, where there are currently 690 sheds and over 90,000 shed members – frequently referred to as 'Shedders' (AMSA, 2015). According to the Australian Men's Sheds Association (2015) a shed can be defined as:

"a community-based, non-profit, non-commercial organisation that is accessible to all men and whose primary activity is the provision of a safe and friendly environment where men are able to work on meaningful projects at their own pace in their own time in the company of other men. A major objective is to advance the wellbeing and health of their male members."[17]

The movement has recently spread to other parts of the world, however, with over 80 Sheds now up and running in the UK, and many others in planning (UK Men's Sheds Association, 2015). The rationale behind the Sheds movement is that men – especially those who are middle-aged (40-60 years) may be less likely to benefit from conventional approaches to improving mental wellbeing via formal learning environments and counselling approaches such as talking therapy. Instead, they are more likely to thrive in informal spaces, in the company of their peers, and through engaging in practical activities.

A review of the literature – mostly in the Australian context – reveals that men's sheds generally aim to target a range of marginalised male subpopulations that are at particular risk of social isolation[18]. Surveys have shown that the majority of men who attend the sheds are retired, unemployed or isolated older men who were considered 'economically inactive' having fallen out of the labour market. 50% of the men who attended were over the age of 65, and 1 in 5 was ex-service personnel.

Good Practice Example: Kent sheds association

In Kent, the focus of the project includes ex-service personnel, of whom there are significant numbers in the county, and who are arguably more likely both to have mental health difficulties, and also to benefit from a shed community and the company of other men.[19] The intended outcomes identified by the programme closely resemble those that have been documented in previous studies of men's sheds, namely a sense of purpose and reduced social isolation, giving to the community and feeling part of the community, an increase in employability and skills, and improved physical health.

Key messages

- A wealth of research supports the thesis that the sheds model leads to improved mental health and wellbeing outcomes for men [20]

[17] Australian Men's Shed Association (2015) What is a Men's Shed? http://www.mensshed.org/what-is-a-men's-shed/.aspx.
[18] Cordier, R., & Wilson, N.J. (2013). Community-based Men's Sheds: Promoting Male Health, Wellbeing and Social Inclusion in an International Context. Health Promotion International, 1-11.
Crawley
[19] Brown, M., Golding, B., & Foley, A. (2008). Out the Back: Men's Sheds and Informal Learning. Fine Print, 31(2), 12-15.
[20] Ballinger, M. (2007). More than a Place to do Woodwork: A Case Study of a Community-based Men's Shed. Unpublished Master's thesis. Melbourne: La Trobe University, Victoria, Australia.

- The key outcomes include feeling a sense of purpose, being part of something and having a sense of belonging, learning new skills in a supportive environment and feeling like they can give back to the community [21]
- Some commentators have critiqued the concept of a 'men's shed' as being highly gendered, relying on, and perhaps leading to, the stereotyping of men, only able to engage in 'manly' activities.
- It has also been suggested that sheds have the potential to be exploited by those who wish to impose certain political agendas on others.[22]

Multigenerational houses

This model originates in Germany where centres have been created where older people and children mix, to the advantage of both. These multigenerational houses are, as the UK's Institute for Public Policy (IPPR) says, "recreating some of the extended family ties that people just don't have as much anymore".

Good Practice Example: The mothers' centre in Salzgitter, Germany.

The mothers centre provided the first German role model in 2006. The idea, pioneered by the then family minister was to bring together under one roof, groups that had previously operated in isolation from each other – childcare groups, youth centres, mothers' clubs, advice centres and communities for older people. These multi-tasking houses were designed to offer an alternative for older people, who often feel lonely, and for young families who need support but have no grandparents living nearby.

In Germany, the 2006 Salzgitter model was followed, in 2012, by second stage multi-generation houses, with funding for 450 centres. The financial support was part of the German government's demography strategy, under which nearly all administrative districts have their own such houses.

Key messages

- This approach has been shown to be relatively inexpensive and can be achieved by bringing existing services together in Sure Start centres or community halls and other facilities (such as day centres).[23]
- Generations mix; the elderly provide a helping hand with childcare services even as the children themselves enhance older people's lives.
- However, the approach requires a shift in thinking with more open mindedness and a less risk averse approach to putting different generations together.

6.4 Day centres as community wellbeing hubs

It has been found that many older people withdraw completely from attempting new activities. By providing a broad range of activities within a safe, comfortable environment, it is hoped that Community Hubs will give rise to an ethos of active ageing and positive outcomes in wellbeing will

[21] Ballinger, M.L., Talbot, L.A., & Verrinder, G.K. (2009). More Than a Place to do Woodwork: A Case Study of a Community-based Men's Shed. Journal of Men's Health, 6(1), 20-27.
[22] Hayes, R. & Williamson, M. (2007). Men's Sheds: Exploring the Evidence Base for Best Practice. La Trobe University: Melbourne, FL.
[23] http://www.theguardian.com/society/2014/oct/23/german-centres-bring-older-people-children-together

follow. With the growth of social prescribing on the horizon, the concept of Community Hubs represent a very viable option for health professionals to refer/recommend into.

Community Wellbeing hubs are new initiatives that are set up to demonstrate how preventative services, such as those which stop residents visiting accident and emergency or a GP with illnesses that could have been avoided through earlier intervention, can be provided in a different way, through existing local organisations that are already used and trusted by their communities. The location of these hubs varies depending on how the county has configured them, but some are within existing housing units, others are in existing day centres.

Good Practice Example**:** Gloucestershire.[24]

There are 19 Community Hubs for Older People operating countywide in Gloucestershire, some of which are purpose built within Extra Care Housing Schemes or are situated within traditional Sheltered Housing Schemes, Village Halls and Day Centres. The most established hub is seven years old and the newest hub was launched in October 2014. They offer drop-in daytime opportunities and offer whole day opportunities for people over 55 upwards or lower if the health and care need is applicable.

A range of activities are on offer in the hubs; depending on local supply of instructors, programmes will vary from one hub to another.

When the Gloucestershire model was evaluated, it demonstrated the following outcomes for its service users:

- Improvements to physical health.
- Increased confidence through attending exercise classes that enabled clients to participate and be active in other areas of life.
- In addition to the physical outcomes of exercise classes, ranging from increased range of movement, better flexibility and greater endurance, the social benefits were mentioned on many responses.
- Although some hub attendees commented that they had large families and maintained interests outside the hub, many were very appreciative of the opportunity for social interaction, thus alleviating loneliness and isolation.
- Social contact is also proving invaluable as part of the grieving process for some attendees.
- There was a large percentage increase in how stimulated the attendees felt, comparing before and after joining a Community Hub.

Key messages

- Social Prescribing can connect people to activities in community hubs that will benefit them by offering non-medical sources of support.
- An opportunity to make day care services part of existing residential schemes/housing, reducing the need for multiple sites and duplication.
- By working in partnership with the business sector, public sector and the voluntary sector the hubs are introducing activities to groups and individuals that focus simultaneously on

[24] Community Hubs: A partnership approach to creating community based services for older people in Gloucestershire. Found at www.housinglin.org.uk

prevention and rehabilitation thus helping people to live longer, healthier and more fulfilling lives.

- There is increasing evidence that show the benefits of social interventions for people experiencing a range of common mental health problems.
- The countywide network of Community Hubs is an infrastructure ready for social prescribing in the future.
- If the Community Hubs can introduce a broad range of stimulating new activities it follows that the social interaction will be the initial outcome measure and the physical, cognitive & sensory results will follow. When these outcomes are achieved we should start to see higher reported improvements in Activities of Daily Living (ADLs), Independence & Health
- In many cases it is not only the Hub attendee who stands to benefit but also their unpaid carers, who learn how to manage dementia and also have some respite while their loved ones are looked after.

However:

- The hubs need to be easily accessible to those who need them. If the Hub is not part of an existing housing scheme, transport options need to be considered which may have financial implications.
- The resources available to Hub Leaders will have an effect on the type of work they can engage in, and what activities they can provide. In an Independent Evaluation of the National Community Hubs Programme in Australia[25], it was found that in some hubs there were capacity issues, with limited access to dedicated spaces and infrastructure.

6.5 Social enterprise and Local Authority Trading Company (LATC) management models

Increasingly, councils are considering setting up arms-length local authority trading companies (LATCs). These operate as separate entities to the council but are wholly owned by them. LATCs do not include companies where councils only own a stake and the rest is owned by a private company. It is estimated that about 20 social care LATCs are now trading in the UK, with many more in the pipeline. Most are 100% owned by the local authority and have freedom to make up to 20% of its income from non-council contracts.[26] The main reason for this growth is local government's desire to generate income to protect other services. Secondary drivers include:

- the need for certain services to be separate from councils to allow them to compete in a wider geographical area
- a view that greater commercialisation will drive efficiency
- a view that certain services are non-essential to the council and would be better managed separately.
- to 'stimulate' the market by reorganising a package of services on a more commercial footing in the hope of encouraging companies to move into these areas when the work is put out to tender at a later date

<u>Good practice examples</u>

- ECL (formerly Essex Cares), set up by Essex County Council in 2009 to provide services such as equipment and reablement.

[25] Independent Evaluation of the National Community Hubs Program. Wagga Wagga, NSW: Research Institute for Professional Practice, Learning and Education.

[26]

- Norse Care, a care home provider and part of Norse Group, a large trading company owned by Norfolk County Council, employing more than 10,000 staff across the country and offering a wide range of services.
- Tricuro, (Dorset) launched in July 2013, is the first cross-boundary social care LATC. Its services include residential care, day services and catering and it is also the largest social care LATC, with a budget of more than £38m and 1,200 staff. A Dorset county councillor commented that her council chose the LATC option because of the huge financial pressures it was under – and the unpalatability of the alternatives.

Key messages

- As smaller, less bureaucratic organisations LATCs are able to react more quickly and sensitively to shifts in the social care market.
- Staff can also become energised to do things differently and there is potentially room for new ideas to be put in place: LATCs have been seen to be less risk averse than similar Council-run bodies.
- Several adult social care LATCs have slipped into deficit, or had to be brought back in-house. Essex Cares which previously had shown significant surpluses, went into deficit in 2014-15 and required significant restructuring.
- Another social care LATC, Your Choice Barnet, set up in 2012 and projected to make a surplus of £500,000 by 2015-16, has also had some financial problems and received a poor inspection report from the Care Quality Commission.

6.6 Income generation through charging for day services

Some Councils have been able to support some services to become more financially sustainable by finding imaginative ways to increase charging income. For example, some social care packages may be means tested against income, including benefits.

It is important to monitor and review the impact of charging decisions, to check whether policy and service aims have been achieved and whether there have been any unintended consequences, such as a decline in take up of services. In addition to this, Councils are statutorily required under the Social Services and Wellbeing Act to periodically review their overall approach to charging and concessions to assess the impact of charging arrangements and ensure that service charges comply with corporate guidelines.

There is limited research into the longer term impact of income generation for day care, but a study by Mencap[27] has demonstrated the negative impact of day service cuts on people with a learning disability:

- Over half (57%) of people with a learning disability who are known to social services no longer receive any day service provision whatsoever (compared to 48% in 2009/10).
- 1 in 4 people with a learning disability who responded to Mencap's online survey now spend less than one hour outside of their home every day.
- Over 1 in 3 admits to feeling 'scared about the future' (37%), 'isolated' (27%) or 'lonely' (28%).
- Almost one in four (23%) family carers state that their family is financially worse off due to the changes to day service provision.

[27] Stuck at home: the impact of day service cuts on people with a learning disability. Mencap 2013

- Almost three-quarters of carers (72%) fear that their child will not receive the support they need to live a full and independent life.

Key messages

- If money is ring fenced through income generation, Day Centres have the potential to offer more services to the community.
- Careful consideration would need to be made of the impact on service uptake if charging were to be introduced
- The potential to recoup income also needs to be balanced against the resource needed to recover it ie the resource required to assist with the completion of individual service user financial assessments.

6.7 Workforce approaches - Retaining good care workers is a great challenge. The demanding nature of the work and diminishing resources to support and appropriately remunerate care workers has led to retention of care workers becoming a substantial issue within the sector.

Some research has been undertaken to identify good practice examples to support recruitment and retention in domiciliary care services. The key messages from this apply equally to the maintenance of a motivated and sustainable workforce in day care services:

Key messages

- The following approaches have been shown to support good recruitment and retention
    - Ensuring that providers can pay at or above the statutory hourly minimum rate.
    - Investing in training to professionalise the service
    - Ensure manageable workloads
    - Increased job satisfaction and commitment levels through service design and the implementation of specialist roles with associated training and professional recognition.
    - Guaranteed hours
    - Payment for travel time
    - Staffing arrangements that allow staff to build good relationships with service users (locality patch base)
    - Close management support
    - Targeting older workers
    - Exploring opportunities for recruitment from overseas.

6.8 Key Good Practice Messages

An analysis of examples of good practice described above gives the following key points which may be considered in the development and appraisal of options:

- An outcome based approach to care planning and, where appropriate, contracting can stimulate an innovative approach among service providers.
- This approach may form the basis for a more flexible approach to day service provision.
- The principles of a Community Asset Based approach may guide the development of a wider community role for day centres.
- Adopting a “reablement approach” in day centres can support people, such as those with dementia, to achieve improved independence

- Community based activities such as “sheds associations” and “multi-generational houses” have been shown to support improved wellbeing for older people.
- There is potential for day centres to develop as community hubs offering a range of activities and supporting access to wider range of preventative health and wellbeing services
- Some councils are establishing Local Authority Trading Companies (LATCs)
- LATCs may yield benefits such as:
    - More responsive to shifts in the social care market
    - Improved staff motivation and job satisfaction
- However some established LATCs have experienced financial difficulties.
- Charging for day services may provide opportunities to develop more sustainable funding models of day services.
- Careful consideration would need to be made of the impact on service uptake if charging were to be introduced.
- The potential to recoup income also needs to be balanced against the resource needed to recover it ie the resource required to assist with the completion of individual service user financial assessments.
- In terms of workforce, the following approaches have been shown to support good recruitment and retention
    - Ensuring that providers can pay at or above the statutory hourly minimum rate.
    - Investing in training to professionalise the service
    - Ensure manageable workloads
    - Increased job satisfaction and commitment levels through service design and the implementation of specialist roles with associated training and professional recognition.
    - Guaranteed hours
    - Payment for travel time
    - Staffing arrangements that allow staff to build good relationships with service users (locality patch base)
    - Close management support
    - Targeting older workers
    - Exploring opportunities for recruitment from overseas.

6.9 Key Themes for Options Appraisal

The above research provides rich material to help shape future thinking on the provision of care home services. In particular it identifies the following key themes which should be addressed through the options appraisal.

- **Reviewing the Service Model for Day Services** – Research has identified a number of examples where new service models are producing positive outcomes for services users. These focus around adopting outcome based approaches to care planning and promoting a culture of reablement and independence.
- **A Wider Future Role for Day Centres** - The principles of a Community Asset Based approach may guide the development of a wider community role for day centres. There is potential for day centres to develop as community hubs offering a range of activities and supporting access to wider range of preventative health and wellbeing services
- **Opportunity for strategic partnerships** – Research shows that innovation can on occasion be led by, and frequently delivered through strong partnerships between commissioners and providers.

- **Shown to work elsewhere** – Simply speaking, if an approach has been shown to yield improved outcomes, this may indicate that a similar approach could be developed and taken forward in Swansea

7. STAGE 4 – OPTIONS APPRAISAL

A set of options have been developed which seek to capture accurately the strategic commissioning themes that need to be considered as an output from Stage 4 of this Commissioning Review. The options are presented in a series of inter-related categories which need to be appraised separately and in sequence. The preferred approach from each appraisal will inform the options and approach taken within the subsequent category.

The options appraisal will produce a recommended strategic commissioning approach for day care services which responds to the key operational and strategic issues identified. Whilst it is expected that this process will give clear direction to the commissioning approach, it is noted that subsequent implementation will need to be informed and guided by the development of detailed Business Case and Project Plan processes which will inform subsequent and more detailed decision making.

7.1 Assumptions

The following assumptions underpin the options and their appraisal:

- All commissioning activity takes place within a given budget.
- For the purposes of this options appraisal, it is assumed that investment levels for CC Swansea will not change
- Whilst the overall necessity for CC Swansea to find 20% efficiencies over the next three years remains. The approach taken here is based on the potential to reduce investment levels, but it is understood that the options alone cannot make the savings required. Significant attention will need to be paid to demand management across the system to realise real impact on the budgetary situation.
- Investment and disinvestment priorities will need to be taken in a “whole system” context.
- The proposed options relate to identifying the commissioning arrangements which make best use of resources to ensure improving outcomes for service users and sustainable service arrangements
- There is no significant change in emphasis towards the provision of Direct Payments for day care services

7.2 Stakeholder Engagement

A initial scoping workshop was held on 10th September 2015 at Stage 1 of this Commissioning Review to share information about the review process and to ask participants to share their views about how services to citizens, and commissioning arrangements, could be improved. Participants identified the outcomes and vision for the service as described in Section 3.4 of this report.

A co-production workshop was held on 17th May 2016. This event was used to consolidate and develop an understanding of the key issues facing the domiciliary care service and to engage stakeholders in early discussions on options and evaluation criteria (answering the question “what does “good” look like?”.

A stakeholder engagement event was held on 7th June 2016. This was attended by over approximately 20 individuals representing a diverse range of stakes from across the domiciliary care sector. At this event, attendees were consulted on:

- The strengths and weaknesses of an initial draft range of options. The collated feedback from this exercise is shown in Appendix 1. This contributed to the development of a more focussed range of options that went forward for evaluation as shown below in Section 7.3

- Evaluation criteria. A draft set of evaluation criteria were considered, developed and extended by participants. The final set of evaluation criteria is shown below in Section 7.4

7.3 Options

Following detailed consultation, the following options were considered:

Overall Day Service Model

- Continue as is
- Develop service refocussing day centres on higher dependency complex/dementia care and providing respite using current capacity.
- Develop service refocussing day centres on higher dependency complex/dementia care and providing respite at reduced capacity.
- Develop service using current capacity, refocussing day centres on higher dependency complex/dementia care and offering activities and community contribution through an expanded range of tier 2 services and local area co-ordination
- Develop service at reduced capacity, refocussing day centres on higher dependency complex/dementia care and offering activities and community contribution through an expanded range of tier 2 services and local area co-ordination
- Stop providing centre based day services, but transform all existing day centres to act as community hubs supporting flexible service provision.
- Stop providing centre based day services, but transform a reduced number of existing day centres to act as community hubs supporting flexible service provision.

Delivery Model

- Internal Delivery
- External Delivery
- Mixed delivery with clearly defined internal and external services

Income Generation

- Continue not to charge for day services
- Means tested charging for “assessed for” services that meet eligible need
- Flat rate charge for access to services under community hub provision which do not meet an “assessed for” eligible need.

Overall Management Model

- Deliver transformed in-house service
- Social Enterprise/Local Authority Trading Company

A detailed description of each option, together with an evaluation of its relative strengths and weaknesses is provided in Appendix 2

Appendix 2

7.3 Evaluation Criteria

Sections 4, 5 and 6 of this report consider current service performance, benchmarking against other comparator local authorities and evidence of good practice models across the UK and beyond. An analysis under each of these sections has identified the following key issues which need to be addressed through the options appraisal process:

Service performance - Section 4.3

- Equity of Access.
- Targeting Day Services.
- Promoting a stable, experienced and well trained workforce.

Service Comparison (Benchmarking) – Section 5.3

- Ensuring adequate capacity for meeting growing demand.
- Supporting an approach to manage down demand.

Best practice – Section 6.9

- Reviewing the Service Model for Day Services.
- A Wider Future Role for Day Centres.
- Opportunity for strategic.
- Shown to work elsewhere.

The CC Swansea corporate template for options appraisal provides 5 key headings for evaluation criteria:

- Outcomes
- Fit with Priorities
- Financial Impact
- Sustainability and Viability
- Deliverability

Under each of these headings, the following evaluation criteria were developed by the Review Team. These were informed by the key themes from the analyses above and then further refined at the Stakeholder Co-Production workshop held on 9th June, 2016.

Category	Criteria Questions	Weighting
1. Outcomes		
1.1	Promotes health and wellbeing	M
1.2	Maximise opportunities for greater independence	M
1.3	Promotes choice and control	L
1.4	Reduces demand for services	H
1.5	Improves performance	H

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1.6	Improves user experience	M
2. Fit with Priorities		
2.1	Fit with SSWB Wales Act and Guidance	H
2.2	Fit with CCS Adult Services Model	H
2.3	Fit with corporate priorities	M
2.4	Fit with Western Bay priorities	L
2.5	Promotes partnership	L
3. Financial Impact		
3.1	Supports cost reductions (20% over 3 years)	H
3.2	Requires investment but supports savings elsewhere in the system	L
3.3	Makes better use of staff resources	M
3.4	Limited/no set-up costs	L
3.5	Achieves capital receipt	L
3.6	Reduce premises cost/maintenance backlog	M
4. Sustainability/Viability		
4..1	Promotes positive workforce	H
4.2	Shown to work elsewhere	L
4.3	Supports positive market development	M
5. Deliverability		
5.1	Legally compliant	H
5.2	Safe	H
5.3	Acceptable to stakeholders/public	H
5.4	Manageable project	H

The detailed options appraisal is shown as Appendix 1

8. SUMMARY & CONCLUSIONS OF REVIEW TEAM

Following detailed analysis and options appraisal, the following strategic approach to day care services is recommended:

Overall Day Service Model

- Develop service at reduced capacity, refocussing day centres on higher dependency complex/dementia care and offering activities and community contribution through an expanded range of tier 2 services and local area co-ordination

Delivery Model

- Mixed delivery with clearly defined internal and external services

Income Generation

- Consult on introducing a flat rate charge for access to services under community hub provision which do not meet an “assessed for” eligible need.

Overall Management Model

- The Options Appraisal Panel concluded that these options should not be scored as not enough information is known about the potential benefits or otherwise of transferring the transformed in-house service. It was concluded that transformation should take place first before these options are evaluated.

Appendix 2

Appendices

1. Stakeholder Feedback on Options from Stakeholder Workshop: 09.06.16

2. Options Appraisal

Background papers (available on request)

1. Service Model
2. Commissioning Gateway Review Report Stage 2
3. Key themes from the Commissioning Review Workshop; 11.08.15
4. Key Themes from the Co-Production Workshop; 28.04.16

Residential Services Evaluation Scoring Matrix

NOTE: - SCORING BASED UPON THE HIGHEST SCORE BEING THE PROPERTY LEAST APPROPRIATE FOR CLOSURE & LOWEST SCORE MOST APPROPRIATE FOR CLOSURE

RESIDENTIAL HOMES			BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
THEME	CRITERIA	WEIGHT	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
BUILDING CONDITIO														
	Condition Survey (Good =4 / Poor = 1)	5	3	15	2	10	2	10	2	10	3	15	3	15
	Building Investment to date '15-'17 (High value = 5 / Low Value = 0)	5	5	25	5	25	4	20	4	20	3	15	3	15
	Est. Investment in Building required £ (High value = 0 / no investment req'd = 5)	5	5	25	2	10	1	5	2	10	3	15	5	25
	CSSIW / H&S recommendations outstanding (High No. = 0 / None = 5)	3	5	15	5	15	5	15	5	15	5	15	5	15
	Layout fit for purpose to deliver future model? (Yes = 5 / No = 0)	5	3	15	3	15	4	20	5	25	5	25	2	10
	Accessibility & Security fit for purpose to deliver proposed model? (Yes = 5 / No = 0)	5	3	15	2	10	4	20	5	25	5	25	3	15
	Est. value of site for redevelopment (High value = 0 / Low value = 5)	5	4	20	2	10	3	15	4	20	2	10	4	20
	Total	33	28	130	21	95	23	105	27	125	26	120	25	115
	Score			3.9		2.9		3.2		3.8		3.6		3.5

	Criteria	Weight	BONYMAEN HSE Score	BONYMAEN HSE Weighted	PARKWAY Score	PARKWAY Weighted	ST JOHNS Score	ST JOHNS Weighted	ROSE CROSS HSE Score	ROSE CROSS HSE Weighted	TY WAUNARLYDD Score	TY WAUNARLYDD Weighted	THE HOLLIES Score	THE HOLLIES Weighted
LOCATION														
	Availability of alternative residential provision in the vicinity? (Yes = 0 / No = 5)	5	1	5	1	5	1	5	1	5	1	5	2	10
	Total	5	1	5	1	5	1	5	1	5	1	5	2	10
	Score			1.0		1.0		1.0		1.0		1.0		2.0

CURRENT LEVEL OF USE	Criteria	Weight	BONYMAEN HSE Score	BONYMAEN HSE Weighted	PARKWAY Score	PARKWAY Weighted	ST JOHNS Score	ST JOHNS Weighted	ROSE CROSS HSE Score	ROSE CROSS HSE Weighted	TY WAUNARLYDD Score	TY WAUNARLYDD Weighted	THE HOLLIES Score	THE HOLLIES Weighted
	Current occupancy/ attendance levels (High = 5 / Low = 0)	4	5	20	3	15	4	16	4	16	5	20	4	16
	Current usage alignment with proposed service model? (High = 5 / Low = 0)	4	5	20	3	12	2	8	5	20	5	20	4	16
	Total	8	10	40	6	27	6	24	9	36	10	40	8	32
	Score			5.0		3.4		3.0		4.5		5.0		4.0

	Criteria	Weight	BONYMAEN HSE Score	BONYMAEN HSE Weighted	PARKWAY Score	PARKWAY Weighted	ST JOHNS Score	ST JOHNS Weighted	ROSE CROSS HSE Score	ROSE CROSS HSE Weighted	TY WAUNARLYDD Score	TY WAUNARLYDD Weighted	THE HOLLIES Score	THE HOLLIES Weighted
DEPENDENCIES	Grant funding received to invest in building/service? (Yes = 5 / No = 0)	5	5	25	1	5	1	5	1	5	5	25	1	5
	Total	5	5	25	1	5	1	5	1	5	5	25	1	5
	Score			5.0		1.0		1.0		1.0		5.0		1.0
				200		132		139		171		190		162

Appendix 4: Adult Services Residential Care and Day Services Engagement Plan

Purpose:
To outline the process that we will undertake to consult on the proposed outcomes of the Adult Social Services Commissioning Reviews.

Key Messages:

- Adult Services are committed to promoting the health and wellbeing of service users, and achieve better outcomes for those who are no longer able to remain independent in their own homes.
- We need to focus our resources on those most in need and provide services for all our service users so we can meet their needs.
- Residents and service users will be fully supported to have their say in the consultation. If the proposals are agreed, we will not stop providing services to those with eligible needs in line with the proposed delivery model, alternative provision will be identified jointly with each individual if they have eligible needs and appropriate move on plans determined if they do not.

Proposals:

<u>For general consultation</u>

Residential Care – new model of delivery

It is proposed that we will stop providing in-house standard residential care and retain an in-house service to deliver residential reablement, respite, and complex care. It is proposed that standard residential care will be commissioned from and provided by the private sector going forward.

The preferred option will allow Adult Services to promote the health and wellbeing of service users, and fundamentally allow Adult Services to help achieve better outcomes for those who are no longer able to remain independent in their own homes. It will allow Adult Services to ensure that specialist services are delivered to meet complex needs and focus on reablement.

Day Services - new model of delivery
We will continue with the model of using both internal and external services, but develop the day service so it focusses on higher dependency, and complex/dementia care. This will mean that less internal day service places are required.

<u>For specific Consultation with affected Services</u>

Closure of one Residential Care Home

It is proposed that we will stop providing in-house standard residential care and retain an in-house service to deliver residential reablement, respite, and complex care. It is proposed that standard residential and nursing care will be commissioned from and provided by the private sector going forward. If the proposal is agreed it would result in the closure of one Council run care home. As such we are consulting on the potential closure of Parkway Residential Home.

If the proposal to close Parkway was agreed, each resident would have an individual care plan review via a care manager and we will look to ensure that an alternative home was found for each resident. This is in line with the Social Services Wellbeing Act which will ensure that individual outcomes are identified for each resident to either:
- secure a place in an alternative council run Residential Care Home
- or secure a place in a private Residential Care Home

Closure of two Day Services (2 separate consultations)

We propose to continue with the model of using both internal and external services to deliver day services. We propose to develop the day service so it focusses on higher dependency, and complex/dementia care. This will mean that less internal day service places are required. If the proposal is agreed it would result in the closure of two Council run day services. As such we are consulting on the potential closure of the Hollies Day Service and Rose Cross Day Service.

If the proposal to close the Hollies and Rose Cross was agreed, each service user would have an individual care plan review via a care manager and we will look to ensure that each user has access to a service if they have eligible needs under the new delivery model. This is in line with the Social Services Wellbeing Act which will ensure that individual outcomes are identified and met for each individual service user by one of the following means:
- accessing an alternative day service.
- accessing alternative support provided via third parties with support from the Local Area Coordinator.
- leaving the service if that's what they choose.

Engagement Plan

The 5 consultations will run over the same 12 week period from 30 April to 23 July. The consultation falls into 2 categories:

General Consultation

A general public consultation will be carried out on the new models of delivery for both Residential Care and Day Services. The consultation will be separate for each service model.

The consultation will be carried out using a questionnaire. The survey will be available online and hard copies also made available at key council venues. We will publicise the consultations within the media and via social media platforms.

The consultation will also be publicised to current users, either via individual letters or information packs/posters sent to each venue.

The consultation will be on the new models only but will also need to make reference to the impact of the proposals

Specific Consultation

3 consultations will be carried out with the specific home and day services that may close if the proposals to change the delivery model are approved. The consultation will run for 12 weeks.

1 x Closure of a care home:

- Letter to each resident and their families to explain the proposals, timescales for decision, how the closure will be undertaken if agreed and give opportunities to have their say. This would include how their individual needs would be reviewed and any individual move on plans be agreed.
- Offers of meetings/face to face opportunities at the care home
- The offer of an advocate for each care home resident if they feel they are unable to take part - Some older people will not be able to express their own wishes or concerns without the help of an independent advocate. Where an older person lacks capacity and there is no relative or friend to represent them, an Independent Mental Capacity Advocate *must* be appointed since it is a legal requirement to appoint one when decisions are being made that could result in them being moved to a different care home
- There must be a key named person available who can be contacted to answer any questions about the consultation

2 x Closure of a Day Service

- Letter to each service user and their families to explain the proposals, timescales for decision, how the closure will be undertaken if agreed and give opportunities to have their say. This would include how their individual needs would be reviewed and any individual service provision plan would be agreed
- Offers of meetings/face to face opportunities at the day service. There must be a key named person available who can be contacted to answer any questions about the consultation

Engagement with Staff, Councillors and Trade Unions

Staff and Trade Unions need to be briefed prior to the start of the consultation process.

All Social Services Staff
To be briefed and given opportunities to have their say on the proposed new models for Residential Care and Day Services. Staff will also need to be made aware of the potential impact this will have in terms of future service provision.

Staff Directly Affected
Formal consultation with staff who currently work at the services proposed for closure would commence at the same time as the public consultation.

Councillors
Councillors will need to be fully briefed about all of the proposals and the potential impact.

Trade Unions
A Section 188 letter will be issued to the Trade Unions at the commencement of the public consultation and they will need to be fully briefed about all of the proposals and the potential impact.

If you require any further information in relation to this survey or any alternative formats e.g. Large Print etc please contact xxxxx

Residential Care - A New Model of Delivery

We want you to have your say on our proposed new model for delivering residential care. In line with the principles of the Social Services and Wellbeing (Wales) Act, the Council agreed a model for Adult Services in 2017 which had the following key principles at its core:

- **Better prevention**
- **Better early help**
- **A new approach to assessment**
- **Improved cost effectiveness**
- **Working together better**
- **Keeping people safe**

We have to deliver things differently to achieve our new model and have undertaken a review of Residential Care for Older People in line with the above principles.

Social Services is also facing unprecedented challenges in terms of the numbers of people who need to access our services and the increasing costs of providing them. With an ageing population and better and earlier diagnosis and treatment of long-term complex conditions such as learning disabilities and physical disabilities, people are living for longer with more complex needs. This increases the number of people who at some point in their lives might need some form of formal support. Whilst the budget for Social Services has decreased slightly over the years, the costs phave increased significantly due to the key pressures linked to the costs of for example paying the national living wage, increased national insurance and pension contributions.

The increase in people needing support and the costs of providing it will continue to increase, so we need to get smarter in terms of how we support people. In line with the Social Services and Well-being Act, we need to encourage people to be as independent and self-supporting as possible so we can concentrate our services on those who really need them.

Please give your view on our proposal below, the consultation will run until the xxxxx. All views will be taken into account within the decision making process.

Proposed New Model of Delivery

We propose to re-shape the Council's internal provision to focus on complex care, residential reablement and respite, and commission standard residential care and nursing care in the independent sector. In line with the key principle of better prevention, the Council will be able to designate more in-house beds as respite provision, which will allow carers greater certainty and planning surrounding respite arrangements helping them to keep their loved ones at home for longer by providing them with a much needed break.

The reablement provision will be developed to better support people when leaving hospital or when they are finding it difficult to stay at home without support. Again, in line with the key principles of better prevention and early intervention, providing people with support in this way allows them to regain skills and independence to return to their own homes in line with their desired personal outcomes.

By adopting the preferred options and developing its provision in relation to complex care, the Council will be able to provide better care for people with complex needs such as dementia. This is an area of need that the independent sector struggles to meet as typically it is more expensive to deliver because of the level of staff required to meet complex needs.

Refocussing internal provision in this way will allow the Council to provide better services and care for its residents. It will also provide market certainty for the independent sector surrounding the commissioning of standard residential care. The independent sector already provides the majority of standard residential care placements in Swansea and to an equivalent standard to that provided by the Council.

By concentrating its resources on these specialisms, the Council will ultimately provide a better service for residents in Swansea, but will need less in-house beds to provide these specialisms.

1. **Do you agree or disagree with our proposed new residential care model ?**

- Strongly agree
- Tend to agree
- Tend to disagree
- Strongly disagree

2. **Please explain your answer below**

Other models for Residential Care were also considered as part of our commissioning review and discounted as follows:

- **No longer provide any Residential Care internally - commissioning everything.** This would essentially mean we had no internal provision and no resilience in the event of market failure. Also, it is not cost effective for the independent sector to offer respite (as long-term beds always give them a better return than short-term beds) so there is no certainty for service users to secure respite in advance. They do not offer Reablement and would struggle to do so because of the therapy and domiciliary care input required. There is also a gap in the market between nursing and standard residential where complex falls; this particularly relates to people who require more specialist support which is more costly to deliver.

- **Continue with the current in house provision completely and deliver a degree of specialist services and standard residential care.** Social Services is facing unprecedented challenges in terms of the numbers of people who need to access our services and the increasing costs of providing them. We simply don't have enough resource to carry on providing services in this way. We need to get smarter in terms of how we support people. In line with the Social Services and Well -being Act, we need to encourage people to be as independent and self-supporting as possible so we can concentrate our services on those who really need them. There is no evidence to suggest that the Local Authority can deliver standard residential care better than the independent sector.

3. **Are there any other model/models you feel the Council should adopt in relation to residential care?**

If the proposed new model for Residential care is approved, one care home will close. In order to establish which care home could be affected evaluation matrix was utilised which assessed each residential home against the following specific criteria as follows:

Building Condition:
- Current Condition of building
- Building Investment to date
- Estimated investment in building required
- Core Inspectorate Wales/Health & Safety recommendations outstanding
- Fitness for purpose of existing building layout to deliver proposed future model
- Fitness for purpose in terms of accessibility and security to fit future model
- Estimated value of site for redevelopment
Location:
- Availability of alternative residential provision in the vicinity
Current Level of Use:
- Current occupancy levels
- Current level of alignment with the new model
Dependencies:
- Grant funding received to invest in building/services (potential claw back if decommissioned services)

Each criteria attracted a score of up to 5 with a weighted maximum score of 255, with the higher the score indicating that the home was most fit for purpose to deliver the proposed model.

The outcome of the evaluation led to the following overall scores

Home	Overall Score
Bonymaen House	200
Parkway	132
St Johns	139
Rose Cross House	171
Ty Waunarlwydd	190
The Hollies	162

Parkway therefore attracted the lowest score, and it is therefore proposed that Parkway would be the home to close if the proposed new model was agreed.

4. **Considering the above, do you agree or disagree with the following...**

	Strongly Agree	Tend to agree	Tend to disagree	Strongly disagree
The criteria used to access each care home were the right ones	○	○	○	○
The proposal to close parkway Residential care	○	○	○	○

5. **If you disagree with either of the above please explain why and give any alternatives that you would like the Council to consider.**

About You

To improve our services and service delivery to you and consider all your needs we hope you will complete the following questions. These questions are optional.
In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only. The information will enable us to determine whether or not our proposal has more of an impact on any group compared to others.

6. **Are you...?**

- ○ Male
- ○ Female
- ○ Prefer not to say

7. **Is your gender the same as that which you were assigned at birth?**

- ○ Yes
- ○ No
- ○ Prefer not to say

8. **How old are you …**

- ○ Under 16
- ○ 16 - 25
- ○ 26 - 35
- ○ 36 - 45
- ○ 46 - 55
- ○ 56 - 65
- ○ 66 - 75
- ○ 76 - 85
- ○ Over 85
- ○ Prefer not to say

9. **Would you describe yourself as...**
Please mark all that apply

- ☐ British
- ☐ Welsh
- ☐ English
- ☐ Irish
- ☐ Scottish
- ☐ Other British (please write in at end)
- ☐ Non British (please write in at end)
- ☐ Gypsy/traveller
- ☐ Refugee/Asylum Seeker (please write in current/last nationality at end)
- ☐ Prefer not to say

Write in here

10. **To what 'ethnic' group do you consider**

- ○ White - British
- ○ Any other White background (please write in at end)
- ○ Mixed - White & Black Caribbean
- ○ Mixed - White & Black African
- ○ Mixed - White & Asian
- ○ Any other Mixed background (please write in at end)
- ○ Asian or Asian British - Indian
- ○ Asian or Asian British - Pakistani
- ○ Asian or Asian British - Bangladeshi
- ○ Any other Asian background (please write in at end)
- ○ Black or Black British - Caribbean
- ○ Black or Black British - African
- ○ Any other Black background (please write in at end
- ○ Chinese
- ○ Other ethnic group (please write in at end)
- ○ Prefer not to say

Write in here

11. **What is your religion, even if you are not currently practicing?**
Please mark one box or write in

- ○ No religion
- ○ Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)
- ○ Buddhist
- ○ Hindu
- ○ Jewish
- ○ Muslim
- ○ Sikh
- ○ Other
- ○ Prefer not to say

Any other religion or philosophical belief (please write in)

12. **Do you consider that you are actively practising your religion?**

- ○ Yes
- ○ No
- ○ Prefer not to say

13. **What is your sexual orientation**

- ○ Bisexual
- ○ Gay/ Lesbian
- ○ Heterosexual
- ○ Prefer not to say
- ○ Other

Please write in

14. **Can you understand, speak, read or write Welsh?**
Please mark all that apply

- ☐ Understand spoken Welsh
- ☐ Speak Welsh
- ☐ Read Welsh
- ☐ Write Welsh
- ☐ Learning Welsh
- ☐ None of these
- ☐ Prefer not to say

15. **Which languages do you use from day to day?**
Please mark all that apply

- ☐ English
- ☐ Welsh
- ☐ Other (write in)
- ☐ Prefer not to say

Please write in

16. **Do you have any long-standing illness, disability or infirmity?**
By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over time.
This could also be defined Under the Disability Discrimination Act 1995 as: "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."

- ○ Yes
- ○ No
- ○ Prefer not to say

17. **Does this illness or disability limit your activities in any way?**

- ○ Yes
- ○ No
- ○ Prefer not to say

Thank you for your participation

Dear

Residential Care Provision at Parkway

We want you to have your say on our proposed new model for delivering residential care. In line with the principles of the Social Services and Wellbeing (Wales) Act, the Council agreed a model for Adult Services in 2017 which had the following key principles at its core:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

We have to deliver things differently to deliver our new model and have undertaken a review of Residential Care for Older People in line with the above principles.

Social Services is also facing unprecedented challenges in terms of the numbers of people who need to access our services and the increasing costs of providing them. With an ageing population and better and earlier diagnosis and treatment of long-term complex conditions such as learning disabilities and physical disabilities, people are living for longer with more complex needs. This increases the number of people who at some point in their lives might need some form of formal support. Whilst the budget for Social Services has decreased slightly over the years, the costs have increased significantly due to the key pressures linked to the costs of for example paying the national living wage, increased national insurance and pension contributions.

The increase in people needing support and the costs of providing it will continue to increase, so we need to get smarter in terms of how we support people. In line with the Social Services and Well-being Act, we need to encourage people to be as independent and self-supporting as possible so we can concentrate our services on those who really need them.

The Proposal

We propose to re-shape the Councils internal provision to focus on complex care, residential reablement and respite, and commission standard residential care and nursing care in the independent sector. In line with the key principle of better prevention, the Council will be able to designate more in-house beds as respite provision, which will allow carers greater certainty and planning surrounding respite arrangements helping them to keep their loved ones at home for longer by providing them with a much needed break.

The reablement provision will be developed to better support people when leaving hospital or when they are finding it difficult to stay at home without support. Again, in line with the key principles of better prevention and early intervention, providing people with support in this way allows them to regain skills and independence to return to their own homes in line with their desired personal outcomes.

By adopting the preferred options and developing its provision in relation to complex care, the Council will be able to provide better care for people with complex needs such as dementia. This is an area of need that the independent sector struggles to meet as typically it is more expensive to deliver because of the level of staff required to meet complex needs.

Refocussing internal provision in this way will allow the Council to provide better services and care for its residents. It will also provide market certainty for the independent sector surrounding the commissioning of standard residential care. The independent sector already provides the majority of standard residential care placements in Swansea and to an equivalent standard to that provided by the Council.

By concentrating its resources on these specialisms, the Council will ultimately provide a better service for residents in Swansea, but will need less in-house beds to provide these specialisms. If the proposal were to be approved Parkway Residential Home would consequently close.

We encourage you to have your say on the proposed new model in the enclosed survey, or you can complete the survey online at the following web address xxxx if you wish. The consultation will run for 12 weeks closing on the xxx. If you require support to complete the survey please contact xxx.

We will be at Parkway on these dates xxxx and would welcome the opportunity to meet with you to discuss our plans and listen to your views. We can also help you complete the survey if needed. We would also like to explain in more detail why it has been necessary to change the existing arrangements.

We hope one of these is convenient to you. If it is not please would you be kind enough to contact us to arrange a mutually convenient date and time.

Our contact number is 01792 (TBC). Should you wish to bring your family/carer with you please feel free to do so. We have written to your designated family member so they are aware.

If you feel you are unable to take part an advocate can be appointed to support you.

As a resident of Parkway Residential Home the proposal has a direct impact on you.

How does this proposal impact me

If the proposed model of new delivery is adopted following the consultation, this would mean that Parkway Residential Home would close.

In the instance of closure we would meet with you individually to plan and support a move to another home. This would either be another council run Residential Care home or a privately run home. We would work with you to determine the best possible outcome for your individual circumstances based on your needs.

We don't plan to change anything yet and we are proposing that you continue to live in Parkway Residential Home whilst consultations are being undertaken. All views will be taken into account.

Timescales

- End of April 2018; 12-week public and staff consultation to commence
- End of July 2018; Public and staff consultation to end
- August 2018; Consideration of final proposals by Cabinet.

If proposals agreed:

- September 2018; Commence reviews of all affected residents to determine move on plans
- Early 2019; Closure of Parkway Residential Home

No decisions have been made yet and we encourage you to take part in the consultation.

If you have any further questions please contact us.

Yours sincerely

Alex Williams

If you require any further information in relation to this survey or any alternative formats e.g. Large Print etc please contact xxxxx

Day Services for Older People: Have Your Say

We want you to have your say on our proposal to change the way we deliver Day Services for Older People.

Why are we proposing these changes?

There are a number of reasons why we need to change:

- **There is over-capacity in the service with 125 places more than is needed (the equivalent of two day centres).**
- **People are living longer and want to live independently at home.**
- **An increase in the number of older people needing support.**
- **More people need support for complex needs, like dementia.**
- **A rise in the cost of providing services.**

A new law in Wales requires Social Services to support people in different ways to improve services and to manage the difficulties of having to support more people with less money.

The vision for social care in Swansea is set out in our new model for Adult Social Care. The new model which we have agreed means our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available.

We have undertaken a review of Day Services for Older People to ensure that services are delivered in line with this the new legislation and our local vision for services which addresses the challenges that we face.

Following the review we are now asking for views on our proposed changes to Day Services for Older People. Please give your views on our proposal below, the consultation will run until the xxxxx. All views will be taken into account within the decision making process.

What are we proposing for our Day Services for Older People?

We want to change our Day Services for Older People to focus providing our services to those with complex care needs. This means that in the future our day services for older people will only support those with complex care needs.

An individual will be defined as having complex needs and eligible to access a day service if their needs include one or more of the following, and only a day service can meet that need rather than some other means of support:

• Require support to remain at home due to high levels of daily living support, personal care support and health needs including dementia;
• Require support to regain or maintain daily living skills to enable the person to remain in the family home.
• Where there is a risk of loneliness, isolation and depression which could lead to significant mental ill-health.
• Respite required for family and carers where there is a risk of the family situation breaking down.

People with non-complex needs will be supported to have their needs met in other ways and such as through our Local Area Coordination project which supports people to connect with others in their local community to give and receive support.

By focusing day services on those with complex needs we will woud hope to provide a better quality service for people with complex needs, as we will be able to specialise in the needs that people have.

By making these changes we will need fewer day service places in the future. Therefore we would be in a position to close two of our day services. We have looked at all our day services to work out which we would close. If the changes were accepted the Hollies and Rose Cross would close.

1. **Do you agree or disagree with the proposed changes to Day Services for Older People (focus on providing our services to those with complex care needs)?**

- ○ Strongly agree
- ○ Tend to agree
- ○ Tend to disagree
- ○ Strongly disagree

2. **Please explain your answer below**

Other options were considered as part of our review. For example; we looked at keeping things the same, focusing on complex care needs (like out preferred changes) but not closing any services. We discounted these and other options because they do not allow us to deliver our new model or make services more cost effective.

3. **Are there any other options you feel the Council should have looked at in relation to Day Services for Older People?**

If the proposed changes for the Day Services for Older People are agreed, two Day Services will close. In order to find out which two could be affected an evaluation tool was used which measured each day service against the following:

The Building:
- Current condition of the building
- Cost of investment needed in the building
- Was the building fit for purpose to deliver a service for those with complex care needs
- Estimated value of site for redevelopment

Location:
- Availability of alternative day centre provision near by

Current Use of the Services:
- How full are they
- How is this services connected to the local community
- How could the building support community activity in the future
- How many people attend currently with complex needs

Each of the above attracted a score of up to 5 with a maximum score of 175. Day Services with the highest score are best placed to deliver the proposed changes.

The outcome of the evaluation led to the following scores:

Home	Overall Score
Norton Lodge	145
The Hollies	75
St Johns	150
Rose Cross	90
Ty Waunarlwydd	130

The Hollies and Rose Cross Day Services had the lowest scores, and it is therefore proposed that they would close if the proposed changes to the Older Persons Day Services is agreed

4. **Considering the above, do you agree or disagree with the following...**

	Strongly Agree	Tend to agree	Tend to disagree	Strongly disagree
The criteria used to access each day service were the right ones	○	○	○	○
The proposal to close Rose Cross Day Service	○	○	○	○
The proposal to close The Hollies Day Service	○	○	○	○

5. **If you disagree with either of the above please explain why and give any alternatives that you would like the Council to consider.**

About You

These questions are optional, but we need to ask them to understand if our consultation has reached the right people and to understand how different groups may be affected by the proposal allowing us to address this if we can.
In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only.

6. **Are you...?**

- ○ Male
- ○ Female
- ○ Prefer not to say

7. **Is your gender the same as that which you were assigned at birth?**

- ○ Yes
- ○ No
- ○ Prefer not to say

8. **How old are you …**

- ○ Under 16
- ○ 16 - 25
- ○ 26 - 35
- ○ 36 - 45
- ○ 46 - 55
- ○ 56 - 65
- ○ 66 - 75
- ○ 76 - 85
- ○ Over 85
- ○ Prefer not to say

9. **Would you describe yourself as...**
Please mark all that apply

- ☐ British
- ☐ Welsh
- ☐ English
- ☐ Irish
- ☐ Scottish
- ☐ Other British (please write in at end)
- ☐ Non British (please write in at end)
- ☐ Gypsy/traveller
- ☐ Refugee/Asylum Seeker (please write in current/last nationality at end)
- ☐ Prefer not to say

Write in here

10. **To what 'ethnic' group do you consider**

- ○ White - British
- ○ Any other White background (please write in at end)
- ○ Mixed - White & Black Caribbean
- ○ Mixed - White & Black African
- ○ Mixed - White & Asian
- ○ Any other Mixed background (please write in at end)
- ○ Asian or Asian British - Indian
- ○ Asian or Asian British - Pakistani
- ○ Asian or Asian British - Bangladeshi
- ○ Any other Asian background (please write in at end)
- ○ Black or Black British - Caribbean
- ○ Black or Black British - African
- ○ Any other Black background (please write in at end
- ○ Arab
- ○ Other ethnic group (please write in at end)
- ○ Prefer not to say

Write in here

11. **What is your religion, even if you are not currently practicing?**
Please mark one box or write in

- ○ No religion
- ○ Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)
- ○ Buddhist
- ○ Hindu
- ○ Jewish
- ○ Muslim
- ○ Sikh
- ○ Other
- ○ Prefer not to say

Any other religion or philosophical belief (please write in)

12. **Do you consider that you are actively practising your religion?**

- ○ Yes
- ○ No
- ○ Prefer not to say

13. **What is your sexual orientation**

- ○ Bisexual
- ○ Gay/ Lesbian
- ○ Heterosexual
- ○ Prefer not to say
- ○ Other

Please write in

14. **Can you understand, speak, read or write Welsh?**
Please mark all that apply

- ☐ Understand spoken Welsh
- ☐ Speak Welsh
- ☐ Read Welsh
- ☐ Write Welsh
- ☐ Learning Welsh
- ☐ None of these
- ☐ Prefer not to say

15. **Which languages do you use from day to day?**
Please mark all that apply

- ☐ English
- ☐ Welsh
- ☐ Other (write in)
- ☐ Prefer not to say

Please write in

16. **Do you have any long-standing illness, disability or infirmity?**
By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over time.
This could also be defined Under the Disability Discrimination Act 1995 as: "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."

- ○ Yes
- ○ No
- ○ Prefer not to say

17. **Does this illness or disability limit your activities in any way?**

- ○ Yes
- ○ No
- ○ Prefer not to say

Thank you for your participation

Dear

Day Service Provision at (ESTABLISHMENT NAME)

We want you to have your say on our proposal to transform the way we deliver Day Services. The Council agreed a model for Adult Services in 2017 which had the following key principles at its core:

- ·Better prevention
- ·Better early help
- ·A new approach to assessment
- ·Improved cost effectiveness
- ·Working together better
- ·Keeping people safe.

We have to deliver things differently to deliver our new model and have undertaken a review of Day Services for Older People in line with the above principles.

Social Services is also facing unprecedented challenges in terms of the numbers of people who need to access our services and the increasing costs of providing them. With an ageing population and better and earlier diagnosis and treatment of long-term complex conditions such as learning disabilities and physical disabilities, people are living for longer with more complex needs. This increases the number of people who at some point in their lives might need some form of formal support.

Whilst the budget for Social Services has decreased slightly over the years, the costs particularly have increased significantly due to the key pressures linked to the costs of for example paying the national living wage, increased national insurance and pension contributions.

The increase in people needing support and the costs of providing it will continue to increase, so we need to get smarter in terms of how we support people. In line with the Social Services and Well-being Act, we need to encourage people to be as independent and self-supporting as possible so we can concentrate our services on those who really need them.

The Proposal

We propose to reshape the Day Services review to refocus internal provision on complex care and no longer deliver care for non-complex needs. Shaping the service in this way supports the key principles of prevention and early intervention by ensuring those with complex needs are supported to remain at home for longer as well as provide much needed respite for carers.

It will allow the City and County of Swansea to provide a specialist service for those with complex needs, ultimately providing better care for Swansea residents.

By refocussing the service in this way, less capacity will be needed and therefore the Hollies and Rose Cross Day Services will close.

We encourage you to have your say on the proposed new model in the enclosed survey, or you can complete the survey at the following webpage if you wish. The consultation will run for 12 weeks closing on the xxx. If you require support to complete the survey please contact xxx.

We will be at (ESTABLISHMENT NAME) on these dates xxxx and would welcome the opportunity to meet with you to discuss our plans and listen to your views. We can also help you complete the survey if needed. We would also like to explain in more detail why it has been necessary to change the existing arrangements.

We hope one of these is convenient to you. If it is not please would you be kind enough to contact us to arrange a mutually convenient date and time.

Our contact number is 01792 (TBC). Should you wish to bring your family/carer with you please feel free to do so.

As a service user of (ESTABLISHMENT NAME), the proposal has a direct impact on you.

How does this proposal impact me

If the proposed model of new delivery is adopted following the consultation. This would mean that (ESTABLISHMENT NAME) would close.

In the instance of closure your circumstances would be reviewed to establish if you have complex needs.

Complex needs are defined as –STILL NEED THIS

If you have complex needs you will be offered a place in the nearest accessible day service to you. This would mostly likely be Llys Y Werin for those that attend the Hollies and St John's for those that attend Rose Cross.

If you don't have complex needs, the social worker who has reviewed your needs will work with you to identify what outcomes you want to achieve and how those outcomes will be supported. If your goal is to for example meet with your friends once a week, the social worker will support you to work out how that can be achieved. If you have a Local Area

Coordinator in your area, they might offer some support to help you to achieve your desired goals. We will give you a point of contact in case you feel that you need further support in the future, and the social worker will touch base with you for a period of time to make sure that you are okay and you are getting the right support.

We don't plan to change anything yet and we are proposing that you continue to attend (Service) whilst consultations are being undertaken. All views will be taken into account.

Timescales

- End of April 2018; 12-week public and staff consultation to commence
- End of July 2018; Public and staff consultation to end
- August 2018; Consideration of final proposals by Cabinet.

If proposals agreed:

- September 2018; Commence reviews of all affected service users to determine move on plans
- Early 2019; Closure of (ESTABLISHMENT NAME)

No decisions have been made yet and we encourage you to take part in the consultation.

If you have any further questions please contact us.

Yours sincerely

Alex Williams

Cyngor Abertawe
Swansea Council

Report of the Cabinet Member for Health & Wellbeing

Cabinet – 19 April 2018

Adult Services Review of Commissioning Strategies for Adults with a Learning Disability, Physical Disability and Sensory Impairment and Mental Health

Purpose:	The report provides an overview of progress to date with the Adult Services Commissioning Reviews in relation to accommodation and housing related provision and day services for adults with a learning disability, physical disability and sensory impairment, and mental ill-health, with a view to seeking agreement of those Strategies.
Policy Framework:	Adult Services Model
Consultation:	The draft Commissioning Strategies have been consulted upon as part of the wider budget consultation. Further consultation will need to take place as required, as service changes emerge following the subsequent reviews. Legal, Finance, Access to Services.
Recommendation(s):	It is recommended that: 1) Cabinet considers the following final 3 Strategies for approval: • Mental Health Commissioning Strategy • Adult Learning Disability Services Commissioning Strategy • Physical Disability and Sensory Impairment Commissioning Strategy
Report Author:	Alex Williams
Finance Officer:	Chris Davies
Legal Officer:	Lucy Moore
Access to Services Officer:	Rhian Millar

1. Background

1.1 Four Commissioning Reviews have been undertaken within Adult Services in relation to the following:

- Domiciliary Care
- Residential Care for Older People
- Day Services for Older People
- Accommodation and housing related provision and day services for adults with a physical disability and sensory impairment, learning disability and mental health concern.

1.2 A report was provided to the Budget Performance Steering Group on the 31st May 2016 detailing how the fourth review was proving extremely challenging as it involved a plethora of both internal and external services across the whole continuum of care for each client group from prevention to managed care. The other reviews, whilst large in scale, had been quite straight forward as they dealt with discreet services for discreet client groups and were essentially reviews of services that we knew would need to continue in some form. For the fourth review, the possibility of completely remodelled service delivery was a potentially realistic option.

1.3 A more strategic approach was required to first establish the outcomes that needed to be met through the continuum of care for each client group. There could then be a more informed consideration of how best commissioned services can meet those outcomes. The Social Services and Wellbeing (Wales) Act requires that these intended outcomes must be developed in a truly co-productive way involving service users, carers and partners.

1.4 Therefore, following discussions with the Chief Social Services Officer and the Director of People, it was proposed and agreed at Budget Performance Steering Group that this review was undertaken with a focus on outcomes and following a process as set out below. It was anticipated that there would be beneficial learning for the next stage of commissioning reviews in other areas of Council business.

1.5 Adult Services firstly needed to develop strategic and co-productive commissioning strategies for each client group (learning disabilities, physical disabilities and sensory impairment, and mental health) which incorporated the new vision for Adult Social Care for this client group and would also contain the following:

- A wellbeing assessment (to align with the Population Wellbeing Assessment undertaken for the Social Services and Wellbeing (Wales) Act completed in 2017)
- Key issues to be addressed
- A co-produced set of outcomes to be delivered
- An assessment of current services/responses that currently deliver against those outcomes including; cost, workforce, capacity, usage,

performance, quality, commissioning arrangements (this would essentially be what the normal Gateway 1 report would contain)
- Outcome measures
- An assessment of what needs to change to deliver services which comply with the provisions of the Social Services and Well Being Act 2014 and which can be sustainably delivered.

1.6 Both governance arrangements and contract management systems needed to be built into the strategies to enable dynamic and responsive commissioning decisions.

2 Progress on the Review

2.1 In line with **Stage 1** of the Corporate Commissioning Review process initial stakeholder workshops were held in January 2016 to agree the scope for the reviews and define the outcomes. The agreed scope and analysis of all responses received at these workshops were used to inform the development of the strategies. In addition specific coproduction and engagement exercises have been undertaken which strengthen the accuracy and quality of the conclusions reached within the strategies that cover all aspects of people's lives. These responses have provided a strong platform by which to review services against. To illustrate the depth of engagement, the following was undertaken during the production of the learning disability strategy:

- November 2015 – Event to explore the sustainability of supported living including citizens, carers and professionals
- January 2016 – Stakeholder engagement
- September 2016 –Developed questionnaire with citizens (214 people involved) to explore how current provision is meeting the outcomes
- November 2016 – Analysed questionnaire results with citizens – resulted in a prioritisation of two key areas that were most important to them
- January 2017 –Developed with citizens a quality mark outlining common understanding of what 'good' would look like if services were to deliver in a way that met those outcomes.
- February 2017 – Citizens involved in the development and decision making of the Supported Living tender procurement exercise. The method statement and evaluation criteria were co-produced. The new specification sets out the intention for the development of new models of supported living and the expectation that providers on the framework will be expected to work towards new models.
- Strategy Action Plan developed with citizens, including timescales.
- Monthly co-production meetings established to work through the actions.

2.2 This level of co-production has allowed us to specifically address the comments raised by the Wales Audit Office in their governance review, in which they recommended that the Authority needed to strengthen its approach to citizen engagement as part of its corporate Commissioning Review process.

2.3 Population Assessments have been completed across the three areas as part of the Social Services and Wellbeing (Wales) Act Population Assessment and the strategies were linked into the timescales for this work.

2.4 With regards to governance, new strategic commissioning arrangements have been developed co-productively across the three areas. This has entailed working with citizens, carers and partners, including Western Bay and ABMUHB to develop governance structures, terms of reference and genuinely co-productive arrangements. These are at an early stage of development and the groups are still embedding themselves. However they have been involved in the development of the strategies and have endorsed the final drafts.

2.5 Each Commissioning Strategy has been designed within the context of the Future Generations Act and the Social Services and Wellbeing (Wales) Act and corporate priorities, including Sustainable Swansea.

2.6 With regards to **Stages 2 (Service Assessment) and 3 (Benchmarking and Comparison)** of the Corporate Commissioning Review process much of the work associated with service assessment has been undertaken including the scrutiny of internal services in relation to outcomes, cost, performance, staffing and buildings. The majority of mental health supported housing is commissioned via the Supporting People Programme and as such there is detailed information in place which validates the cost and quality of services. In addition the Supporting People Regional Collaborative Committee has provided opportunities for regional benchmarking to be undertaken. However there is further work to be completed in all three areas to reach robust conclusions within Stage 3.

2.7 There has been considerable activity and input by Finance and the Commercial team to unpick arrangements around the commissioning of supported living to understand the costs and performance and there is detailed understanding with regards to sustainability of existing service models. This work will inform the review and the Supported Living Framework, alongside the commissioning strategy in Learning Disability and will provide a way forward to completely remodel the approach to supported living in Swansea including improved delivery of outcomes at an improved cost.

2.8 With regards to the development of a Strategic Commissioning Group for Learning Disability a workshop was held in January with commissioning colleagues across the directorate to test the feasibility of taking a People Directorate approach to commissioning for this population group. The suggestion was positively received and the beginnings of strategic commissioning arrangements are now in place with a clearly defined optimum model, terms of reference and work plan.

2.9 Three separate Commissioning Strategies for Learning Disability, Physical Disability and Mental Health have now been produced, have been signed off through the described Commissioning Groups and are

ready for consideration of final sign off by Cabinet following responses received through the budget consultation process.

3 Consultation process and responses

3.1 The Draft Commissioning Strategies and the action plans were co-produced with people who access services and their carers; meaning they have informed and shaped the development of the strategies.

3.2 At this stage, the action plans set out a range of activity to deliver the vision and outcomes set out within the strategies. Specific proposals for change will emerge from further, more detailed work, which is set out in the range of actions to take forward. As such, we were interested in what people thought about the vision and outcomes set out within the strategies.

3.3 The Consultation on the Draft Commissioning Strategies formed part of the Council's online budget consultation, which closed on the 2nd February 2018. Following representation from citizen groups who wanted more time to respond, an extended consultation period ending the 9th February was agreed. The strategies were also set up on a separate Social Services webpage for easier access.

3.4 Swansea People First (a group that supports people with a learning disability to have a voice) translated the budget consultation into easy read and held two workshops to support people to complete the questionnaire. A council officer attended these workshops to aid understanding and give clarification.

3.5 Swansea Council for Voluntary Service also supported representation from citizens to request accessible versions of the consultation documentation and engaged with council officers to arrange this.

3.6 There was targeted distribution to Mental Health service providers to promote the opportunity to comment on the draft strategies with a request to providers to support any individuals wanting to take up the opportunity.

3.7 A total of 158 online responses to Question 9 were received; "*If you have any comments on the strategies or you think there is anything we have missed".* The responses were analysed and have been grouped into themes to take into consideration. The themes are summarised as follows with an associated response to the issues where required.

3.8 The responses noted that the draft strategies lacked detail and specifically on what early intervention and prevention looked like for each group. Some wanted assurance that strategies would be joined up with health. Some people were concerned regarding resource used to develop strategies at the expense of directly providing services and were sceptical about their impact.

3.9 The Council has legal responsibilities to undertake and resource commissioning activities such as population needs assessments and to work co-productively with a range of citizens to gather their insight to inform commissioning. The concerns raised will be addressed through further work undertaken to coproduce a range of detailed options to deliver the strategies which will be subject to further public consultation. ABMUHB will be part of our strategic commissioning arrangements.

3.10 There were a few specific comments via the online consultation relating to the specific client groups.

3.11 For Mental Health there was a call for more investment in services for young people receiving support, including those with additional learning needs (ALN), and Autistic Spectrum Disorders to support them when they become adults and where applicable require support from Adult Services. Dementia should be a bigger priority. Again addressing of this will form part of the implementation plan and the Council is working to develop specific strategies for Autism and Dementia.

3.12 For the Learning Disability and Physical Disability Strategies, there were a range of comments on the need for a more considered approach to public consultation via a range of formats and easy read versions to aid understanding and accessibility. These issues are and will continue to be addressed as the coproduction work continues. There were also comments about the need to improve transition planning to adult services.

3.13 Some comments were specific to models of care and support. For There was some concern about the use of telecare replacing human contact for older people and a need to monitor any introduction carefully. For Direct payments, there was a concern that money was being used as it should not e.g. that is was paying relatives to care and was perceived as fraudulent. However, legally a Direct Payment can be used to employ a relative to deliver assessed care and support needs subject to the required checks and monitoring by the Council.

3.14 Some felt there should be more focus preparing people with specific support needs for work readiness in order to increase income. This was in conjunction with concerns about welfare reform and the impact of decisions.

3.15 The was a call for increased availability for flexible accommodation for vulnerable people.

3.16 There was support for more funding to be prioritised to meet need and improve services for vulnerable individuals along with concerns that any cuts would have an impact on these groups including Hospital discharge. Where there was any support for reducing funding, it was in the context of little choice and acknowledgement that the Council was asking for input.

3.17 There were a number of comments related to how the Council funds delivery of services. There was support for internally provided social care services with the perception of reliability and good quality. There were concerns about contracting with a limited number of profit making private providers who some perceived as delivering less reliably with lower quality of service and public funds going to profit. There was the perception that the Council and voluntary sector should be as competitively priced as private providers as no profit is taken out and this should be strived for and monitored. Some wanted transparent assurance that efficiency and value for money within council services was in place. There was a suggestion of introducing a multi skilled workforce to avoid duplication limiting the number of staff a person deals with in Social Services. Some commented at the lack of speed of undertaking the improvement work and the cost of the process.

3.18 In response, a significant amount of work is happening on the procurement aspect of the commissioning cycle e.g. the Supported Living framework for Learning Disability and Physical Disability now in place has already widened the range of providers. For Residential and Nursing Care the CCAPS national framework will have a similar effect. The commissioning review service assessment currently underway will feed into the option appraisal of how service will look and will be delivered going forward and this includes benchmarking internal and external service delivery costs. An internal quality assurance framework has also been introduced to monitor the quality and effectiveness of Council run services.

3.19 There were some comments on the Adult Social Services Model and assessments. There was concern that shifting resources away from Tier 4 toward Tier 1 is creating inequality and that the equality impact assessments should be published to contextualise this plan. There were comments on the current perceived limited access to service, unless in crisis, which was felt was against the principles of the new Act i.e. early intervention and prevention. There was comment that access to services should be needs led. There was a comment that there was too much reliance on family in care plans and there should be more involvement in developing care plans from primary health Services e.g. GPs as they know people best.

3.20 There were a number of comments raised surrounding the proposed charges for day services, but these have been considered as part of the decision-making surrounding the Social Services Charging Policy.

3.21 There were a range of comments on how the Council works together with stakeholders. There was an expectation that the general public and those who will use the services will be involved in coproducing changes and outcomes will be better for it. There was a desire to understand the financial constraints to do this. Improvement in working with Health around planning and integrated delivery is needed but there is concern that too many partnership structures are distracting resources from service delivery. There needs to be more cross Council working to achieve Social Service responsibilities, with Housing having a more

integrated role in meeting social care needs. There also need to be more work with neighbouring Local Authorities.

3.22 There were some comments on how welfare reform and poverty and homelessness were issues not covered in strategies in detail but affected these groups. Some noted homeless people in general were not included as a group or other vulnerable people. By way of response, cross Directorate working does exist in these areas and a specific example is the development of the new Homelessness Strategy in which the needs with physical disabilities and mental ill-health will be considered.

3.23 As well as the formal consultation, a dedicated session was held with the Safeguarding PDDC to brief them on the Strategies and seek their views.

3.24 All of the feedback received has been hugely valuable and has led to some changes to the original Strategy documents and action plans. Feedback will be used to inform the options developed as the next phase of the review.

4 Final Strategies following the Consultation and the way forward

4.1 The final strategies informed by the consultation responses are now ready for consideration of final sign off by Cabinet. They are appended to this report as Appendices 1 to 3.

4.2 Subject to final agreement of the Strategies at Cabinet, the formal Commissioning Review process would then progress to review services against the Commissioning Strategies and proposed options brought forward as part of **Stage 4** of the process and a Gateway 2 report produced for consideration. As there are numerous service models to be reviewed, practical application will require a staggered Gateway 2 process commencing with Supported Living for all three areas. See Appendix 4 for further detail.

5 Financial Implications

5.1 Early efficiencies have been identified within Learning Disability Supported Living services as a result of a review of night time provision which is currently being implemented. There are no additional financial implications at this point. There are clear timescales for the completion of Stage 4 of the Commissioning Reviews which are attached in Appendix 4. Further financial implications will be outlined within the Gateway 2 reports when the commissioning options will be defined.

6 Legal implications

6.1 The Commissioning Strategies have been consulted upon as part of the budget consultation process. Further consultation will need to take place as service changes emerge following the service review process.

6.2 Any service proposals will need to comply with the provisions of the Social Services and Wellbeing (Wales) Act and Wellbeing and Future Generations Act.

7 Equality and Engagement Implications

7.1 Adopting the Commissioning Strategies will allow us to effectively review our commissioning of services to meet the population needs and desired outcomes of adults with learning disabilities, physical disabilities and sensory impairment, and mental health concerns.

7.2 Further co-productive development with citizens on the priority areas for action contained in the strategies will enable the Council to make improvements in commissioning and service delivery to support citizens achieve their outcomes.

7.3 Equality Impact Assessments (EIAs) have been completed for all three strategies. As each strategy action is progressed, new EIAs will be opened as required on individual actions and reviews. The development of the strategies have been co-produced with citizens so there is already a strong element of voice and control built into the process.

7.4 The Learning Disability Commissioning Strategy EIA found that there would be positive impacts for people with a learning disability, including younger people with a learning disability. This is because the Strategy is based upon a comprehensive population needs assessment and co-productive arrangements that put the people with learning disabilities and their carers at the centre of the Strategy development and ongoing work coming out of the Strategy. The EIA identified no negative impacts for any of the protected groups, but did identify a need for further investigation for race and carers. We need to report on carers' own needs as set out in the Social Services and Wellbeing (Wales) Act and we need to have a better understanding of the needs of people from the BME and Welsh Language community. We have built actions into the EIA to explore this further.

7.5 The Physical Disability and Sensory Impairment Strategy EIA found that there would be positive impacts for people with disability as they have been involved in the development of the Strategy and will continue to be involved in the delivery of the Strategy through co-productive arrangements. The EIA identified no negative impacts, but it did identify a need for further investigation for race and carers. We will address these as 7.4 above.

7.6 The Mental Health Commissioning Strategy EIA found no negative impacts or areas for further investigation. A cross section of people with mental health issues were engaged and will continue to be engaged co-productively to ensure people are kept at the heart of the process. The EIA did identify a need to do further work with carers, people from the BME and LGBT communities to ensure they are fully engaged.

7.7 The full EIAs are available at Appendix 5 to this report.

Background Papers: None.

Appendices

- Appendix 1: Mental Health Commissioning Strategy
- Appendix 2: Draft Commissioning Strategy Adult Learning Disability Services
- Appendix 2b: Draft Learning Disability Commissioning Strategy Action Plan 2017/2020
- Appendix 3a: Draft Physical Disability and Sensory Loss / Impairment Commissioning Strategy
- Appendix 3b: Draft Physical Disability and Sensory Loss / Impairment Commissioning Strategy Action Plan 2017/2020
- Appendix 4: Learning Disability, Mental Health and Physical Disability Commissioning Review Timeline – Gateway Two Timeline
- Appendix 5: Equality Impact Assessment Reports

City & County of Swansea

Mental Health Commissioning Strategy

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City & County of Swansea
Mental Health Wellbeing Strategy 2017

Introduction

Mental health, like physical health can be lost, maintained or improved and there are wide ranges of factors that can positively or negatively affect it. Mental health is about how we think, feel and behave.

One in four people in the UK has a mental health problem at some point, which can affect their daily life, relationships or physical health. One or two in every 100 people will experience a more severe mental illness such as schizophrenia or bipolar disorder.

Mental health problems can affect anyone. Without support and treatment, mental health problems can have a serious effect on the individual and those around them. However, the majority of people who experience mental health problems can get over them, or learn to live with them, especially if they get help early on. The overwhelming positive aspect of mental ill health is the potential for recovery and self-management. However, without the right kind of support there is an increased risk of decreased longevity and poor physical health and suicide.

In general, the prevalence of mental health in a population is stable increasing in line with population increases. However, there are ranges of risk factors that can mean that a person and or an area is more likely to be affected by mental health issues.

Understanding how quickly people are able to access services, what sort of care they are receiving and what outcomes they are experiencing is vital to good care.

Consistent and reliable data in mental health is essential; however, data still lags behind other areas of health & social care. There may be information collected, but there is room for improvement in co-ordinating, analysing and sharing usefully between health and social care to inform commissioning.

This document sets out how the Local Authority has engaged to identify the level of mental health and the specific risks within the Swansea population.

The document then sets out the priorities, which have been coproduced for the Swansea area with people with mental health issues and their carer's. It then sets out to develop a plan on how the LA will fulfil its responsibilities, use its own resources, influence others and work in partnership to improve and maintain the Mental Wellbeing of the residents of the City & County of Swansea.

In the strategy development the local Authority has strived to apply, the principles of coproduction as outlined in the Social Services & Wellbeing Act have. It had been developed alongside the development of the new Adults Service Operating models for Swansea.

Defining Mental Health - What do we mean?
In the past, mental health symptoms have in the main been divided into groups. They are classed as either ‘neurotic’ or ‘psychotic’ symptoms.

‘Neurotic’ refers to those symptoms which can be regarded as severe forms of ‘normal’ emotional experiences such as depression, anxiety or panic. 'Neuroses’ are now more often called ‘common mental health problems ’.

'Psychotic’ symptoms, which are less common, are those that interfere with a person’s perception of reality. This may include the person hallucinating. That is they see, hear, smell or feel things that no one else can.

There is no single cause of mental health problems and the reasons why they develop are complex.

The Talk to me 2. A Suicide and self-harm prevention strategy for Wales 2015-2020. http://gov.wales/topics/health/publications/health/reports/talk2/?skip=1&lang=en uses the following definitions for Suicide and self-harm.

Suicide is death resulting from an intentional self-inflicted act.
Suicidal behaviours range from suicidal thoughts, planning suicide, attempting suicide to completing suicide.
Self-harm is usually defined as intentional non-fatal self-poisoning or self-injury. This covers a wide range of behaviours, including isolated and repeated events: self-cutting, poisoning, scratching, burning, banging, hitting, hair pulling and interfering with wound healing. It challenges the individual, families and professionals alike.

Behaviours associated with substance misuse, risk taking or eating disorders are generally not considered self-harm because usually the harm is an unintentional side effect of the behaviour. However, boundaries can be blurred, meanings differ in different contexts and there are often associations.

Long-term outcome research in adults consistently highlights the association between self-harm and suicide. Those who repeat self-harm are at significantly greater risk of completing suicide than those who have a single episode. Self- harm is an important public health problem in its own right, regardless of intent. It is one of the top five causes of hospital admissions in the UK. Many actions to prevent and reduce suicide will have benefits for those who self -harm.

National Legislative & Policy Context

Most mental health law applies in England and Wales. However, since the Government of Wales Act, the Welsh Assembly has been able to pass its own laws and make changes to England-Wales laws as they apply in Wales. The main laws, which affect mental health services in Wales, are:

Mental Health Act 1983 (revised 2007).
The Mental Health Act 1983 Code of Practice for Wales (the Code) is issued under section 118 of the Mental Health Act 1983 by the Welsh Ministers. The Code came into force on 3 October 2016.
http://gov.wales/docs/dhss/publications/160920mentalacten.pdf

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
The Act sets out in law what happens when people are unable to make decisions, for example, when they lack capacity to make a particular decision.
http://gov.wales/topics/health/nhswales/mental-health-services/law/mentalcapacityact/?lang=en

Mental Health (Wales) Measure 2010.
This law places new legal duties on local health boards and local authorities about the assessment and treatment of mental health problems. The Measure became law in December 2010. http://gov.wales/topics/health/nhswales/mental-health-services/law/measure/?lang=en

The Measure has 4 main parts:

- part 1 of the Measure will ensure more mental health services are available within primary care
- part 2 makes sure all patients in secondary services have a Care and Treatment plan
- part 3 enables all adults discharged from secondary services to refer themselves back to those services
- part 4 supports every in-patient to have help from an independent mental health advocate if wanted.

The Social Services and Wellbeing Act 2014 came into effect April 2016.

The fundamental principles of the Act are:

- **Voice and control –** putting the individual and their needs, at the center of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- **Prevention and early intervention –** increasing preventative services within the community to minimize the escalation of critical need.
- **Well-being –** supporting people to achieve their own well-being and measuring the success of care and support.

- **Co-production –** encouraging individuals to become more involved in the design an delivery of services.

The Social Services and Well-being (Wales) Act changes the social services sector:

- People have control over what support they need, making decisions about their care and support as an equal partner
- New proportionate assessment focuses on the individual
- Carers have an equal right to assessment for support to those who they care for
- Easy access to information and advice is available to all
- Powers to safeguard people are stronger
- A preventative approach to meeting care and support needs is practiced
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change

Wellbeing of Future Generations (Wales) Act 2015.
Wales faces a number of challenges now and in the future, such as climate change, poverty, health inequalities and jobs and growth. The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales. It will make the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. The Wales well-being goals that have been set out in the Well-being of Future Generations Act. These are:
• **A prosperous Wales**: An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
• **A resilient Wales**: A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
• **A healthier Wales:** A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
• **A more equal Wales**: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
• **A Wales of cohesive communities:** Attractive, viable, safe and well-connected communities.
• **A Wales of vibrant culture and thriving Welsh language:** A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
• **A globally responsible Wales:** A globally responsible Wales. A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being and the capacity to adapt to change (for example climate change).

National Policy Context

Together For Mental Health - a strategy for mental health and wellbeing in Wales http://gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en

At the heart of the strategy is the Mental Health (Wales) Measure 2010, which places legal duties on health boards and local authorities to improve support for people with mental ill-health.

The main themes of Together for Mental Health are:

- promoting mental wellbeing and, where possible, preventing mental health problems developing,
- establishing a new partnership with the public, centered on:
    - Improving information on mental health
    - Increasing service user and carers involvement in decisions around their care
    - Changing attitudes to mental health by tackling stigma and discrimination
- delivering a well designed, fully integrated network of care. This will be based on the recovery and enablement of service users in order to live as fulfilled and independent a life as possible,
- addressing the range of factors in people's lives which can affect mental health and wellbeing through Care and Treatment Planning and joint-working across sectors,
- identifying how we will implement the Strategy.

The Strategy is focused around 6 high level outcomes and supported by a Delivery Plan. http://gov.wales/topics/health/nhswales/plans/mental-health/?lang=en

The 2016-19 delivery plan is the second of three plans which sets out the actions to ensure the strategy is implemented.

Talk to me 2. A Suicide and self-harm prevention strategy for Wales 2015-2020.
http://gov.wales/topics/health/publications/health/reports/talk2/?skip=1&lang=en

The Strategy identifies both risk and protective factors around suicide, suicidal behaviours and self-harm. It identifies those that are most at risk and the priority groups and places to target protective and preventative approaches.

The aims of the strategy are:

1. Further improve awareness, knowledge and understanding of suicide and self-harm amongst the public, individuals who frequently come in to contact with people at risk of suicide and self-harm and professionals in Wales
2. To deliver appropriate responses to personal crises, early intervention and management of suicide and self-harm
3. Information and support for those bereaved or affected by suicide and self harm
4. Support the media in responsible reporting and portrayal of suicide and suicidal behaviour
5. Reduce access to the means of suicide
6. Continue to promote and support learning, information and monitoring systems and research to improve our understanding of suicide and self-harm in Wales and guide action

Local Vision:

"People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

Our Draft Social Services model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

The service model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

This Commissioning Strategy will support the delivery of Swansea's corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:

- Safeguarding vulnerable people
- Improving pupil attainment
- Creating a vibrant and viable city and economy
- Tackling poverty
- Building sustainable communities,

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document "Better Support at Lower Cost" (2011)[1] the Social Services Improvement Agency notes:

"It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints…. were not present"

Our Commissioning Strategy therefore needs to deliver:
Our Corporate Priorities, and • The local vision for Social Services • The savings required through the Sustainable Swansea Programme • The co-produced outcomes for adults with a Mental Health issues in Swansea • Mental Health (Wales) Measure 2010. • The requirements of the Social Service and Wellbeing (Wales) Act 2014 • The Together for Mental Health delivery plan 2016-2019 • The Talk to me 2 A Suicide and self-harm prevention strategy for Wales 2015-2020 • The ways of working expected under the Well-being of Future Generations (Wales) Act 2015.

[1] "Better Support at Lower Cost" SSIA 2011

Section 1

Population Assessment

Estimating adult mental health issues – How many of us are affected?

This section will give an overview of some of the published data available and explores how we estimate the overall adult mental health of the population of the City & County of Swansea.

Who gets it and how serious is it?

Public health Wales indicate that there is no single cause of mental health problems - the reasons why they develop are as complex as the individual. mental health problems are more common in certain groups, for example, people with poor living conditions, those from ethnic minority groups, disabled people, homeless people and offenders.

Sometimes people with mental health problems are discriminated against. This can lead to social problems such as homelessness, and may make the mental health problem worse.

Particular mental health problems are also more common in certain people. For example, women are more likely than men to have anxiety disorders and depression. Drug and alcohol addictions are more common in men, and men are also more likely to commit suicide.

Mental health problems can also develop from difficult life events, such as moving house, losing your job or the death of someone special. Drinking too much alcohol over a long period of time, and using illegal drugs can contribute to mental health problems, particularly in people who are already vulnerable.

As well as the suffering caused by a mental health problem, mental ill health can have a negative impact on employability, housing and household income, potentially leading to severe economic deprivation. Mental health problems can also lead to social exclusion.

For example, adults with mental health problems are less likely than others to take part in leisure, arts and community activities; be living in appropriate or private housing and have access basic services such as health and banking services.

People with psychotic disorders such as schizophrenia are over three times more likely to be separated or divorced and over twice as likely to be living on their own as those without.

Without care and treatment, mental health problems can have a serious affect on the individual and those around them. Every year more than 250,000 people are admitted to psychiatric hospitals and over 4,000 people commit suicide in the UK.

Key data on numbers
The Together For Mental Health Strategy - A Strategy for Mental Health and Wellbeing in Wales states based on 2012 data indicated :

- 1 in 4 adults experiences mental health problems or illness at some point during their lifetime.
- 1 in 6 of us will be experiencing symptoms at any one time.
- 1 or 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder.
- 1 in 10 children between the ages of 5 and 16 has a mental health problem and many more have behavioural issues.
- Approximately 50% of people who go on to have serious mental health problems will have symptoms by the time they are 14 and many at a much younger age.
- Between 1 in 10 and 1 in 15 new mothers experiences post-natal depression.
- 1 in 16 people over 65 and 1 in 6 over the age of 80 will be affected by dementia.
- 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem.

Most of the recent published data sources are from individuals self-defining their mental health needs such as the Welsh Health Survey.

- In the 2014 Welsh health Survey indicated 11.7% self- reported as currently being treated for a mental illness.
- In the 2015 Welsh Health Survey 13% of adults self- reported currently being treated for a mental illness. http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.pdf

This suggests an increase of 1.3% in self -reported mental health.

NHS Wales Hospital statistics for people with a mental illness
Each year on the 31st March there is a psychiatric census of people who on that day are in Mental Health hospital provision by the local authority they are from. On the 31st march 2015 there were 172 inpatients from Swansea on that day.

Other data from hospital census published in 2014-15:

- There were 1,441 resident patients at 31 March 2015, a decrease of 45 (3 per cent) from 31 March 2014 (table 10.1).

- There were 1,644 average daily available beds, a decrease of 59 (3 per cent) from the previous year (table 10.1).
- There were 1,662 formal admissions to hospital, an increase of 205 (14 per cent) from the previous year (table 10.1).
- 96 per cent of formal admissions were under Part II of the Mental Health Act (table 10.2).
- 17 per cent of mental illness hospital discharges were for a diagnosis of mood affective disorder and 16 per cent were for schizophrenia, schizotypal and delusional disorders (table 10.4).
- Almost three quarters of hospital discharges were following one month's stay (table 10.5).
- 47 per cent of the people resident at 31 March 2015 were aged 65 and over (Table 10.7).

"Key points from ABMU Health Board 2015 Joint Strategic Needs Assessment

- *Data on mental health remains limited in ABM University Health Board despite mental health being the largest area of health care spend.*
- *There has been a slight increase in the proportion of adults reporting being treated for any mental illness between 2007-2008 and 2013-2014 both in ABM University Health Board and across Wales.*
- *In 2013-2014 just over one in ten adults reported being treated for any mental illness.*
- *National data shows a clear social gradient with 17.6% of adults in Wales' in the 20% most deprived communities reporting being treated for any mental illness, compared to 8.3% in the 20% least deprived communities."*

What does this say about Swansea levels.

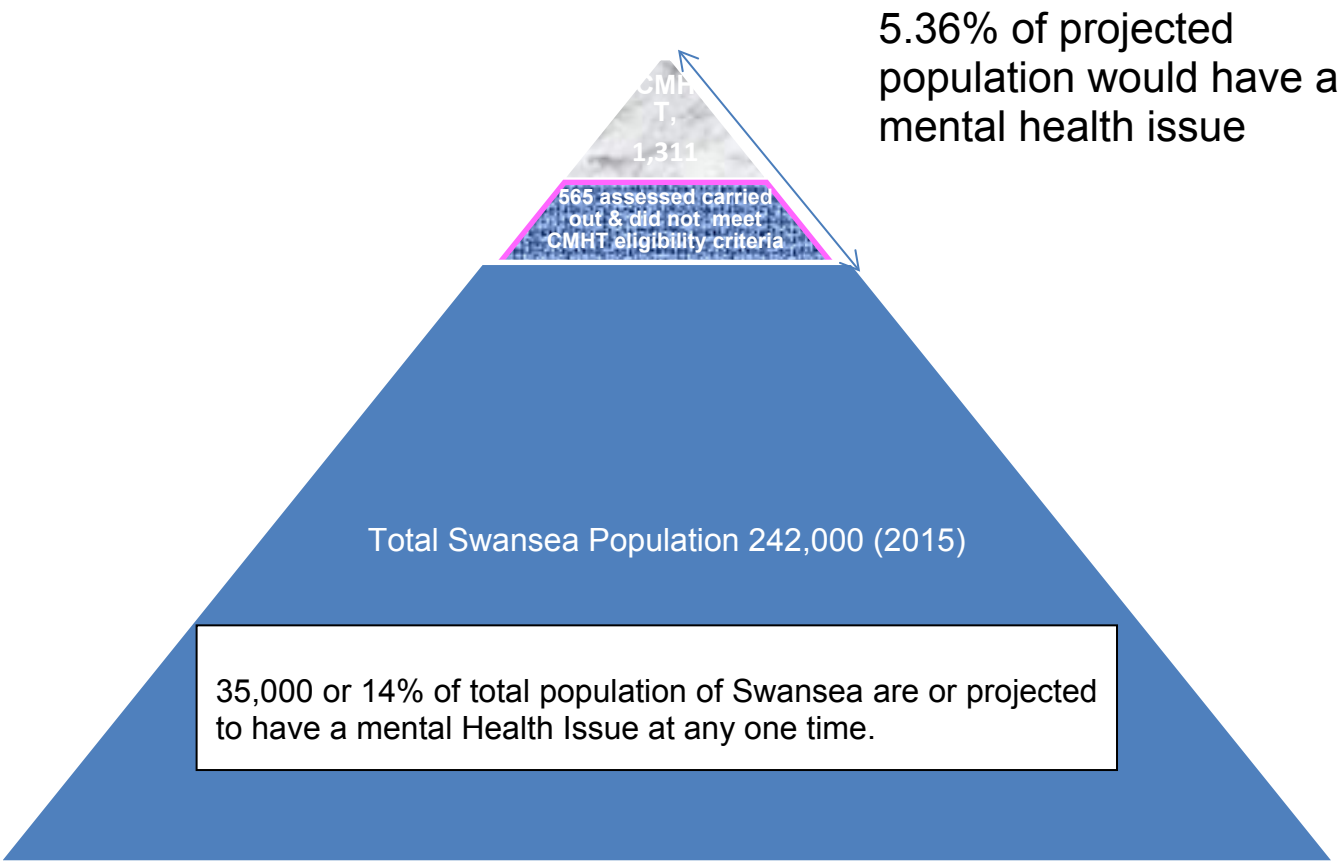
For Swansea using the Wales average ratios from the Together for Mental Health applied to the Swansea 242,000 (mid 2015 population estimate) it would mean that:

- About 60,000 people in Swansea are likely to experience some form of mental health issue during their lifetime.
- About 40,333 are likely to be currently experiencing a mental health issue.
- About 31,460 are likely to have an awareness of and are actively engaging in treatment for a mental health issue.

- The Welsh Government Daffodil System for predicting social care needs for Swansea indicated for 2016 there would be around 35,000 adults who would have a mental health issue and this would likely rise 35,767 in 2019. A 2.1% increase.

City & County of Swansea Data April 2015 to March 2016

Relative proportions of population and where they are supported



Community Mental Health Teams

Within the Community Mental Health teams are professionals from Health and Social care e.g. Social Workers and Care Management Officers. Currently Adult Social Service only have contact with those being assessed and have an involvement in formally managing the care those that meet the eligibility for a social care service only. The diagram shows that this is a small proportion of those who are predicated to have a mental health issue in Swansea. Social Services commissions one Mental Health day opportunity which can be accessed by those who have not met the CMHT eligibility criteria.

City & County of Swansea Data April 2015 to March 2016

- Number of assessments undertaken by the CMHT's was 1763
- Of those assessments the number identified as not eligible for secondary mental health services 565 (32% of assessments)
- There were 526 (30%) individuals who were new to secondary Mental Health CMHT.

- An average of 19 new cases each month. (Jan 2013 to Dec 2013 15.5cases)
- An average of 19.3 cases were discharged each month (Jan 2013 to Dec 2013 17.4)
- There was an average of 1311 individuals supported each month and based on the Daffodil projection of 35000 for 2015 that is approximately 3.7% of the population with a mental health issue.

Those remaining individuals receive support through primary health care and others services. During the engagement event individuals were asked where they received support from

Tier 1	**Tier 2**
Family/Friends Carers colleagues (peers). Each other kindness of strangers Befriending Peer Support Self Help Groups. Animals (Therapeutic). Work/Employer Schemes Colleagues (work) Trade Unions Media Private Counselling Services internet/ Apps Stress Packs Online. TV Online / Physical Forums Universal – things that people can access themselves/ Spiritual Centres and facilities/Church/Libraries/ Leisure Centres/women's institute /Workers Institute/pub Third Sector. Community groups – Singing for the Mind, Red Café, Belly Dancing Education/Student wellbeing services and all establishments/Higher / Further ED Support Services, schools colleges, universities Directories.	Occupational Health, ABMU Wellbeing Services - stress control, Activate your life, Information and Advice Leaflets, Self- help information electronically Primary care / GP's/Primary Liaison Police/Probation/Criminal Justice Services Statutory Day Care Provision/ Cwmbwrla Day Services. Community Connectors / Local Area Co-ordination Citizen's Advice Homelessness Services /Housing. Community based groups, Voluntary Sector e.g. mind, SCVS, Volunteering, befriending, Hafal, Alzheimer's Society, Age Cymru, Domestic Abuse/Hafan Cymru/Carers Trust /Carers Centre EVST/Transcend Swansea

Tier 3	**Tier 4**
Team PLT (Health fund). Hospitals and rehab Secondary -CMHT SW, CPNs, OTs, Doctors, physiologist, Nurse Therapist. Assertive outreach. services/Emergency departments/ Counselling A&E (general hospital), Crisis Team – home treatment for hospital and crisis. Day Services/ Connect/ Mind /Hafal SP funded Supported Living /Llanfair /Gofal/WISH Tenancy Support. SM Services, coat, sands, WCADA.	Hospital/In-patient care / crisis resolution H treatment Forensic services Nursing Care/Res Care/Low secure units

Conclusion

There has been a decrease in the number of hospital beds available and a corresponding decrease in hospitalised patients. Three quarters of patients were discharged following 1 month stay. Therefore, more individuals with a mental heal issue are living in the community and therefore need to access to care and support service in the community. People are less likely to be admitted to hospital than in the past and stay they will say for shorter periods. Those who are admitted are getting older and there is an increase in formal admissions as a percentage of the total admissions.

What we know is that due to lack of awareness and stigma associated with seeking help and declaring you have a mental health issues the prevalence is under represented in the data collected and available.

There are efforts being made nationally and locally to challenge the stigma and get people talking about mental health issues in a similar way that physical health issues are https://www.time-to-change.org.uk/about-us/about-our-campaign/time-to-talk. The conclusion is there is likely to be an increase in the incidence of mental health issues reported over the coming years possibly beyond current predictions and a corresponding increase in demand for information and advice and care and support in the community as a result of people positively seeking help.

What are the specific mental health risk factor's.

There are a number of risk factors for individuals and areas which can affect the prevalence of mental health issues. This section outlines the particular risk factors that may increase the level of mental health issues in relation to the Wales average.

Risk factors indicate whether an individual, community or population is particularly vulnerable to mental health issues and suicide, and exist at various levels. Factors may relate to the individual and could be social or contextual in nature, and can exist at multiple interaction points. Where risk factors are present there is also a greater risk and likelihood of suicidal behaviours.

Prevention efforts should focus on at risk groups while simultaneously focusing on the entire population in order to mitigate risk at the individual level. The following table – although not exhaustive – lists a number of known risk factors.

Links to Deprivation

"National data shows a clear social gradient with 17.6% of adults in Wales in the 20% most deprived communities reporting being treated for any mental illness, compared to 8.3% in the 20% least deprived communities." *Together for Mental Health".*

Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society with the poorer and more disadvantaged disproportionately affected from "common mental health problems" and their adverse consequence

The Wales Index Multiple deprivation (WIMD) indicates Swansea has:

- An above average number of Lower Super Output Areas (LSOAs) in the 10% most deprived LSOAs in Wales.
- 12.2% of its LSOAs are ranked within the 10% most deprived LSOAs in Wales. This is a total of 18 LSOAs.
- 51.4% of its LSOAs are ranked within the 50% most deprived LSOAs in Wales.

Secure Estate

Data suggests 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem. The City & County of Swansea has a prison and bail hostel and with responsibility for assessing and meeting any social care needs under Part 11 of the health Social Services and Wellbeing (Wales) Act. There is a separate population needs assessment topic paper for secure estate.

Mental Health links to Physical Health

There are strong links between physical and mental health problems. A 2012 report by The King's Fund found that 30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long-term physical health problem.

Premature mortality is a well-known phenomenon among people with severe mental health problems, with an average reduction in life expectancy of 10-25 years (15 years for women, 20 years for men) compared to the general population. Although

suicide is a factor, most of these deaths are due to chronic physical medical conditions (e.g. cardiovascular, respiratory and infectious diseases), and socio-economic and healthcare risk factors. People experiencing mental health problems are less likely to be managing the physical health and wellbeing.

Mental Health & Long Term Illness Benefits
At a national level the DWP analysis (published on Daffodil) indicates among adults on long-term benefits as a result of ill-health, 43% suffer primarily from a mental health problems.

- A 43% rate would be approximately 5,400 individuals with a mental Health issues on DLA or PIP in Swansea.
- Apply the percentage to the Employment Support Allowance (ESA) benefit data for Swansea as at May 2015 there would be further 9,300 individuals on ESA with a mental health issue.

It is estimated that in 2015 approximately 45% the predicted population of Swansea with a mental health issue (Daffodil =35,000) were on out of work benefits. That is about 15,000 people.

DWP welfare reforms and review of ESA are resulting in individuals loosing entitlement to ESA. However, local information indicates a significant proportion are successful on appeal. It is reported anecdotally by agencies which support individuals with benefit appeals that this process is in itself adding to the stress for those individuals many of which are already experiencing mental health issues.

Suicides & Gender, Suicidal Behaviours & Self harm
Talk to me 2. A Suicide and self-harm prevention strategy for Wales 2015-2020.
http://gov.wales/topics/health/publications/health/reports/talk2/?skip=1&lang=en

There were 247 suicides in people aged 10 and over in Wales in 2014 (199 male, 48 female suicides); this is a decrease of 146 deaths since 2013. This is the lowest suicide rate observed since the beginning of our time series in 1981. Similar trends were seen in males and females in Wales. However, the figures show that the risk of suicide for males in Wales is still significantly higher than females.

Suicide is usually in response to a complex series of factors that are both personal and related to wider social and community influences. There is therefore no single reason why someone may try to take their own life. Suicide is best understood by looking at each individual, their life and circumstances.

It is however important to remember suicide and self-harm are largely preventable, if risk factors at the individual, group or population level are effectively addressed.

This requires a public health approach, broader than focussing on services for mental health service delivery, and which demands collective action by individuals, communities, services, organisations, government and society. This means no single organisation or department can take sole responsibility: suicide and self-harm reduction must be cross-governmental, cross-sectoral and collaborative, with shared responsibility at all levels of the community, if it is to have a chance of success.

Men are around three times more likely to die by suicide than women. Women are more likely to engage in non-fatal suicidal behaviours that require hospital admission. Many people may have thoughts of suicide. Up to 19 people in every 100 will have thoughts of suicide at some point in their life 9. These thoughts are distressing and can further isolate an individual, creating additional barriers to seeking help. Only a very small number of those who harm themselves or who think about suicide will actually die in this way.

Among both males and females there is an association between suicide and area of residence based deprivation. Rates are higher in our more deprived communities and this gap appears to be widening in Wales. This is consistent with existing literature and highlights that suicide prevention should address inequalities that exist in society.

Families and friends bereaved by suicide are at greater risk of mental health and emotional problems and may be at higher risk of suicide themselves. Timely effective support will be facilitated by having effective local responses to the aftermath of suicide in place.

In 2010 there were 4,450 individuals admitted to inpatient care following self -harm in Wales. Some individuals are admitted more than once in any year. There are approximately 5,500 admissions for self -harm in Wales each year. This gives an indication of the burden of self -harm on services but does not take into account those assessed in A&E departments who do not require admission, or the many more who do not attend following an incident of self -harm. The age and pattern of self -harm shows that young women aged 15-19 have the highest prevalence with some evidence of an increase in males over 85.

Suicidal Risk Factors

INDIVIDUAL	SITUATIONAL	SOCIO-CULTURAL
Male sex	Job and financial losses	Exposure to suicidal behaviours
Low socio-economic status	Stressful life events (including divorce/ separation)	Stigma associated with poor help seeking behaviour
Restricted educational achievement	Relational or social losses or discord	Barriers to accessing healthcare, particularly mental health and substance misuse treatment
Previous suicide attempt(s)	Easy access to lethal means	
Mental disorder (including those unrecognised or untreated)	Clusters of suicide have an element of contagion	
Major physical or chronic illnesses including chronic pain		
Alcohol or substance misuse		
Family history of suicide		
History of trauma, abuse or neglect		
Sense of isolation		
Hopelessness		
Impulsiveness		
Admission to prison / engagement with criminal justice system		
Victimisation, bullying and stigma.		

The patterns of suicide and self -harm in Wales have not always been as we see them today and will continue to change. The challenges these changes present for prevention are considerable. There should be ongoing systematic collection of and access to data on suicide and self -harm to enable the identification of priority people and places for action and to monitor and evaluate the impact of intervention.

Prevention & Wellbeing - Protective factors

As equally important as risk factors are protective factors which help reduce a person's risk of developing mental health issues & vulnerability to suicidal behaviours. Protective factors will increase an individual's capacity to cope with particularly difficult circumstances.

The Five Ways to Wellbeing are a wellbeing equivalent of 'five fruit and vegetables a day'. It is recommended that individuals build the Five Ways into their daily lives to improve their wellbeing. http://www.wales.nhs.uk/sitesplus/863/page/47545

The Five Ways to Wellbeing are taken from the Foresight Project Mental Capital and Wellbeing published in October 2008. The project commissioned the centre for wellbeing at nef (New Economics Foundation) to develop the 'Five ways to Wellbeing': a set of evidence based actions to improve personal wellbeing. For more information visit http://www.neweconomics.org/

The NHS has nationally adopted these issuing self-help guides
Self Help http://www.selfhelpguides.ntw.nhs.uk/abmu/SelfHelp

Protective Factors *(Suicide Prevention Strategy*)
Strong connection to family and community support i.e. social connectedness
Skills in problem solving, conflict resolution and non-violent handling of disputes
Seeking help and easy access to quality care for mental and physical illness
Personal, social, cultural and religious/ spiritual beliefs that support the self
Restricted access to the means of suicide

Issues for commissioning from the Population Assessment
• Increase in numbers of people with a mental health need in line with population increases and demographic trends particularly more older people, dementia, complex needs/co-occurring substance misuse and learning disability. • Significant social stigma, isolation, discrimination which needs tackling • Lack of awareness of mental health issues • Lack of information on protective factors for mental wellbeing and early intervention help • More people will be seeking help with their mental health need as awareness improves and stigma and fear of discrimination reduces • Assessing and meeting carers own support needs • Health inequality needs addressing by improving access to health & social care services to giving regard to the population and individual risk factors to mental wellbeing • Need a better understanding of the needs within the BME community in Swansea better than we do currently • Supporting people to maintain or return to work and enabling access to meaningful work related activity • Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. choice and control • Facilitating change to develop new models of support

Section 2 – Current Service Provision

Existing Provision presented by the Adult Services Model by Tier.

<table>
<tr><th colspan="3">City & County of Swansea - Adult Services Interventions</th></tr>
<tr><td rowspan="3">Tier 1 – universal services to support wellbeing</td><td colspan="2">The role of universal services is to ensure that adults are able to have a good quality of life. This includes support to keep active, stay healthy, avoid loneliness and isolation, keep informed and remain connected to their local community. We will expect these services to take an active role to identify and support those people who might be at risk of future health or wellbeing problems, and ensure that they are engaged and supported effectively.</td></tr>
<tr><td>Provided by the City & County of Swansea</td><td>Commissioned by the City & County of Swansea</td></tr>
<tr><td></td><td>Local Area Coordination</td></tr>
<tr><td rowspan="3">Tier 2 – prevention and early intervention</td><td colspan="2">These services help people avoid risks to their health, wellbeing and independence. When people do have difficulties, they will be supported to recover their independence as quickly and effectively as possible. Such services will focus on helping those most likely to need complex support if they do not get early help.</td></tr>
<tr><td>Provided by the City & County of Swansea</td><td>Commissioned by the City & County of Swansea</td></tr>
<tr><td>TSU - In House Community Care Group</td><td>Day Centres
Connect Day Centre- Caer Las (also for LD)
MIND Service (Carers Grant)
Hafal Service (Carers Grant)

Prevention of Homelessness Housing Related Support
• Floating Support by Gofal</td></tr>
<tr><td rowspan="2">Tier 3 – managed support for identified needs</td><td colspan="2">When health and wellbeing issues threaten someone’s independence, care services will provide a targeted response to identify and reduce risks as soon as possible. These services will focus on supporting people to retain or regain as much independence as possible, even where a health or wellbeing issue is complex or long-term. A period of intensive support within Tier 3 may enable someone to move back to Tier 2 support.</td></tr>
<tr><td>Provided by the City & County of Swansea *</td><td>Commissioned by the City & County of Swansea *</td></tr>
</table>

	Social Workers & Care Management Officers within Integrated Community Mental Health Teams **Day Centre** Crest ***Temporary Supported Living*** In house 24hr Shared supported .	***OASIS*** **Floating Support Service Model** Gofal Gwalia Care & Support ***OASIS*** ***Temporary Supported Living*** Wish 24hr (FHA) Women only project (FHA) Wish dispersed shared.(FHA) Self- contained 24hour supported (Caer Las) N.M Shared Supported (Caer Las) ***OASIS*** ***Permanent Supported Living*** • WISH – Family Housing (FH) • E. Supported Housing Ltd • G.H. Ltd • K.H. Ltd • P.Y.W • Over 50 yrs. (FHA)
Tier 4 – specialist support for high level or complex needs	These services will meet the needs of those who cannot manage without specialist care and support. We will ensure that such services are high quality, designed and delivered in a way that promotes as much independence as possible. Where possible, care will be provided within or close to someone's local community. People will be supported to retain their dignity and exercise as much choice and control as they wish.	
	Provided by the City & County of Swansea	Commissioned by the City & County of Swansea
		Residential without nursing Spot Purchase Placements for Individuals • A and EA Scott (Cross ref. learning disability) • TRACS Ltd

		• Aston Care Ltd (W & L.H.) • H.S • C. G • T.Y.A.L • L.G • B.H RC • T.N (Integra) • A.C (Wellchime Ltd) **Residential with nursing care** Spot Purchase Placements for Individuals • M.H Sure Plan Homes Ltd • T.V, Sure Plan Homes Ltd • B.Hl. NH • L. NH • A.y.M. NH • Apex Care Homes (A) • C.F NH

** Abbreviations used to protect anonymity of addresses.*

How well are current services (across the four tiers) delivering these outcomes?

Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this way of working. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People).

Development of a Supported Living Framework will set out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine and our systems and processes are changing to re-focus on a clear specification of outcomes and outcome based performance management approaches. It is therefore difficult currently to be certain about how well current services are delivering outcomes when they are neither expressly specified nor measured across the piece.

We therefore asked people who access services, family carers, providers and commissioners how well current arrangements were delivering outcomes for people with mental health needs. The following was an overview of what people thought.

STRENGTHS	**WEAKNESSES**
Stigma reducing / more acceptable to ask for help around MH. Celebrities speaking out. Information more readily available. Recognition 'we need to change'. Willingness to change and become co-productive. **National Health Service (free at the point of use).** Free prescriptions / delivery service. Developments and progress with meds and therapies. Primary care MH Service. Primary care funding (but still not enough). **Social Services influence Health with a social model of understanding mental health & stress.** Positive goal setting – equality. Allowing individual personalities to develop. Integrated working. Co-location. Joint records. Response from CMHTs very	**Stigma still exists** • Public have negative perceptions of MH. Even MH stigma experienced within general health & social care settings. • Poor relationship/communication between MH and General Health Services. **Lack of Information/**People not aware about mental health conditions. Information not accessible to everyone about services and needs regular updating. **Staffing Issues** • High turnover/reorganisation of staff at strategic Planning level impacts negatively on progress. • Short term funding (third sector). Changes of operational worker including volunteer's results in erratic Services.

good. Joint commissioning of services. Multi-disciplinary teams.

A good range of support services relatively well provided for in Swansea compared to other areas within ABMU.

Seems different to OAP – close down cases.

Staff

Consistency of operational staff in some MH – known people for 20 years.

- Skilled/ trained/ Training Committed/Experienced with right attitude. Non- judgemental.
- Not so high turnover - Stable CMHT. It's for you – tend to stay until retire e.g. some staff know you well.
- Service users see less professionals.

Informal carers – can look after them better.

Prevention Services highlighted.

- Provision of MH specialist non MH services such as Tenancy Support. Helps maintain MH.
- LAC's.
- Advocacy.

Co-production and utilising Service User skills and experience to deliver activities etc.

Third Sector

- A supported (funded) Third Sector which is responsive, flexible, innovative.
- Good established partnership working arrangements.
- Opportunities for Networking.
- Service user wants, service user led. Partnership Utilising and sharing of good practice.
- Stress on staff due to caseloads & demand

Service user engagement carer / lack of involvement – planning / developing

Eligibility & Access

- Segregation between primary and secondary care has a negative effect on eligibility.
- Not all services are accessible to everyone, different criteria's. Increasing thresholds for accessing services.
- Bureaucracy of referral & assessment for LA funded services inefficient as compared to universal services are much simpler. No-one needs a referral and assessment just walk in when need it.
- Lack of clear pathways.
- Better accessibility and clearer criteria needed.
- Sustainability of services and consistency.

Gaps In Services

A good range of support services but not enough capacity. Pressure of numbers and lack of turnover. Caseloads too high.

- Getting advice Counselling.
- Lack of respite – impact on individuals and Carers.
- Lack of move on from supported housing
- Res Care – not enough between acute support
- Gap weakness for Dom Care speciality for understanding MH. Do not understand MH e.g. TIA exam triggers, meds, impact.
- postcode lottery
- Gender specific, (PRAMS, child care).
- Everything seems to be OAP focused
- Community Connectors and Local Area Coordination about older people not about MH.

• Skills / attributes of local communities. • Volunteering (but not replacing skilled workforce) **OASIS** Single referral point. Mixed range / variety of accommodation based services. Allowing different levels of projects to meet different levels of need. Appropriate technology	• Should be age blind – issue what can we offer? • No service from CAHMS, as primary care workers attached to GPS are in overload. • Transitional period child / adult. *We need proper, adequate transitions. • Not enough 1 – 1 working. Prevention, no system around sorting 'me' out! **In Crisis and urgent need** • Crisis only in hospitals. • Shortage of beds – necessitates police intervention.GP – CPN – MH Staff (G and B). • Mental Health Hospital Discharge – big problem. • Services not available at times when most needed e.g. evenings & weekends. Lack of flexible working. • Flexible services when service users and carers received it (only 9-5). **Joint commissioning – not always effective** • Service delivery hampered by funding agreements/lack of agreement. • Decision making debate while we wait. Arguments over funding between Health and Social Care due to budget pressures. • Pass the buck culture between physical health and MH or LD and MH dual diagnosis. • Uncoordinated and inconsistent funding postcode lottery. **Transport** • Travelling across ABMU. Rurality – transport issues. • Transportation use of ambulance services. Travelling out of Swansea area. • Need 1:1 transport for 1 – 1 work. Need better partnership working between disciplines! (Social Services, ABMU and Third Sector). Lack of integration to

	address stagnation / lack of innovation and Talking not doing.

Issues for Commissioning
• Coproduce an evaluation of each of the specific LA delivered and commissioned services within each tiers is delivering the outcomes • Build on the strength existing assets • Tackling health inequalities for people with mental health problems • Tackling stigma in general health & social care settings • Tackling stigma in universal services. • Delivering improvement in information about positive protective factors for mental wellbeing • Delivering improvement in information about access service for those experiencing mental health problems • Delivering accessible and responsive crisis support 24/7 • Delivering improved and effective partnership and joint commissioning • Eliminating barriers caused by transport issues

The next stage will be to evaluate each of the services within each of the tiers against the Outcomes established.

What do we spend?

City & County of Swansea expenditure Budget on MH

Social Services Revenue	14/15	15/16	16/17
Create	327,576	221,009	509,425
Community Mental Health Team 1	287,911	324,800	303,966
Community Mental Health Team 2	340,309	858,241	415,404
Community Mental Health Team 3	494,917	*0	517,569
Crisis Resolution & Home Treatment	96,423	99,804	104,524
C M&A Central Management (MH)	35,134	0	0
Mental Capacity Grant	12,992	12,550	12,550
DEL MH Residential Care	1,976,373	2,174,091	2,679,071
Direct Payments Wag Grant	168,877	280,885	425,146
C M&A Service & Staff Dev (MH)	67,932	67,462	61,734
L.A. Supported Housing	515,154	455,383	*812,332
Total Expenditure	4,323,598	4,494,226	5,841,721

*CMHT 2 & 3 co-located and budget combined.

*L.A – increased income toward budget from rents & service charges

Commissioning Arrangements

We have developed new co-productive commissioning arrangements and ensured clear governance arrangements both within the LA, Western Bay and other key partnerships.

This new Local Authority Strategic Commissioning Group will oversee and manage the development and implementation of the new local commissioning action plan that will be developed to deliver the strategic outcomes for people with a Mental Health need.

We aim to commission and deliver services on the basis of outcomes, co-production and social value. This will entail working collaboratively with local citizens and services to maximise value for money, promote wellbeing and encourage prevention. We will do this by:

- Recognising people as assets
- Building on people's strengths
- Fostering mutual; and reciprocal relationships
- Strengthening peer support networks
- Breaking down barriers
- Facilitating rather than delivering
- Developing insight
- Planning effectively, and
- Improving delivery

Section 3 - Engagement

The context of the engagement was set out as follows:

What needs to change?

Changes identified will need to be delivered in the context of:

- Meeting increasing levels of need
- Delivering a new model of support
- Manage reducing resources

Shifting resources

We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

The Western Bay Population Assessment sets out the following priorities:

- Effective management of transition
- Better redistribution of respite resources across the region
- Look at the potential of assistive technology within supported living

A key challenge in Swansea will be to continue our approach to support people in community settings as opposed to residential care, however, we need to support people to progress and move on, not get stuck in supported living options.

Co-production with Citizens

In January 2016, the City & County of Swansea began engaging with citizens to inform the Local Authority on what and how it should use its resources on to support people with mental wellbeing within its roles and responsibilities. A range of methods was used;

An all-day event at the Einon Centre where about 150 people attended. The session was held with individuals with experience of mental health issues, their carer's and health and social care professionals were asked a series of questions
A questionnaire sent to providers to support individuals who could not/or did not want to attend to give their views.
A series of smaller coproduction groups also took place through the year. The key question which was asked was "What does good look like?" Below are the summarised responses for the stakeholders.

What does a good life look like?

- Being worth something (having role, a reason to get up in it the morning/contributing /being respected)
- Being Safe/secure
- Somewhere to live (or closely associated with somewhere to live)
- having support when it's needed
- Having social support networks (opportunities to see and make family & friends love & care, emotional wellbeing)
- Security/stable/Financial income
- Be healthy physically and mentally
- Choices /Freedom to make decisions
- Everyone having an awareness of mental health, being understood & not to be discriminated against 5/8
- Being listened to
- Having/knowing information
- Having control (Not controlled by bad habits/addiction)
- Having aspirations
- Managing
- Achieving
- Laughter/Joy
- Stability/managing limiting stress and anxiety

The group were then asked what outcomes do we want to achieve?

- To stay alive and have a good reason to live,
- A reason to get up, to have meaningful occupation.
- Recovery, to be as well as I can be, be well, stay well and not need services
- To have my medication.
- To have my physical health needs met and reduce health inequalities.
- Self-management of symptoms, to be as independent and free of stat services as possible.
- MH fluctuates - so have support that fluctuates as it is needed.

- Sustainability and security from support services. Peer support opportunities.
- Overcome loneliness and isolation which magnifies mental ill health. Opportunities to meet others. Feel Needed- Part of community Living in the community
- To thrive, Must have joy / success in their life. I want to feel good about myself. Being able to achieve aspirations the things that made a good life to the individual.
- Developing skills – starting with the strengths of the people. What they can do rather than cannot do.
- Have choices, - Listened to and heard. Positive risk taking.
- Safeguarding, People being safe and feeling safe.
- Financially secure –Maximise/ income improvement. Transparent welfare system- Positive changes i.e. permitted work.
- A society which understands MH and how it affects people, which allows integration & achieved e.g. through Education involvement).
- Appropriate and timely Open referral / Access services to the individual need. Consistent/stability of flexible Services that continue to meet service user's needs and are personal centred. Reduce long term support. Centralising referrals (one stop shop).
- Appropriate and safe accommodation.
  Information, accurate, accessible, up to date. Access to IT (digital).

The group were then were asked to tell us "What support do people need to live a good life?". The following were the areas identified.

Support to challenge stigma and inform wider community and professionals
Stigma and fear of being unable to speak about their MH was still felt to be a massive issue. People need to be able to speak about the mental health to get help. Therefore need awareness raising in society and develop champions and role models.

Health campaigns should always focus on MH as well as physical health.
E.g. Health 5 a day, how does that improve MH. Need to train the general nursing staff.

Support the carers/family and community and professionals with information on what signs to look out for when mental health is deteriorating and what to do. Sometimes family networks & community opportunities are the only contacts which can spot early signs of Mental Health deterioration and trigger an early intervention response otherwise there is no early intervention. Carers / family need support recognise the "signs" and know what can be done to managing symptoms. . Older peoples support networks reduce mental health issues with bereavement services.

Accessible information and advice
Information on all services and where to get help when things go wrong. Greater knowledge of what to do when you experience mental health issues, what's available, how to access to where to go.

Early, responsive practical help (not which eligibility criteria you miss or meet) which is simple to access when you are becoming unwell.
We need to have services that help when people are first unwell. Accessible practical and emotional support when I need it!. Help is there without jumping through hoops to get it. Tailored package of support around frequency, intensity, needs and wants. Access to prevention services without needing to access a specific diagnosis and without having care management. If relapse get support when need it without going back to the start – simple re-access to support / services. Access to universal services is simplified, to attend a normal community club in the community there are no forms or assessments etc. Practical support e.g. tenancy support that will help my Mental Health. Help to get stability again.

Access to services outside normal office hours
Services that are available that meet needs of individuals at different times during recovery. Increased availability (beyond 9-5 Mon-Fri) for support in a crisis. When it's needed, not when "they" can provide, if at all. Easier access and able to attend when you need to.

A choice from a range of services
A range of services no matter what their age or disability. Services with flexibility built in.

Staff with the right qualities, skills and knowledge
Staff with right attitude (qualified and trained). Experienced, motivated and enthusiastic people who believe in what they are doing. Someone to trust and to speak to / be listened to. Not disillusioned and worn out. Staff who stay approachable passionate and focussed. Good morale of staff. Multi-disciplinary. Support from one person, consistency and informed support staff.

Support for the range of individuals who have Mental Health Issues (1in 6 people at any time). Across age and gender and with other needs such as homeless, substance misuse and physical illness.
Worried that services are gaining focus on younger people. Need to include older people. Complex needs with non-engagement, often compounded with Substance Misuse and Homelessness. Dual diagnosis and problems with pigeon holing when present to Council. Links between homelessness and poor MH / worsening mental health. Nido Therapy. Adults in the secure estate. Impact SSWBA14.

To overcome loneliness
Lonely no contact. Company and companionship?? It's the softer elements e.g. confidence, people understanding mental health, feeling self-conscious. It's all the softer side. Need to be individual. Focus on what people are good at. Confidence – support from networks.

To take part in meaningful occupation.
Breaking down barriers around trust, motivation, confidence, stigma to enable access to universal & specialist. Having a building good support networks formal / informal. Small steps, as too traumatic for some suffering anxiety. Communities supporting but cannot force people to get involved. Community connections/ Local area coordination may be used to access other interests. These widen interests. Need to support to link with Community/friends / neighbours / local figures. Joined up approach of services – take ownership and trust each other and not duplicate assessment process. Fear of illness constant fight to attend/ take part/keep work.

Geographically financially affordable Services
Some costs are prohibited. Attendance drops when bus lost. Late evenings buses home. Transport – catching a bus £10. Organising / very expensive. It's never free. Better use of community based existing LA buildings, break down the barriers. Intimidating being on own in taxi or on service bus in evening.

Be realistic – managing expectations and those of the advocates. You need to take risks.

Co-productive services. Self- help groups – third sector groups which prevent crisis / or need to access services.

The group were then asked "What do we know about Mental Health future needs?"

It's always going to be there.

- There will be changes in attitudes and understanding of Mental Health.
- There may be increased diagnosis and treatments.
- It is becoming more acceptable to ask for help. This which is likely to mean demands will increase for information and advice, people will have more complex lifestyles and higher expectations.
- Everyone's journey is different. No-one size service fits all.
- More people living longer with their Mental Health issues and increase in Dementia sufferers. There may be more isolation. Should not look at older people as one homogenous group. More older carer's as well as younger carers.
- People will have physical health needs and as the population ages so these needs are likely to increase too e.g. obesity and diabetes etc
- Impact of Substance Misuse (Legal Highs Particularly) on diagnosis, complexity of care & support needs and complexity of delivery.
- Mental Health issue high amongst people in secure estate.
- Prioritising groups of needs e.g. High and complex needs. Drugs, legal highs and alcohol increasing abuse. Alcohol related dementia.
- Transition to Adult Provision. Younger people accessing Mental Health service with substance misuse issues. SM "messed up" young people entering services for life. Younger carers.
- With Substance misuse recovery takes longer if at all and is interdependent with Substance Misuse treatment responses and services.
- Changes in the approach to service delivery Enhanced primary care services to decreased impact on secondary mental health services.
- Reorganisation of statutory organisation structures.
- Impacts of Welfare Reform on incomes, particularly for under 35 and difficulties for those not working to access affordable good quality housing
- Impact of private MH hospitals may increase on demand locally with patients from out of area with placements not known to CCS until the placement breaks down. No control measures.
- **r**epatriation of individuals placed outside of Swansea / Wales (where appropriate).
- Limited number of specialist providers in market limits competition.
- Not enough accommodation for the critical few.
- Intensive services are out of area in private sector more expensive
- Commissioners seeking further efficiencies, do more with less not financially viable for some providers.
- Staff on statutory minimum pay dealing with challenging, complex needs, but we need high skill / experience staff. Staff look for easier work in Tesco.
- Millions extra needed to maintain service level

The group was then asked to consider where individuals get support now and these sources were grouped by them into informal and formal support.

Informal	**Formal**
Family/Friends Carers colleagues (peers). Each other kindness of strangers Befriending Peer Support Self Help Groups. Animals (Therapeutic). Work/Employer Schemes Occupational Health, Colleagues (work) Trade Unions Media internet/ Apps Stress Packs Online. TV Online / Physical Forums Universal – things that people can access themselves/ Spiritual Centres and facilities/Church/Libraries/ Leisure Centres/women's institute /Workers Institute/pub Third Sector. Community groups – Singing for the Mind, Red Café, Belly Dancing Private Counselling Services	ABMU Wellbeing Services - stress control, Activate your life, Information and Advice Leaflets, Self- help information electronically. Primary care / GP's/Primary Liaison Team PLT (Health fund). Hospitals and rehab services/Emergency departments/ Counselling A&E (hosp) Crisis Team – home treatment for hospital and crisis. Secondary -CMHT SW, CPNs, OTs, Doctors, physiologist, Nurse Therapist. Assertive outreach. Hospital/In-patient care / crisis resolution H treatment Police/Probation/Criminal Justice Services Forensic services Statutory Day Care Provision/ Cwmbwrla Day Services. Day Services/ Connect/ Mind /Hafal Community Connectors / Local Area Co-ordination Nursing Care/Res Care/Low secure units Citizen's Advice Homelessness Services /Housing. SP funded Supported Living /Llanfair /Gofal/WISH Tenancy Support. SM Services, coat, sands, WCADA. Community based groups, Voluntary Sector e.g. mind, SCVS, Volunteering, befriending, Hafal, Alzheimer's Society, Age Cymru, Domestic Abuse/Hafan Cymru/Carers Trust /Carers Centre EVST/Transcend Swansea Education/Student wellbeing services and all establishments/Higher / Further ED Support Services, schools colleges, universities Directories.

The Group were asked to consider what they felt were the strengths and weaknesses.

STRENGTHS	**WEAKNESSES**
Stigma reducing / more acceptable to ask for help around MH. Celebrities speaking out. Information more readily available.	**Stigma still exists** • Public have negative perceptions of MH. Even MH stigma experienced within general health settings.

Recognition 'we need to change'. Willingness to change and become co-productive.

National Health Service (free at the point of use). Free prescriptions / delivery service. Developments and progress with meds and therapies. Primary care MH Service. Primary care funding (but still not enough).

Social Services influence Health with a social model of understanding mental health & stress. Positive goal setting – equality. Allowing individual personalities to develop.

Integrated working. Co-location. Joint records. Response from CMHTs very good. Joint commissioning of services. Multi-disciplinary teams.

A good range of support services relatively well provided for in Swansea compared to other areas within ABMU.

Seems different to OAP – close down cases.

Staff
Consistency of operational staff in some MH – known people for 20 years.

- Skilled/ trained/ Training Committed/Experienced with right attitude. Non- judgemental.
- Not so high turnover - Stable CMHT. It's for you – tend to stay until retire e.g. some staff know you well.
- Service users see less professionals.

Informal carers – can look after them better.

Prevention Services highlighted.

- Poor relationship/communication between MH and General Health Services.

Lack of Information/People not aware about mental health conditions. Information not accessible to everyone about services and needs regular updating.

Staffing Issues

- High turnover of staff at strategic Planning level impacts negatively on progress.
- Short term funding (third sector). Changes of operational worker including volunteer's results in erratic Services.
- Stress on staff due to caseloads & demand

Service user engagement carer / lack of involvement – planning / developing

Eligibility & Access

- Segregation between primary and secondary care has a negative effect on eligibility.
- Not all services are accessible to everyone, different criteria's. Increasing thresholds for accessing services.
- Bearocracy of referral & assessment for LA funded services inefficient as compared to universal services are much simpler. No-one needs a referral and assessment just walk in when need it.
- Lack of clear pathways.
- Better accessibility and clearer criteria needed.
- Sustainability of services and consistency.

Gaps In Services
A good range of support services but not enough capacity. Pressure of numbers and lack of turnover. Caseloads too high.

- Provision of MH specialist non MH services such as Tenancy Support. Helps maintain MH.
- LAC's.
- Advocacy.

Co-production and utilising Service User skills and experience to deliver activities etc.

Third Sector

- A supported (funded) Third Sector which is responsive, flexible, innovative.
- Good established partnership working arrangements.
- Opportunities for Networking.
- Service user wants, service user led. Partnership Utilising and sharing of good practice.
- Skills / attributes of local communities.
- Volunteering (but not replacing skilled workforce)

OASIS

Single referral point. Mixed range / variety of accommodation based services. Allowing different levels of projects to meet different levels of need.

Appropriate technology

- Getting advice Counselling.
- Lack of respite – impact on individuals and Carers.
- Lack of move on from supported housing
- Res Care – not enough between acute support
- Gap weakness for Dom Care speciality for understanding MH. Do not understand MH e.g. TIA exam triggers, meds, impact.
- postcode lottery
- Gender specific, (PRAMS, child care).
- Everything seems to be OAP focused
- Community Connectors and Local Area Coordination about older people not about MH.
- Should be age blind – issue what can we offer?
- No service for CAHMS, as primary care workers attached to GPS are in overload.
- Transitional period child / adult. *We need proper, adequate transitions.
- Not enough 1 – 1 working.

Prevention, no system around sorting 'me' out!

In Crisis and urgent need

- Crisis only in hospitals.
- Shortage of beds – necessitates police intervention.GP – CPN – MH Staff (G and B).
- Discharge – big problem.
- Services not available at times when most needed e.g. evenings & weekends. Lack of flexible working.
- Flexible services when service users and carers received it (only 9-5).

Joint commissioning – not always effective

- Service delivery hampered by funding agreements.
- Decision making debate while we wait. Arguments over funding between Health and Social Care due to budget pressures.

	• Pass the buck culture between physical health and MH or LD and MH duel diagnosis. • Uncoordinated and inconsistent funding postcode lottery. **Transport** • Travelling across ABMU. Rurality – transport issues. • Transportation use of ambulance services. Travelling out of Swansea area. • Need 1:1 transport for 1 – 1 work. Need better partnership working between disciplines! (Social Services, ABMU and Third Sector). Lack of integration to address stagnation / lack of innovation and Talking not doing.

Section 4 - Outcomes

Attendees at the event in January were asked "What outcomes do we want to achieve?".

- To stay alive and have a good reason to live,
- A reason to get up, to have meaningful occupation.
- Recovery, to be as well as I can be, be well, stay well and not need services
- To have my medication.
- To have my physical health needs met and reduce health inequalities.
- Self-management of symptoms, to be as independent and free of stat services as possible.
- MH fluctuates - so have support that fluctuates as it is needed.
- Sustainability and security from support services. Peer support opportunities.
- Overcome loneliness and isolation which magnifies mental ill health. Opportunities to meet others. Feel Needed- Part of community Living in the community
- To thrive, Must have joy / success in their life. I want to feel good about myself. Being able to achieve aspirations the things that made a good life to the individual.
- Developing skills – starting with the strengths of the people. What they can do rather than cannot do.
- Have choices, - Listened to and heard. Positive risk taking.
- Safeguarding, People being safe and feeling safe.
- Financially secure –Maximise/ income improvement. Transparent welfare system- Positive changes i.e. permitted work.
- A society which understands MH and how it affects people, which allows integration & achieved e.g. through Education involvement).
- Appropriate and timely Open referral / Access services to the individual need. Consistent/stability of flexible Services that continue to meet service user's needs and are personal centred. Reduce long term support. Centralising referrals (one stop shop).
- Appropriate and safe accommodation.
  Information, accurate, accessible, up to date. Access to IT (digital).

The Mental Health Coproduction Group workshop in another meeting was asked to look at the Nation Social Service and Wellbeing Act outcomes and consider whether they wished to amend them to be locally and mental health specific. They were informed that the outcomes would be used to measure service provision against going forward. Some outcomes were easier than other to relate to Mental Health with much debate about the language and assumptions.

The table below represents the comments from both groups to make a specific Mental Health set of outcomes.

Appendix 1

What well – being means	National well-being outcomes	Mental Health City & County of Swansea variations & additions to the National wellbeing outcomes. To be used to review commissioned services against.
• Securing rights and entitlements • Also for adults control over day to day life	• I can access the right information, when I need it in the way I want it and use it to manage and improve my wellbeing. • I am treated with dignity and respect and treat other the same. • My voice is heard and listened to. • My individual circumstances are considered. • I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.	• I know and understand what care and support and opportunities are available and use these to help me achieve my mental and physical well-being • I know my financial rights and entitlements and get support when I need it to access them. • I am treated with dignity, respect without fear of discrimination and treat others the same. • My voice is heard and listened to. • My individual circumstances are considered. • I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
• Physical and mental health and emotional well-being. • Also for children: Physical intellectual, emotional, social and behavioural development.	• I am safe and protected from abuse and neglect. • I am supported to protect the people that matter to me and from abuse and neglect. • I am informed about how to make my concerns known.	• Information & advice is equally available about supporting mental health and emotional wellbeing, as is that for physical wellbeing. • I am supported to stay alive and have a good reason to live. • I am supported to recover and self -manage my mental wellbeing towards a life fee of services. • I am supported to have my physical health needs met with understanding and consideration of my mental health needs. • I can have my medication • I am supported to take positive risks. • I am safe and protected from abuse and neglect.

Appendix 1

What well – being means	National well-being outcomes	Mental Health City & County of Swansea variations & additions to the National wellbeing outcomes. To be used to review commissioned services against.
		• I am supported to protect the people that matter to me and from abuse and neglect. • I am informed about how to make my concerns known.
Education, training and recreation.	• I can learn and develop to my full potential. • I do the things that matter to me	• I have opportunities to learn and achieve and develop to my full potential that are suitable for people with fluctuating mental health issues. • I do the things that matter to me
Domestic, family and personal relationships	• I belong. • I contribute to and enjoy safe and healthy relationships.	• I do not feel lonely or isolated and am supported to overcome it when I do. • I contribute to and enjoy safe and healthy relationships.
Contribution made to society	• I engage and contribute to my community.	• I am supported to do things that matter to me and make me feel worthwhile. • I can engage with opportunities which contributes to a society, which understands Mental Health, and how it affects people.
Social and economic well-being Also for adults: Participation in work	• I contribute towards my social life and can be with the people I choose. • I do not live in poverty. • I am supported to work.	• I am supported to maintain my existing employment/ or have suitable work opportunities with employers who understand and are supportive to people with fluctuating mental health issues.

What well – being means	National well-being outcomes	Mental Health City & County of Swansea variations & additions to the National wellbeing outcomes. To be used to review commissioned services against.
	• I get the help I need to grow up and be independent. I get care and support through the Welsh Language if I want it	• I get the help I need to grow up and be able to identify and reduce the risks to my mental wellbeing and to live free from services. • I get care and support through the Welsh Language if I want it. • I contribute towards my social life and can be with the people I choose. • I do not live in poverty
Suitability of living accommodation.	• I live in a home that best supports me to achieve my well-being.	• I have choices to make on where I live, in communities and with housing providers who understand and do not discriminate and support my mental wellbeing.

Section 5 - Priorities

Within the engagement event individuals were asked to identify their top 3 priorities which are set out in the table below.

Top Priorities	
Breakdown stigma – value everybody. Educate, integrate and motivate.	Developing services to achieve self-management through encouragement. The Recovery Model.
Meaningful assessment and robust outcome based review process with individual at the centre.	Development and strengthening of primary care services. More resource into prevention and primary care.
Range of flexible services– one size does not fit all	Investment has to be shifted to prevention but needs to be flexible.
Commissioning process to include Co-production. People who use services and their carers being involved at every stage of this process (Commissioning and Reviewing).	No further cuts to secondary care – consider extra resource
Timely response in a crisis.	Care before profit.
Improved delivery of outcomes for individuals to enable achievement – with all stakeholders working together to achieve.	Focus on meeting the LA's statutory responsibilities – prioritise what works well and what is important to the patient
Mixed market of providers – competition / partnership ensure reasonableness.	Better partnership working around dual diagnosis.
Simpler Access to services	Integration of Health & Social Care across ABMU area.
Access to services – simplified and consistent – focus on Early Intervention & Prevention.	Need to integrate current research treatments into current practice. Other therapies of the medical model.
Maximise the full potential of current services ensuring services meet the need	Increase flexibility into services across all pathways.
Good staff recruitment and support. Production in designing and providing services.	Greater efficient and effective services – co-production especially service user carers.
Sustainable – consistently there and accessible.	Review if we have sustainability and adequate current resource for provision of existing service in a safe way.

This feedback was significantly summarised to bring out the Big Issues in one power point slide and used to test and challenge and coproduce a summary of the Big Issues with a smaller group of stakeholders some of which were at the original event.

They were asked to look as the "Big Issues" and consider the following questions:

Do you agree these are the important issues? Are we missing anything?	All agreed these were important issues but more detail/emphasis in some areas: • Need to emphasise demands are increasing for secondary mental health services. E.g. Higher caseloads CMHT for Social workers & CPN's plus additional responsibilities for SW dols and AMP. Consequently it's more difficult to get a Care & Treatment Plan which reflects all the principles of the act and the measure due to time. • No mention of the principles of recovery model. Need to developing an assessment and practice framework based on the principles of recovery that everyone has agreed to, is embedded and everyone works towards. • Wider description of groups within MH needed e.g. complex needs, dementia & acquired brain injury. • It was felt clarity was needed on the range of services referred to which planning care & support applied. • Must note peoples mental health is not stable includes recovery & relapse. Need to have care & treatment plans that describe how people move in and out & through degrees of support & care. Should be part of the. How will/can this happen. Start the exit strategy on day one. Must inform commissioning. • The list feels like what's wrong with secondary mental health not emphasising prevention and early intervention areas. • More detail should be identified what was meant by lack of crisis support for who and when and where are they. • Emphasis a need for a less risk averse culture so that people can challenge themselves. **Missing** • What will future model look like. Need to recognise what good practice will need to look like to deliver a recovery based model. E.g. positive risk taking recovery approach, getting work supported, normalising. • Need to be flexible to allow for experimental approach without a blame culture. E.g. the person cut themselves because they wanted to not because someone did not do something. • Asset based approach building areas of strength not continually focusing in what wrong with you. A new practice model. • A gap is there is not enough clear information accessible around options for how to get back into work and support and permitted work part time work. We need supported and sympathetic employers. Support around finding work should not be portrayed as a negative. There is a culture of change needed as it is a positive approach and impact on a person's quality of life and being part of recovery. Support

	seems to be targeted at how not to work and stay on benefits which is not always in the best interest long term. • Respite services are not in the scoping doc for the review was raised as a gap. However, day service provision gives respite both to the family carer and cared for. **Other comments** • Individual CTP 1:1 conversations must be reflected from CTP and must be used in pop needs assessment at a strategic level as a commissioning tool. • Currently good performance looks like holding on to someone and does not drive progression/moving on. If safe and well given no formal time and progression stops. If problems much time is given. • Social isolation a lack of diversity in day to day reinforcing isolation. Drop in models of structured support • Include a test & challenge/sense check session across the other client groups LD & PD. • Produce a MH asset map. • E.g. front loading support is high initial support to achieve outcomes used in Bridgend.
Think of a time when you have received support or given support to someone – what made it good and why?	• Positive relationship's leads to positive outcomes. There are a range of relationships which may be important to the person and the CTP should to identify and be explicit what the role is of the CTP to support identification and sustain them and creation. • A person is able to cope & succeeds in spite of limits and suggestions they would not. • Where a person knows what's on offer and there is a shared understanding of the purpose of the intervention/service and the outcome everyone is trying to work towards. • A good stable structure to facilitate ongoing conversations. Regular contact/relationships serviced which define issues and work together to resolve. Good partnership behaviour. In relation commissioning compliant with the law flexibility responsiveness. • Always has the principle of reflecting on our own experiences of accessing service e.g. a GP service then we ensure we are grounded in what it look like to everyone/ourselves people who need the service. • When you have a crisis someone is there listening to reassure and give advice (answering the phone! Can save a life in Mental Health.) Listening & talking is a service and is important. • Knowing when it's the right time for the right type of conversation. Sometimes it's not best when someone is the most unwell. There should be time for a conversation when they are not in crisis and have insight. • When people come to us they tell us what they want. We should listen. • There should be a contingency plan in place as part of the CTP. • We must remember that information & advice on line is not accessible for all and we should use a range of formats. • Medication - having choices /options which can be discussed.

	• Being creative what is possible to achieve jointly agreed outcomes with trust & risk factors considered. • Build on what people want don't waste time and money on what they don't want.
How can we continue to work with this group?	• This group to get back together regularly but must have the appropriate decision makers. • Add some key people like Local Area Coordinators • Must have service user/carers feedback to shape. • The conversation must continue, Adult co-pro project Local info must link clearly to WB commissioning board and develop their thinking. Needs a consistent structure and personnel to achieve the continued conversation. • What's working and we need to keep identify these areas • Focus on topics/thematic approach going forward to work the detail in the co-pro groups.
What advice do you have for us about engaging more widely?	• Need a consistent structure to have a corporate memory of activity and not restart each time staff or council changes. It stops progress • Wider group of those with MH issues. How do we get primary MH users involves? • More care managers must be involved if we want to change culture. • Need to take a broader look at who the strategic partners are: 1. Education courses by staff who are sensitive to MH needs and input into the recovery model , not set it back 2. Support general universal services to be sensitive contribute to recovery. • Local Area coordinators – What can they do and what information do they get from the community.

Appendix 1

Engagement with citizens and their carer's with mental health issues identified the following priority areas for action. A lot of detail was given in some areas by people about what they felt was happening now, what good would look like and what actions to undertake to make the changes. It was felt that each of the "need to change priorities" would need a coproduction group working on that area to make the change. Some areas are not the direct responsibility of the Council to do but we have a shared responsibility under the Social Services & Wellbeing Act to work with partners such as health and support people to have voice choice and control.

Draft - Swansea Mental Health Strategic Commissioning Strategy Action Plan				
What Needs to Change to deliver the Outcomes?	**What is happening already?**	**What would success look like?**	**Draft Actions**	**Person Responsible &Timescale**
Stigma and discrimination still exists • From public • From general health settings	LA Developing Advise and Information services (DEWIS)	• Discrimination is eliminated • People no longer feel stigma from the public and in general health settings	Develop a LA corporate plan to contribute to raising public awareness of Mental health issues and protective preventative factors Review the balance of output from Information and Advice services in relation to physical and mental wellbeing.	
*Strengthening and development of **additional** **primary care services.***	*General Practitioners act as a gateway to primary care services. Services*	*There is access to an increased range of primary care interventions. Waiting times are reduced and*		

Predicted future increase in demand for support in the community.	*are accessible via GP referrals*	*intervention times are evidenced as effective.*		
No further cuts to secondary care	*A Western Bay Commissioning Board has been established* *City & County of Swansea undertaking a commissioning review.*	*An appropriate range of financially sustainable .services are in place.*	Target levering in extra resources including linking to existing community assets. Exploring new models of provision Lambeth Council as an example.	
Simplified eligibility & access to sustainable services which focus on prevention early intervention, and recovery.	Segregation between primary and secondary care has a negative effect on eligibility and access. Not all services are accessible to everyone. Single point of access for all to access Mental Health Services Bureaucracy of referral & assessment for LA services compared to universal services		Review LA commissioned services for effectiveness. by Tier 1 Tier 2 Tier 3 Tier 4	

	No-one needs a referral or assessment just walk in when you need it.			
An appropriate and timely response when someone is in a mental health crisis or has an urgent need through flexible services available when service users and carers need it. A perceived lack of respite has been identified as an issue of concern by stakeholders linked with managing crisis.	Crisis support too frequently equates to hospital admission. A shortage of acute beds – necessitates police intervention. Early discharge from Mental health Hospital is perceived as a problem. Barry Shier innovative example	Make support for people in crisis available when needed e.g. in evenings & weekends. Increase flexible working by services. Have a range of options to provide support to those in a mental health crisis Increase acute beds for crisis Ensure there are appropriate respite options for people with Mental Health and their carer's. .	Ensure LA services are flexibility to respond to crisis and urgent need. For Individuals For their carers Increase our understanding of need for "respite" in a Mental Health context Increase our understanding of mental health hospital discharge issues problems	
Meaningful assessment and robust outcome based review process with individual at the centre.	Development and implementation of a new practice framework for adult services.		Develop a less risk adverse culture so that people can challenge themselves.	

Developing services to achieve self- management through encouragement.	Living Well programme evaluation The Recovery Model	New and innovative treatments are introduced into current practice. E.g. talking therapies rather than the medical model.	Establish a research group to identify new models of support focusing on early intervention and the recovery model.	
Shift resources to prevention but needs to be flexible.		Prevention services also focus on younger adults with Mental Health. They are not just looking at older persons.		
Reduce the waiting time for Counselling and increase the length of intervention.	Waiting times are long and support period is too short. CBT only 6 sessions. Counselling is one element of talking therapy.	Access to the range of formal and informal counselling services is rapid delivering on early intervention and prevention	Increase our understanding of mental health hospital discharge issues problems. Increase understanding of evidence (analyse data) for the appropriate format of talking therapies, access time and for the optimum period for effectiveness. (is it formal counselling or other)	
Lack of move on within and from supported housing.	Move On Strategy exists from temporary accommodation into	I have choices to make on where I live, in communities and with	• Linking to Housing for build & access. • Age appropriate	

Many Homeless or people threatened with homeless have mental health issues.	Social Housing and private rented Social Lettings Agency. General rehousing application process in place. A new Homelessness Strategy being developed.	housing providers who understand and do not discriminate and support my mental wellbeing.	• Gender appropriate options • More options to tackle loneliness and isolation with low level floating support • sharing opportunities	
Res Care – not enough specialist provision between acute support and supported living. Limited availability of specialist sustainable provision within the City & County of Swansea	Western Bay Brokerage for those above cost threshold E.g. Robense House, which is a high relational 24-hour supported living project, is an alternative accommodation option to residential care.	Mixed market of providers – competition / partnership ensure reasonableness. Care before profit. There is a range of specialist sustainable residential care or alternative provision within the City & County of Swansea or Western Bay area.	Explore alternative models to residential care Explore Joint commissioning with Western Bay partners Engage with the local private sector market & consider role of internal services.	
Need for a Dom Care speciality for understanding MH and co-occurring physical health needs		Support to people with Mental Health when delivered by Domiciliary care agencies has the necessary specialism e.g.	Link to Domiciliary care commissioning review and procurement.	

		understanding of TIA triggers, meds and their impacts and can provide seamless hands on personal care in this context.	Link to review of internal provision.	
Provision for parents with Mental Health issues ,	(PRAMS) child care			
Need good Transition to Adult services from children's service.	CAHMS No services, as primary care workers attached to GPS are in overload.	Transition from children is to age appropriate adult services. Prompt access to, appropriate preventative, and crisis support for children and young people.		
Support to continue/return to or become work ready. Too much, focus on how not to work and staying on benefits and not always in the best interest long term.		Clear information on options for how to get back into work. Access to support to do so and information on permitted work/ part time work. Supported and sympathetic informed employers. A culture of change showing work as positive impact on a person's		

		quality of life and being part of recovery.		
Commissioning process to be Co-productive. People who use services and their carers being involved at every stage of process Staff to be involved in coproduction in designing and providing services.	Limited to date, should be at all stages of the commissioning cycle.	More effective commissioning decisions leading to improved delivery of outcomes for individuals stakeholders working together.		
• Improve staff recruitment and retention. • High turnover/reorganisation of staff at strategic planning level affects negatively on progress. • Short term funding (third sector). Changes of operational worker including volunteer's results in erratic Services. • Stress on staff due to caseloads & demand		Sustainable services are in place. A stable well-trained, informed and supported staff resource is in place**.**		
Better partnership working specifically around dual diagnosis. Uncoordinated and inconsistent funding postcode lottery. Decision-making debates while the person waits.		Seamless and sustainable services Better partnership working between Social Services, ABMU and Third Sector.		

➢ Shift the responsibility culture between physical health and MH or LD and MH duel diagnosis. ➢ Arguments over funding between Health and Social Care due to budget pressures. ➢ Service delivery hampered by funding agreements.				
Transport issues Traveling across county and out of county to access ABMU services. Added difficulties for those in rural communities. Appropriate transport for those who need 1:1 support.				

City and County of Swansea Draft Commissioning Strategy Adult Learning Disability Services

Chapter 1
Introduction

People with a learning disability in Swansea who require support will have access to a range of services either provided, or commissioned by the Local Authority. This could be support in early life through our prevention services; supporting individuals and their families to stay strong and thrive and our Social Services Child Disability Team who provide specialist support to children and their families through to our Education Service which provides support within mainstream or specialist education provision for people with additional learning needs. This strategy is for individuals with a learning disability who are considering what a good life looks like for them in adulthood from age 18 when considering further education, work or occupation and living arrangements through to people in later life and it addresses the support they need.

Learning Disability Services in the City and County of Swansea supports adults with a learning disability age 18 and over. We provide an Assessment and Care Management function and a range of in-house services designed to respond to the needs of the population we serve. We also commission a range of services from the third and private sector.

The use of the word learning disability should be associated with the following:

- Significant intellectual impairment,
- Difficulties with social functioning and/or adaptive behaviour,
- These are usually present from childhood, with a lasting effect on development.

This co-produced Commissioning Strategy considers the population we serve and how it is changing; it also considers how well placed the services we currently provide or commission are in meeting the wellbeing outcomes of the population in the future and how they need to change to deliver both the requirements of the Social Services and Wellbeing (Wales) Act 2014 and also the requirements of the Sustainable Swansea.

We are currently adopting a wider approach to the commissioning of services for all people with a learning disability in Swansea supporting a life journey view of someone with a learning disability from childhood through to adulthood, ensuring a consistent and this strategy therefore encompasses the strategic priorities for people with a learning disability across Child and Family Services, Education and Poverty and Prevention Services within the final action plan.

Chapter 2
Policy context

The Social Services and Wellbeing (Wales) Act 2014 came into effect on 6 April 2016 and provides the legal framework for improving the wellbeing of people who need care and support, carers who need support and for transforming social services in Wales. It reforms social services law, changes the way people's needs are assessed and the way in which services are commissioned and delivered. People with care and support needs will have more of a say in the care and support they receive and there is an emphasis on supporting individuals, families and communities to promote their own health and wellbeing.

The Act introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services particularly between health and social care, and provides for an increased focus on prevention and early help. Local Authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

The Act also promotes the development of a range of help available within the community to reduce the need for formal, planned support. Local Authorities will continue to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs, which require specialist and/or longer term support, local authorities will work with people and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

Local Authorities and their partners will ensure that people can easily get good quality information, advice and assistance, which supports them to help themselves and make the best use of resources that exist in their communities without the need for statutory support.

The Act supports Local Authorities to continue the shift from a deficit and dependency model, to a model, which promotes wellbeing and independence focused on individual outcomes rather than service targets and objectives.

The events at Winterbourne View and the subsequent Department of Health response concluded that too many people with challenging behaviour were not having their needs met in community settings and that reliance on in-patient solutions was high.

The Learning Disability Advisory Group produced a report for the Deputy Minister in Wales with recommendations for '**Transforming care for people with a learning disability and challenging behaviour in Wales'**. The key areas were:

- Joint Commissioning
- Accurate and reliable data
- Competent Workforce

- Regulation and Inspection
- Repatriation

A National Inspection of Care and Support for people with learning disabilities undertaken by the Care and Social Services Inspectorate for Wales in 2016 sets out recommendations for Local Authority and Health:

- A better joint understanding of need and planning together
- Providing effective care and support
- Leading in partnership with people

Any recommendations within this report that are not already being progressed will be dealt with within the action plan.

Our Local Vision:

"People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

Our Draft Social Services model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

The service model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

This Commissioning Strategy will support the delivery of Swansea's corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:

- Safeguarding people from harm
- Improving Education & Skills
- Transforming our Economy & Infrastructure
- Tackling Poverty
- Transformation & Future Council development

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand

on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document "Better Support at Lower Cost" (2011)[1] the Social Services Improvement Agency notes:

"It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints…. were not present"

Our Commissioning Strategy therefore needs to deliver:

- **The requirements of the Social Service and Wellbeing (Wales) Act 2014**
- **The local vision for Social Services**
- **The co-produced outcomes for adults with a learning disability in Swansea and wellbeing outcomes for children and young people with a learning disability**
- **Our Corporate Priorities**
- **The savings required through the Sustainable Swansea Programme**
- **The recommendations of the National Inspection of Care and Support for people with learning disabilities**
- **The recommendations for 'Transforming care for people with a learning disability and challenging behaviour in Wales'**

[1] "Better Support at Lower Cost" SSIA 2011

Chapter 3
Population Assessment

What causes a learning disability?

Most incidents of learning disability are caused by chromosomal and genetic errors. Of these, Downs' Syndrome is the most common form of learning disability. Others are caused during pregnancy (pre-natal) e.g. foetal alcohol syndrome, and during or after birth e.g. birth trauma, accidents and infections.

For many people with a learning disability the cause is often unknown.

How many people have a learning disability?

It is still common practice to rely solely on IQ when determining whether someone has a learning disability, rather than using adaptive behaviour tests in conjunction with IQ tests.

Based upon the IQ classification, the prevalence rate for Western countries for people with mild to moderate learning disability (IQ 50-70) is 30 per 1000 of population and for people with a severe learning disability (IQ < 50) it is 1 per 1000

These upward pressures may be attributed to:

- The greater incidence and survival rate of children with severe learning disability and complex health needs (Robertson et al, 1992).
- Increased life expectancy of people with severe learning disability into mid and old age (Janicki et al, 1999)
- A bulge in the UK childhood prevalence of learning disabilities for births between the mid 1950's and mid 1960's. (Fryers, 1993).
- Higher prevalence of rates of severe learning disability amongst South Asian communities in the UK (Emerson et al, 1997).
- Increases in average maternal age.
- Increases in the number of children growing up in poverty (Policy and Practice Statement),
- Increases in prenatal threats of substance misuse (Policy and Practice Statement).

Downward pressures are also prevalent and will have an impact:

- Impact of pre-natal screening for Down's syndrome is estimated to reduce the natural rate by 0.5% per 1000.

- Improved health care and support resulting in fewer ‘at risk’ infants developing learning disability.

However, increased life expectancy for people with a learning disability is significant and outweighs any downward trends.

How will the population change over the next 20 years?

Adults with a learning disability

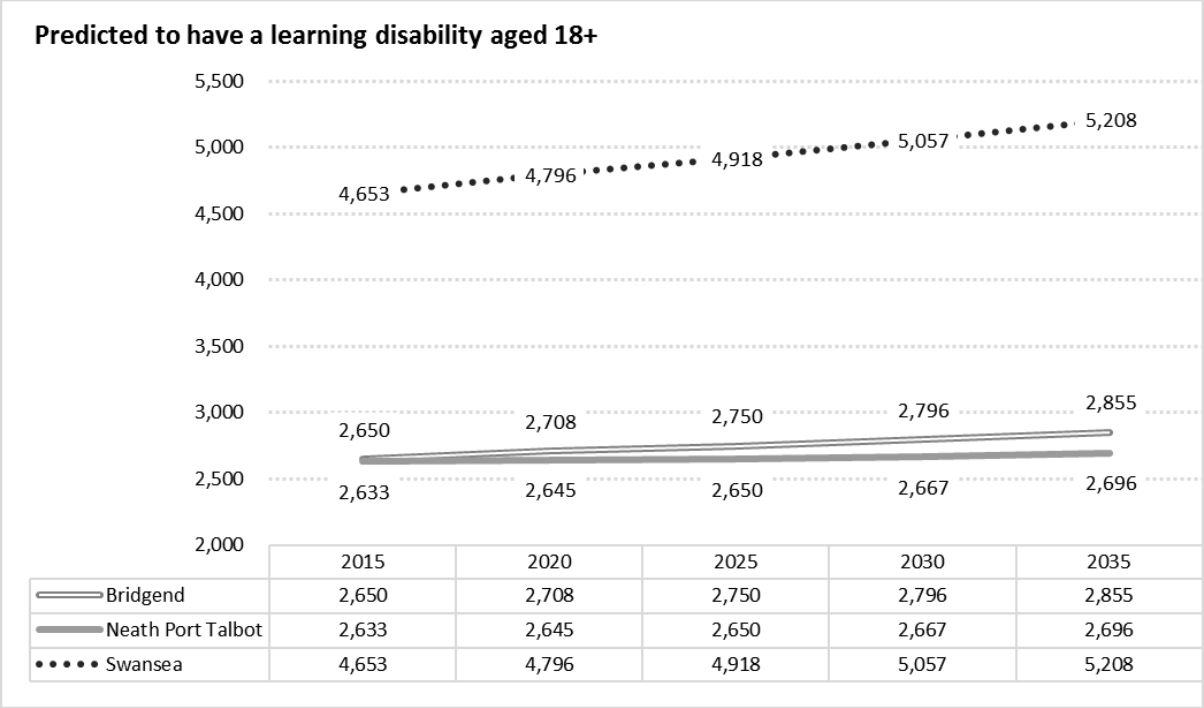
According to the Daffodil data source, by 2035, it is projected that there will be 555 more adults with a learning disability in Swansea, representing a growth in numbers of 11.9%, far exceeding the Wales average of 8.2% growth. There is a projected growth of 88 children with a learning disability over the same period; 59 with a moderate learning disability, 27 with a severe learning disability and 2 with profound learning disability and a projected growth of 19 people with Autistic Spectrum Disorder.

It should be noted that the projected growth of people with an Autistic Spectrum Disorder according to Daffodil differs to the experience on the ground in Swansea particularly in relation to presentation of children with the disorder. Therefore, the actual number of instances will need to be closely monitored against the projections over time.

The reasons for the relative consistency of proportion of the population who have a learning disability include the following:

- The definition of ‘learning disability’ in part ties to a statistical fact relating to the distribution of measured intelligence over whole populations, without taking into account special individual conditions.
- The relatively stable rates of pre-birth and perinatal conditions at whole population level that can result in a learning disability
- Areas with a broadly younger population will tend to have proportionately higher rates of learning disability due to relatively higher rates of fertility compared to older populations.

It is important to note that many adults and children with a learning disability are able to cope with everyday life without the input of Social Services. The Child Disability Team and the Community Support Team are most likely to come into contact with people with more severe and profound needs and a proportion of those with moderate needs.



	2015	2020	2025	2030	2035
Bridgend	2,650	2,708	2,750	2,796	2,855
Neath Port Talbot	2,633	2,645	2,650	2,667	2,696
Swansea	4,653	4,796	4,918	5,057	5,208

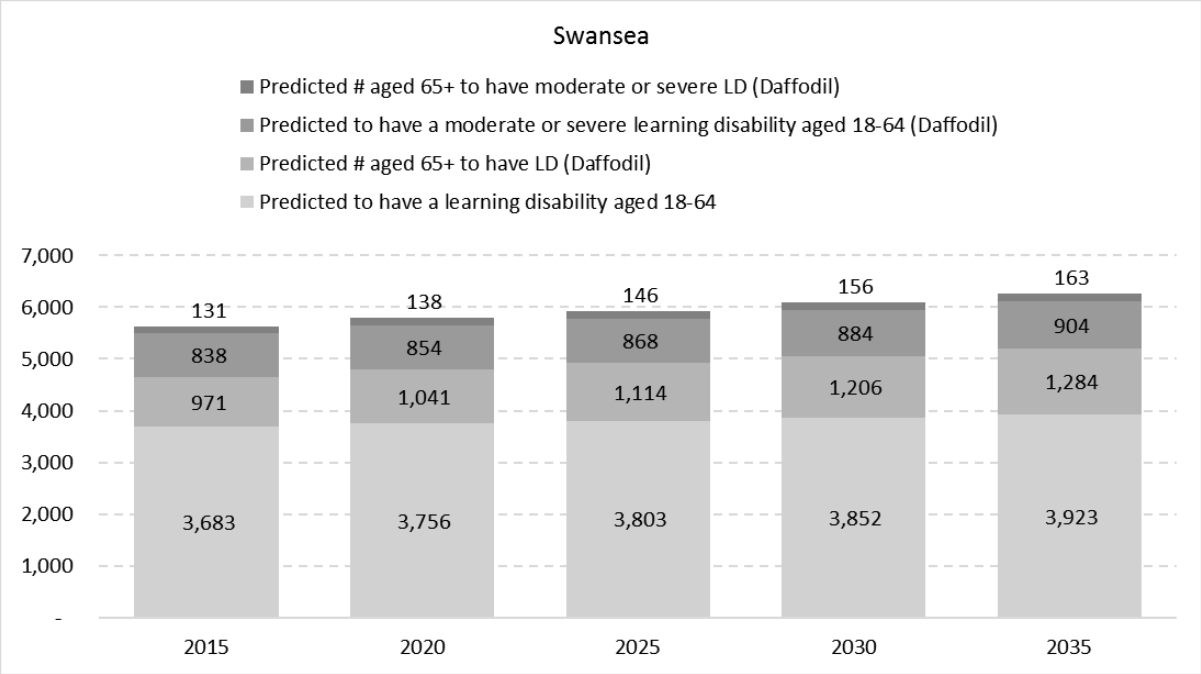
Children with a learning disability

The following table shows us the numbers of people referred to the Learning Disability Transition Team from 2009-10 and their ages at referral which gives an indication of when Adult Services will resume responsibility for them. Adult Services would usually expect to see an additional 20-25 people a year.

Age at referral	14	15	16	17	18	19	20	Over 20	Not known	Total
2009/10		2	7	8	13	1	1			32
2010/11		2	7	10	8	2				29
2011/12			3	14	7	1				25
2012/13			6	23	1			1	1	32
2013/14	1	3	31	26	3		1			32
2014/15	2	9	21	14	2	1		2	2	65
2015/16	1	6	19	8	1			3	3	53
Total	**4**	**22**	**94**	**103**	**35**	**5**	**2**	**6**	**6**	**277**

Older People with a Learning Disability (65+)

Predictions show us that we will see a small increase in the numbers of older people with a moderate or severe learning disability. This is important because services will need to also consider people's needs relating to ageing, including dementia and physical frailty.



People with Early Onset Dementia

People with Downs Syndrome are more likely than the rest of the population to develop dementia. It is estimated that early onset dementia can occur in 45% of people with Downs Syndrome.

Most people tend to live at home with carers and the onset of dementia can usually make a manageable, long-standing situation suddenly unmanageable. We need to support people and their families to manage better at home once on these eventualities, if this is what they want, and develop alternatives to nursing home provision if individuals need alternative living arrangements.

People with Challenging Behaviour

Manchester's Hester Adrian Research Centre reports that approximately 1 in 7 people with a Learning Disability will have challenging behaviour. It also found that 1 in 18 would have "more demanding" challenging behaviour.

People who challenge do so in the sense that their needs cannot be easily met by mainstream services. Usually, higher levels of staff will be required and enhanced skills and understanding within the staff team. They may also require specialist services.

Whilst many people with challenging behaviour have been supported to live in the community, it is recognised that some may require specifically commissioned services, some of which may be out of county, although the Closer to Home programme has been successful in bringing many people back into Swansea.

Carers of People with a Learning Disability

We support just over half of our adult population to live at home with family carers. We need to understand the support needs of these family carers better than we do currently and this is a gap in our knowledge.

There are some problems in reporting on the age of carers of people with a learning disability due to the recording processes we have in place.

We are able, however, to report the average age of carers who have received a carers assessment in their own right.

This is not a perfect measure and the following caveats should be noted: -

- The numbers of carer who actually want a separate carers assessment are relatively small. Over 9 out of 10 carers are known to be offered a carers assessment.
- We have not been provided with the birth date of all carers and thus average age for these carers cannot be calculated.
- The average age is calculated for the individual for each completed carers assessment and **not** each person. This means that an individual carer can potentially be counted multiple times in multiple years for the purposes of this measurement.

The table below compares the average age of carer at carer assessment for each of the last 6 financial years:-

	Carers of People with a Learning Disability		All Carers	
	Number of Assessments	Average Age at Assessment	Number of Assessments	Average Age at Assessment
2011/2012	20	54.3	280	64.3
2012/2013	29	57.7	513	64.3
2013/2014	32	54.4	485	65.4
2014/2015	31	61.3	500	65.4
2015/2016	43	57.9	456	66.5
2016/2017	23	57.9	201	64.2
	178			
			2,435	

The graph illustrates clearly that those who receive a carers' assessment are noticeably younger than is average for all carers, often by around 10 years or more.

This tells us that carers of people with a learning disability find that they are beginning to feel the need for specific assessment of their own needs as a carer much earlier than other carers.

It is known anecdotally that there are increasing numbers of older people who continue to care for their adult child(ren) with a learning disability. We lack good quality data on this subject and it is an identified data gap. It would be valuable information in terms of planning services for learning disability clients living at home whose parents become unable to care for them.

Autistic Spectrum Disorder (ASD)

Autism is a lifelong, developmental condition that affects how a person communicates with other people and also how they experience the world. The causes of autism are not clear and research is being carried out to broaden our understanding in this area.

Our understanding of autism has however, increased greatly and as we learn more about the condition our ability to support people will improve. Every person with autism will display different symptoms and characteristics and interventions need to be individual. This will present challenges to commissioners and services providers in planning and delivering services and support.

National prevalence studies tell us there is a small increase in the number of people with ASD in Swansea and the percentage of people with autism as a rate per 1000 of our population will remain static over the next 20 years. Local experience however, is showing an increase in the number of people diagnosed with ASD. This may be due to better diagnosis rather than an actual increase in prevalence.

What inequalities /barriers typically exist for people with a learning disability?

Ethnicity

There is some evidence to show there is a higher rate of severe learning disabilities in the British Asian population (Emerson et al 1990)

We do not understand this population in as much detail as we should.

Health and mortality

Studies show that people with a learning disability suffer with poorer health than the general population. Research by the Institute for Health research at Lancaster University shows people with a learning disability have an increased risk of early death. Studies have shown that the risk of dying before 50 is 58 times greater than in the general population. The risk of early death also increases with severity of disability and people with Down's syndrome have a shorter life expectancy than people with a learning disability generally. Respiratory diseases are the leading cause of death, followed by coronary heart disease.

People with a learning disability are also more likely to develop other conditions such as early onset dementia, epilepsy and mental health problems.

Obesity is also more common than the general population.

Mencap's 'Death by Indifference' report in 2006 (following 6 high profile deaths of people with a learning disability in hospital) said:

- People with a learning disability are not valued, understood or listened to
- The law on capacity and consent is not well understood.

The Disability Rights Commission launched a formal investigation into health inequalities. The report **'Equal Treatment: Closing the Gap' was published in 2006**. It said:

- Despite higher levels of healthcare need, people with a learning disability have poorer access to and experience within the system.

They reported that the reasons for this were:

- Lack of accessible information
- Lack of support and time to prepare individuals for routine health promotion interventions

National responses include the enhanced GP contract delivering annual health checks for people with a learning disability in Wales.

Social Issues

Perhaps more than any other group in society, people with a learning disability are vulnerable to social exclusion, misunderstanding and discrimination.

Employment

People with a learning disability that come into contact with social care agencies are much more likely to be dependent on benefits and if they are in employment it tends to be voluntary or permitted work and part-time or full time work is relatively rare.

Western Bay Population Assessment

A population assessment has been undertaken across the Western Bay region.
http://westernbay.dns-systems.net/index.php/en/home/

'What Matters' to People with a Learning Disability and their carers?

We asked people with a learning disability and their parent/carers what a good life looks like, what outcomes they want to achieve and what sort of support will help them achieve this. They told us:

What does a good life look like?	What outcomes do we want to achieve for people with a learning disability?	What support do people with a learning disability need to live a good life?
1. Good mental health/wellbeing ***Hope, Happy, Belonging*** 2. Good physical health ***Fitness*** 3. Independence ***Doing things for myself*** 4. Good relationships and belonging	Independence Choice Meaningful activity Development or maintenance of current skills Being part of community	College Guidance and Reassurance Peer support Family support Information and advice (accessible)- signposting Social Work Health workers Advocates Volunteers Social Services – clubs and day opportunities

Being an part of the community ***getting out and about*** ***Family*** ***Friendships*** ***marriage*** ***Good social life e.g. discos*** 5. Choosing where I live 6. Feeling valued/respected 7. Having opportunities ***Holidays*** ***Taking risks some sometimes*** ***New experiences*** ***Learning new things*** 8. Having choices and control about how I live my life ***Securing rights*** ***Knowing where to turn when things aren't right*** 9. Feeling Safe and Secure ***Personal safety*** ***Financial security*** ***Security of tenure/living arrangements*** 10. Being Occupied/Having purpose ***Work – paid/unpaid*** ***'Attending day service'*** ***Contribution /Supporting others*** ***Interests – 'supporting the swans'***	Support for working parents Having a job/work A place to live that meets needs Good health	Friendship House Support to develop skills Support to work Financial Positive staff who value them Personal assistants Daily Living Skill – budgeting, personal hygiene, cooking, clothes washing, household chores etc. To find activities Manage health conditions Routine - somewhere to go in day Transport – getting around

We also asked people what they thought we would need to consider on the future and this is what they told us:

- People are living longer
- Growing population
- People are getting older and health deteriorates

- Complex needs
- Carers caring for long
- More stress for carers
- To reduce dependency
- Improve access to information
- New social opportunities
- Crisis intervention is increasing
- Moving on is scary but also a chance to meet new people and learn new skills

Issues for commissioning from the Population Assessment

- **Increase in numbers of people with a learning disability, particularly older people, people with dementia, children with complex needs**
- **Assessing and meeting carers own support needs**
- **Improving access to health and reducing health inequality**
- **Understanding the level of demand and needs within the BME community in Swansea than we do currently**
- **Supporting people into work or work related activity**
- **Tackle social isolation, discrimination**
- **Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. choice and control, developing skills, social opportunities**
- **Facilitating change to develop new models of support**

5.3 Carers

The Western Bay Carers Population Assessment concluded that we need to:

- Improve information and advice for carers
- Identify and recognise carers
- Support carers in creative ways
- Co-produce assessments and commission co-productively with services
- Collaboration with partners so we all work together to address the needs of carers

In Swansea a large-scale consultation with parent carers in 2012 highlighted issues for carers which are still relevant today. A Carer's survey was mailed to 170 carers whose relative still lived at home. We had 70 responses (41%).

Findings:

- 80% of carers were female.
- 40% of all respondents were the only carer; in the over 70 age group this percentage rose to 80%.
- 59% of all respondents reported health problems.

- Most people being looked after at home were between 18 and 39. For those living at home with carers over 70, they are mostly between 40 and 60.

- 20% of all respondents were looking for their son/daughter to move out within 5 years. The majority wanted to care for their son/daughter for as long as they are able. For the over 70 age group, 93% want to continue looking after their son/daughter for as long as they are able to. For the younger parents 26% wanted their son/daughter to move out within 3 years.

- 70% of people said the answer given above was because this is what they or the cared for person wanted. Nearly 20% said it was because they are finding the caring role more difficult and nearly 20% say it was because their health was getting worse (some people said it was both of these things). 16% report it is because they are not getting enough support as carers.

- 53% expressed their son/daughter would need adapted accommodation. There was a discrepancy between the age ranges, with those over 70 saying only 33% needed adapted accommodation, while parents age 29-49 stating 57% needed adapted accommodation.

- The majority of respondents wanted their son/daughter to share with other people (70%). This was fairly uniform across age groups.

- Nearly 60% wanted their son/daughter to share with 3 people or fewer. This figure rose to 80% for the 29-49 carer age group. No-one wanted their son/daughter to share with more than 8 people.

- When asked what was important when thinking about alternative care and support, the most popular response was that people were safe and protected; followed by the quality of staff.

- 45% of carers who responded have thought about the future.

- 25% of carers who responded think they will be offered what they are looking for.

- 40% of those being cared for are able to do most things with carer support and prompting. 29% need most things doing for them and 24% need everything doing for them. 6% are very independent.

- 50% of those being cared for had significant health needs, mostly stated as epilepsy (36%), incontinence (35%) and mental health problems (17%). PEG feeding 4% - this doubled for those living with younger parents.

- 20% of respondents stated that their son/daughter had difficult behaviour.

Issues for Commissioning regarding carers from Carers Survey and Western Bay Population Assessment

- **Improve information and advice for carers**
- **Identify and recognise carers**
- **Support carers in creative ways**
- **Co-produce assessments and commission co-productively with services**
- **Collaboration with partners so we all work together to address the needs of carers**
- **Improve Carers Assessments**
- **There seemed to be a large group of parents who want to go on caring for son/daughter for as long as they are able to and a group of younger parents who wish to see their son/daughter to move on to live more independently with friends as their other sons/daughters have done.**
- **Parents are concerned about issues of protection and good quality care.**
  Most parents talk about the need for ongoing involvement, should their son/daughter ever move out. Some talk about the possibility of shared care.
- **For the group of parents who wish to continue looking after their son/daughter, they wish more support was available for them to do this e.g. respite, help in the home and even this idea of shared care again.**
- **For the parents who wish to continue looking after their son/daughter, they mostly want them to continue living in the family home after their death.**
- **For the parents who want to see their son/daughter move on, it is important that they live with friends they know well. One parent mentioned the usefulness of getting together with other parents to match up people in this way.**
- **Many parents mentioned that they did not want their son/daughter to live with people with challenging behaviour.**
- **Current options are sometimes perceived as not suitable for all, too inflexible or not available.**
- **Most parents said they would go to Social Workers/Care managers for information, but felt that they were too narrow when considering options.**

5.4 A co-produced Supported Living Re-modelling Event took place in

November 2015 and all stakeholders agreed the following way forward:

- Families work together in local community to commission accommodation, cluster housing
- Making better use of Local Area Coordination for people with a learning disability
- Live close to facilities, amenities
- Everyone to have accommodation – plan for new transition people

- Utilising student areas and accommodation
- Google 'map' of service providers
- Using students – voluntary or contractual
- Highlight where the guys we support currently live
- Providers to coordinate around social activities
- Bank of potential staff (held by Jobcentre?)
- Providers to work together around training
- Doing more to champion care as a Career – 16 +
- People we support, where do they live? Affecting support, night support, shared support at night?
- Direct payments – shared support
- What is a volunteer? Self-organised groups
- Using time credits to encourage volunteers to exchange skills and time
- Using students/volunteers to live rent free in a service provider home (night support)
- Sharing transport – or use funded community buses
- Fundraising and students volunteering, getting time credits
- What can people with learning disabilities do for others?
- Get more people involved in Time to Meet


Doc1Working Groups(1)Community


Doc2Working Groups(2)Reviewing


Doc3Working Groups(3)Partnership

Issues for commissioning from Supported Living Event

- **Geographical approaches to supporting people need to be pursued and as a start we need to map where people currently live**
- **Support arrangements need to be more varied to maximise social networks and community integration – don't need to depend solely on staff**
- **Support providers to collaborate more in the delivery of services**
- **Support for tenants to support each other to achieve individual outcomes**
- **Ongoing parental involvement**
- **Progression and move-on whilst keeping people safe**
- **Priority – how do we prioritise?**
- **Co-producing a new model with tenants and their families is essential**

5.5 Consultation on the Strategy

- Anxiety about technology replacing staff and concerns of the impact of this on people
- Transition remains a very difficult time for people and needs addressing
- Concerns about reductions in budgets and the shift towards prevention and early intervention at the cost of 4th tier services
- The document is too technical

Chapter 4
Outcomes to be delivered through this Strategy

4.1 Outcomes Framework

The City and County of Swansea undertook a co-productive approach in the development of a specific set of outcome statements for people with a learning disability in Swansea to sit within the National Outcomes Framework. These are highlighted in bold below and will be a priority for Swansea:

- Wellbeing (***I know where or who to go to for information that I need and understand, I am supported to develop my strengths to improve my life***, *I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it*)
- Physical and mental health and emotional well-being (***I am supported to maintain a good level of health and wellbeing***, *I am happy and I am healthy*)
- Domestic, family and personal relationships (*I belong and I have safe and healthy relationships)*
- Education, training and recreation (*I can learn and develop to my full potential and I can do the things that matter to me*)
- Contribution made to society (***I am valued and have meaningful roles in my community***, *I can engage and participate and I feel valued in society*)
- Social and economic well-being (*I am supported to work, I have a social life and can be with people I choose, I do not live in poverty and I get the help I need to grow up and be independent,* ***I receive the right level of support to access transport that works for me and allows me to do the things I want to do***)
- Suitability of living accommodation (*I have suitable living accommodation that meets my needs,* ***I live in a home that best supports me to achieve my wellbeing***, ***I am supported by people who have the right skills, expertise and personal characteristics***)
- Securing rights and entitlements (***My individual needs are identified and met, I am treated and respected as an individual, my rights are respected, I am enabled to make choices which are listened to and acted upon, I am supported to take risks and try new things in a safe and planned way, I can choose how and by whom I am supported***, *I have voice and control, I am involved in decisions that affect my life, my individual circumstances are considered, I can speak for myself or have someone who can do it for me and I get support through the Welsh language if I need it*)

- Protection from abuse and neglect (*I am safe and protected from harm and abuse*)

Specifically for carers:

- *As a family carer, I am supported with the accommodation choices for the person I care for*

4.2 We will commission services that will help us deliver the outcomes that support people with a learning disability in Swansea:

- To be a valued part of their community and make contributions to society
- To have equal access to universal services
- To have similar health outcomes to the rest of the population and the inequality gap will have reduced
- To have access to support options that build on individual strengths and community integration
- To be in work, or work related options
- Who have complex needs to have access to support which focuses on strengths, continued learning, community presence and participation
- To have access to good, accessible information to support informed decision making
- To speak up and be involved in decisions about them
- To be given information and support so people are able to make decisions and choices which keep them safe in the community and services will have quality assurance mechanisms to ensure we keep people safe.
- To be supported make and retain good relationships
- Family carers of people with a learning disability will be supported to continue in their caring role, if this is what they want, in a way which supports them to have active lives outside of their caring role

Chapter 5
Current Support Options for Adults with a Learning Disability

5.1 We asked people with a learning disability and their carers where people currently get support:

Tier 1 Family Friends Churches Businesses Education Leisure Services Community Groups	**Tier 2** Local Area Coordinators Friendship House Carers Centre Swansea People First Advocacy
Tier 3 Community Support Team Social Services day opportunities and social clubs Tenancy support Third sector organisations NHS Personal assistants	**Tier 4** Community Support Team Social Services day opportunities and social clubs Tenancy support Third sector organisations NHS Personal assistants Specialist health and social services

5.2 What is currently provided or commissioned within Tiers 3 and 4 to support people to achieve their personal outcomes?

Accommodation options and related support

Having secure and appropriate accommodation is fundamental to the delivery of people's wellbeing outcomes.

Fully Independent Living

Living independently in ordinary housing as a tenant through a housing association, local authority or private landlord

Living at home with family carers

We will support people to remain at home with family carers if this is what they want and a range of day, respite and support services will be available to support this.

Independent Living with low level support

Living in ordinary housing as a tenant through a housing association, local authority or private landlord with minimal (1-3 hours a week) tenancy/domiciliary support. This support could be provided through any of these agencies:

- ***Tenancy Support Unit*** is available to all residents of the county, including residents of housing associations, local authority or private landlords and owner occupiers. Services are free and they can help with for example, accessing benefits and looking at benefit maximisation, advice on budgeting and debt management and setting up and maintaining gas and electricity accounts.

- ***Coastal Housing*** provides an assessment and tenancy support service which aims to support people to prepare them to take on and manage their own tenancy. This service is short term.

- ***Flexible Support Service*** supports people to move towards greater independence in their living arrangements whether they live at home with family carers or in a tenancy with support

- ***Gwalia Doorways*** support people to develop skills they need to be more independent in their own tenancy or living at home with family carers.

- Domiciliary care providers who support people with their personal care needs.

- ***Flexible Support Service*** supports people to move towards greater independence in their living arrangements whether they live at home with family carers or in a tenancy with support by providing support, training, advice and guidance on household bills, living skills, budgeting and welfare benefits. Support is also available in emergencies.

- ***Support Options*** specialise in domiciliary support in meeting the personal care needs of people with complex health needs living at home with family carers.

Support for people with medium to high levels of need

Supported Living

Living in ordinary housing as a tenant, usually shared living with 2-3 other people with a learning disability with an appropriate level of tenancy and domiciliary support. This could mean 24-hour support through to much lower levels depending upon the person's needs. Additional support can be accessed on a 24-hour basis. It is always the intention to increase independence and reduce levels of support over time if possible.

Shared Lives

Living with a paid, trained family, long term, under a license arrangement. Carers include couples, single people, male and female carers and carers of different ages who we match to service users whose needs they can best meet. Some of these carers have specialist training to meet more complex needs. This service is provided by Ategi, which is a regionally provided service.

Residential and nursing care means living in private registered residential care or nursing homes which are either specialist learning disability provision or homes which support older people.

Emergency short term accommodation and support:
Maesglas Community Support Unit is local authority emergency, temporary residential care accommodation for when current arrangements fall through for whatever reason. The aim is to get people home again as soon as possible and if people cannot go back home, to support the move into alternative living arrangements.

Shared Lives provides emergency support provided by paid, trained carers in their own home. This is also provided by Ategi.

'Work/Education/Occupation/Relationships'

Through the range of support and services available we want to promote:

- contribution to society through work, work related activity and constructive occupation
- growing independence and involvement in community activities
- the development of social support networks
- personal and skills development

Work Development Service

The service supports individuals to gain educational and vocational qualifications and provides work opportunities via a number of projects, with a view to supporting people into either paid or voluntary work.

The service is based at Fforestfach Day Service and links in with a number of projects that work across the Swansea area in partnership with other Council departments, local organisations and businesses.

- Neighbourhood Environment Action Team (NEAT) works in partnership with the Council's Environment Department, to clean up the streets, wasteland, canals, etc.

- Swansea Action Team (SWAT) works in partnership with the Council's Environment Department to recycle old furniture. The Bailing Plant, which recycles household items in partnership with a local employer.

- Victoria Park Kiosk and Catering Services works in partnership with Mental Health Services. This project has a kiosk in Brynmill providing snacks and takeaway meals to members of the public. It also provides a buffet service to Council services or other organisations on request.

- Ground Force and Ground Maintenance provides a service to the public as well Social Services doing maintenance work and makeovers. The service also has a nursery in Fforestfach that provides bedding plants, hanging baskets, garden furniture and is open to the public.

- The Bike Scheme works in partnership with the Environment Department and it renovates old bikes, which are then sold or donated.

- Work placements with a Job Coach in a variety of businesses including offices, catering, cleaning, retail/food, animal centres, nurseries, schools and cafes. These are seen as a stepping-stone to employment or voluntary work.

Education, Skills development and Constructive Occupation

If people are not ready for the world of work or work experience then it may be skills development, adult education or constructive occupation are required.

Local Day Services

West Cross and Glandwr Local Day Service and Social Development Service can help people access education, develop skills and explore opportunities for constructive occupation. The support provided can take place in a range of settings across Swansea as well as in the service itself and they support:

- Further Education courses or to develop daily living skills
- Leisure, fitness and cultural opportunities within Swansea
- Workshops, groups, clubs and activities
- Skills' training to increase independence such as travel training, shopping, cooking meals, housekeeping
- Community work such as litter picking, garden projects

Connect is based in the Marina and runs workshops and social activities with the aim of tackling social exclusion. The service is provided on a sessional basis and is aimed at people who are already quite independent.

Special Needs' Day Services

For young people who have a very severe learning disability and the world of work and adult education seems impossible, then we have the Special Needs' Services. They provide day services to people who have profound and multiple learning disabilities and who could not safely receive a service in a mainstream day service. Opportunities to develop and maintain life skills in a positive and stimulating environment are offered. Parkway Special Needs' Day Service is for people who require the support of health professionals in order to manage the complexity of their health needs.

Whitethorn's Intensive Day Service

For people who may temporarily need a more structured day service than our mainstream services can provide, Whitethorns Day Service offers a short to medium term intensive service.

Woodlands Day Service

Community Lives Consortium provides an intensive day service for people whose behaviour challenges and who need a much quieter and protected environment.

New Horizons at Swansea Vale Resource Centre aims to enable people with a learning disability who also have a physical disability or sensory impairments to gain greater independence and develop a range of skills

Flexible Support Service

The Flexible Support Service provides a range of support on an individual and group basis aimed at encouraging greater independence and social skills usually this means a move away from day services towards the young person taking more responsibility of their day-to-day lives and decisions and greater involvement in their local communities.

The support available includes:

- **Support towards greater independence** for individuals who are planning to move to independent living by providing training, advice and guidance on household bills, living skills, budgeting and welfare benefits. The service is available to support at any time of the day or night where emergencies arise for people living on their own.
- **Emergency short-term support** where there is no appropriate alternative service available.
- **Social Clubs** during the day and evening offering people a chance to meet others and join in social and community activities. There are currently social clubs on each day of the week.
- The **Signpost Service** provides a drop in service at St Phillips Community Centre on a Monday and Wednesday for individuals seeking information on social, educational and leisure groups and activities in Swansea.

'Having a Break'

A short break (respite) offers time out from the normal routine offering an opportunity to support and sustain the caring relationship.

Day services and services to support people to remain at home are part of this support to carers, as are the social clubs both of which are detailed above.

From time to time, carers and those they care for may need a longer time apart and there is a range of services to give a break from this usual routine to allow everyone to recharge their batteries:

Using a Direct Payment

Some people use a direct payment to pay for breaks, which can be decided and organised by themselves. Direct payments can be given in lieu of a service that someone has been assessed as needing and where the direct payment will achieve the outcomes that have been identified

Shared Lives

A flexible and responsive service provided in a homely environment for overnight stays or sessional periods during the day.

Residential Respite Services

For people whose needs are best met in a residential care setting, we have the following provision based in the local community:

- Alexandra Road, Gorseinon

- Ty Cila, Killay, - provides breaks for people who have more complex needs and who need an adapted environment and more specialist support
- Cadle Respite Service, Swansea – Community Lives Consortium provide this residential service for adults whose behaviour challenges and where a more protected environment is needed.

'Voice, choice and control'

'Your Voice' Advocacy Service

We commission 'Your Voice' to provide independent advocacy for people with a learning disability to support their voice with the assessment and care management process. We are working to develop a new Independent Professional Advocacy service in Swansea and arrangements will evolve as this work progresses.

Swansea People First

We commission Swansea People First to support co-productive commissioning arrangements.

5.3 Current operation and costs

Each service has been looked at in terms of the outcomes they are trying to achieve, performance, cost and capacity. This initial work will be utilised and built on as we progress work when looking at option for change.

Chapter 6
How well are current services (across the four tiers) delivering these outcomes?

Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People). The new Supported Living Framework sets out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine it is therefore difficult currently to be certain about how well current services are delivering outcomes when outcomes are neither expressly specified nor measured across the piece.

We therefore asked people who access services, family carers, providers and commissioners how well current arrangements were delivering outcomes for people with a learning disability:

Strengths	Weaknesses
1. Range of services	1. Services
Diverse range of support	**Services too spread about**
Support for people to live at home	**Changes/shortages in staff**
Offers chance to socialise	**Residential care is usually institutional**
2. Quality of services	**Lack of compatibility in supported living**
Responsive service/ listened/gave information	**Staffing levels too low**
Services are enjoyed by people	**Not enough provision for young people**
Support skills development	**Lack of choice**
Within the community	**Too much dependence on volunteers**
Consistent/reliable	**Buildings need repair**
Sharing staff across services	**Less individual opportunities**
Standards	**Respite – not enough**
Buildings used as common resource	**Lack of opportunities**
Location of services	**Lack of sustainability**
Stability of services	**Lack of autism services**
Day services - continuity/reliability/familiarity/inclusion	
Respite	

Staff are always positive
Seasons in the city service good at supporting people to integrate into the community through skills development

3. Staff
Good staff
Knowledge/skills/experience
Know each other well
Common purpose
Friendly, kind/caring

4. Planning/assessment
Are asked what area you would like to live in
Good planning/transition
Management of health needs
Social worker support – approachable, knowledgeable, contactable

5. Contracting/monitoring
Monitoring of services

6. Carers centre
Impartial
They do it because they want to

7. Families
Supportive

8. Human swap shop events

Lack of access to work opportunities
Inaccessible
Services can be too noisy and sometimes people talk behind our backs

2. Information
Don't know what is out there
Lack of communication – not knowing what is happening

3. Funding
Funding not stable
Short term projects – lose expertise
Complexity of funding
Not enough funding but critical and substantial needs are met

4. Planning/remodelling
Lack of planning
Lack of empathy
Too many changes
Imposed change
Not enough peer involvement/co-production
Lack of honesty from management
Process led
Adults services disjointed- no continuity/case management
Fragmented services

5. Health
Lack of knowledge within primary care of the needs of people with a learning disability
Not enough health therapists

6. Assessment and Care management
Lack of social workers
Pressures- increased workload (Deprivation of Liberty work)

7. Pressure on families
Isolation
Families feel obligated

The 'Nothing About Us Without Group' met in September 2016 and designed a questionnaire, aimed at people who accessed services, to ask them how well they thought current services were delivering the outcomes that they had co-produced for Swansea. The questions they asked were as follows:

1. *Do your staff know you well?*
2. *Do you feel that your staff listen to you?*
3. *Do your staff support to understand things so you can make your own choices?*
4. *Are you happy with where you live and who you live with?*
5. *Can you try new things if you want?*
6. *Did you have a say in what staff support you?*
7. *Do your staff help you to understand about your health and how to look after yourself?*
8. *Is there anything about your support you're not happy with?*

The Nothing About Us Without Group met in November 2016, following the results of the questionnaire to analyse them. They prioritised two key areas for further work and development with provider services to support improved delivery of the co-produced outcomes. These two areas were:

- *Do your staff support to understand things so you can make your own choices?*
- *Did you have a say in what staff support you?*

A workshop held by the Nothing About Us Without Group in January 2017 and was attended by approximately 60-70 people looked at these two areas and worked on 'what good would look like' if providers supported people in this way. We will use this information to support changes within practice to better deliver the outcomes people want in their life in a way that they want.

We are also using this information to co-produce the tendering process for the new Supported Living Framework for people with a learning disability. The Nothing About Us Without Group have designed the questions, model answers and will be involved in the selection process for providers to come onto the framework.

Issues for Commissioning

- **We need to re-write contracts to be outcome focused**
- **We need to work with internal services to ensure consistency of an outcomes approach**
- **We need to develop a co-productive outcome measurement/performance approach**
- **The work we have undertaken in co-producing elements of the Supported Living Framework tender needs to be expanded across services and this could form the basis of an outcomes measurement/ performance approach.**

- **The issues that have been raised by people who access services and their carers need to be included in this work.**

Chapter 7
What do we spend?

Profile of spend for Adults with a Learning Disability under 65 (2015/16)

£000's	Own Provision (incl. joint arrangements)	Provision by Others (incl. joint arrangements	Central and Dpt'l Costs	Income from Joint Arrangements with other LA's	Gross Exp.	Net Exp.
Assessment and Care Management	1,042	0	115	0	1,157	1,154
Nursing Care	0	20	0	0	20	16
Residential Care	1,248	1,999	716	-20	3,943	986
Supported and other accommodation	0	6,213	554	-2	6,765	6,748
Direct Payments	0	134	15	0	149	149
Home Care	244	0	31	0	275	271
Day Care	2,839	1,097	1,055	-28	4,963	4,711
Equipment and Adaptations	0	0	0	0	0	0
Meals	0	0	0	0	0	0
Other services	199	196	92	0	487	486
Total	**5,572**	**9,659**	**2,578**	**-50**	**17,759**	**14,521**

We are unable to disaggregate information to inform us what we spend on adults with a learning disability over 65 as we do not record the information in this way.

Our largest area of spend in Adult Social Services for people with a learning disability is on externally commissioned supported living services. We have made a

conscious effort to commission tenancy based options over residential options unless people choose otherwise or need residential care for a temporary period in their life, as tenancy based options afford people greater citizenship. Our second largest area of spend is on day opportunities and most of this provision is internal. We are shifting our resources within day opportunities from traditional forms of day care to more community based, service member led options.

We need to deliver a reduction on spend through the Commissioning Review process and although the outcomes focussed assessment approach and other activity will deliver some savings we will also need to consider alternative models of support, especially within supported living and day opportunities, to support us to deliver savings alongside the prevention agenda. We also need to reduce our reliance on high cost residential placements and favour the development of supported living as a more cost effective alternative for people with high level needs.

The Learning Disability budget in Adult Social Care is held by two Principle Officers; one relates to internal learning disability service provision and the other is a commissioning budget focused on Assessment and Care Management and externally commissioned services. The Direct Payments Budget is held by another Principle Officer in Adult Services.

In total, Swansea spent 21% of the net total adult social care spend in Swansea on the adult Learning Disability population in 2015/16. This compares with a Welsh average of 31% across Wales. The reasons for this lower spend could be related to our support options being balanced in favour of community support rather than residential care and our high usage of internal day services which have a relatively low unit cost.

Swansea also has a relatively low number of high cost packages of care (greater than £1500 per week) 2011-12 was 17 in Residential Care and 5 in Supported Living. This appears to have increased in 2016 to12 Residential Care and 35 Supported Living.

We are a low user of residential care and a high user of supported living models and successfully access housing benefit to cover accommodation costs. We want to continue with this approach.

Most of our day provision is internally provided and the unit cost of these services is relatively low. External day provision tends to be specialist or part of a supported living/residential care package.

Budgets (2015/16)

Assessment and Care Management

£822,900 (CST)
£242,900 (Transition Team)

Accommodation

£2.5ml residential options (both internal and external provision)

£8ml supported living (external provision)
£86k shared lives (external provision)

Domiciliary Support
£270,700k (external)
£80k Gwalia Doorways

Respite
£400k and part of £ 787k Ty Cila (mostly internal, some external)

Day Opportunities/support
£3ml (internal provision)
£43k Swansea Valley Local Day Service (commissioned from Neath, Port Talbot)

Direct Payments
£372,858 (actual budget £35,000)

Other:
£25k Swansea People First (external)
£13k Your Voice Advocacy (external)

This does not include transport provision, which cost £1.5ml across Adult Services.

Alder Assessment of Opportunities
An Assessment of Opportunity undertaken by Alder in 2013 reached the following conclusions, which are still relevant today:

- Commissioning and professional practice needs to develop to better enable people to progress and maximise independence
- The local market for support lacks the necessary range of suitable/affordable support options and day activities leading to an over reliance on in-house day opportunities (albeit low cost) and service led support
- We need to better engage carers and their peer support groups to develop a partnership between professional and informal carers
- Make better use of Assistive Technology to promote independence and lower support costs

The Progression Pathway recommended by Alder is consistent with the future model of Social Services in Swansea.

Issues for commissioning from spend information

- **Remodel supported living to ensure a sustainable approach to supporting people in tenancy based rather than non-tenancy based options**
- **Continue the re-modelling of internal day time support to focus prevention, early intervention and community based opportunities and whether the external market can be developed cost effectively**

- **Consider day provision within supported living settings and how this can be delivered more cost effectively**
- **Consider assistive technology to increase choice and control and lessen dependence on formal services across the piece and lower support costs**
- **The operating model for assessment and care management needs to focus on outcomes, progression and move on and the workforce need to be supported to deliver this**
- **High cost packages of care need to be reviewed to ensure the outcomes are being delivered with the correct levels of support**
- **Clarity over Continuing Health Care arrangements**
- **Support peer and carer led initiatives around safety, socialisation and service delivery**

Chapter 8
Commissioning Arrangements

Arrangements and Governance

We have developed new co-productive commissioning arrangements and ensured clear governance arrangements both within the LA, Western Bay and with key partners. This new Strategic Commissioning Group will oversee and manage the development and implementation of the Commissioning Action Plan that will be developed to deliver the strategic outcomes for people with a learning disability. The group will also consider priority areas of work and agree timescales and approaches.

We are currently piloting a 'People' approach to the commissioning of services to people with a learning disability to support a more joined up approach within the Local Authority.

We aim to commission and deliver services on the basis of outcomes, co-production and social value. This will entail working collaboratively with local citizens and services to maximise value for money, promote wellbeing and encourage prevention. We will do this by:

- Recognising people as assets
- Building on people's strengths
- Fostering mutual; and reciprocal relationships
- Strengthening peer support networks
- Breaking down barriers
- Facilitating rather than delivering
- Developing insight
- Planning effectively, and
- Improving delivery

Supporting Structures

The 'Nothing about us without us' Group is a citizen led group supported by Swansea People First which supports more co-productive approaches to commissioning services. This group is our first port of call when we want to review, develop or change anything.

The Co-production Group is made up of citizens, carers, service providers, care management, health, commissioners. The group's purpose is to support co-productive commissioning and it is the key engagement mechanism for the Strategic Commissioning Group.

The Provider Forum is a group for all commissioned providers meet monthly to work collaboratively to deliver the commissioning strategy.

The National Inspection of Care and Support for People with Learning Disabilities

This inspection sets out a number of recommendations for Local Authorities and Health Boards in relation to the commissioning of services for people with a learning disability.

Understanding need

In essence local authorities and health boards should together ensure that they produce commissioning plans and should each ensure that they talk and listen to people with learning disabilities and their family carers.

Providing effective care and support

Local authorities should review their quality assurance arrangements for care and support planning with individuals

Local authorities and health boards should share best practice across their boundaries

Local authorities and health boards should ensure that the lines of accountability and responsibility in relation to adult safeguarding are clear and understood

Health boards should consider how to strengthen the valuable health liaison work currently underway in primary and secondary care

Health boards should work with local authorities to ensure that people are offered equipment that meets their needs in a timely way

Policy makers should consider the Continuing Health Care process and its application for people with learning disabilities, to determine if any improvements to the process can be made.

Leading in partnership with people

Health boards and local authorities should ensure that their communication systems help staff on the front line to feel connected with the vision for care and support services.

Clear guidance should be in place about the duty of care of health boards when placing people with learning disabilities out of county or receiving an individual from another area

Chapter 9
What needs to change?

Meeting increasing levels of need

Data is telling us that we will need to meet the needs of more people with a wider range of need including people with severe learning disability and complex health needs who will require higher levels of support throughout adulthood and older people with a learning disability who will require a different service to current options. Whilst the data suggests that the numbers of increase are small, we know that the levels of need of people requiring support means that they will have a large impact upon our budget.

Delivering a new model of support

The Social Services and Wellbeing (Wales) Act 2014 has prompted a new paradigm within social care and Swansea has drafted a new model of support for people with care and support needs in response. This model is dependent upon a new practice framework for social workers who will support positive risk taking and managed independence and understand people's needs within the context of their family and their community. We expect to see a shift in the way people are supported away from traditional, formal services to more community based, preventative options. Our commissioning arrangements will adopt more co-productive ways of working and will be directed by the outcomes that have been co-produced locally. Swansea's draft Social Services Model supports a shift towards more preventative ways of working and we expect social work practice and service delivery to re-shape how we support people focusing on outcomes and prevention. Our resources will need to be targeted to deliver our corporate objectives and the outcomes that we have co-produced for people with a learning disability in Swansea.

Manage reducing resources

The financial resources we have available are reducing year on year and we need to achieve savings over the next two years. We can deliver improved outcomes and achieve savings by making better use of universal services and by promoting and supporting access to them rather than bringing people into formal service systems unnecessarily.

Making better use of the resources we currently spend will be addressed through co-productive approaches to re-modelling services and approaches. An example of this is the work that has already begun to re-model our approach to Supported Living in Swansea.

Shifting resources

We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

Working across the People Directorate

We will continue to work with colleagues across the People Directorate (Social Services, Poverty and Prevention, Education and Housing) to ensure we are working together effectively to meet the needs of children, younger adults and older people with a learning disability. The following strategic priorities and gaps have been identified through this approach:

Child Disability Family Support Commissioning Review Recommendations

- Developing a specification for play and leisure opportunities for children and young people with disabilities. This will look at all current commissioning arrangements in this area across Poverty and Prevention and Child and Family
- Developing a specification for a new Parent/Carer Engagement Forum to improve engagement, participation and involvement of parent carers working across the directorate with Child & Family, Poverty & Prevention and Education. This would involve pooling resources and jointly commissioning a new parent forum that encompasses the service currently provided.
- Enhance domiciliary care provision as current demand is not being met by current supply. Private providers have increased but we also need to enhance internal provision.

Family Support Interventions for Children and Young People with Disabilities

- Through the Family Support Commissioning Review we have identified a gap in generic family support for children with a disability.
- Education has identified an issue with educational psychologists being detracted from their role to fulfil business support functions. Currently there is one Family Liaison worker to support families through the statementing process in positive and supportive ways to avoid escalation. The need is for Family Liaison Workers who would link with Child and Family to support the child to attend school so that this alleviates pressure on the family and avoids potential family breakdown. The service outcome would be support for parents and stronger links between Education, Child & Family and Poverty and Prevention. This may involve developing a specification for tender and/or possible internal resources for Children with Additional Needs Service (CANS) for 2018/19. Funding for this will be a challenge and we will need to explore Invest to Save bid opportunities

Young Carers

- The strategic lead for young carers has moved from Adult Services to Child and Family Services and discussions have taken place about having a more joined up approach across Adult Services, Child and Family and Poverty and Prevention when commissioning support for young carers.
- Relook at Young Carers current commissioning arrangements and align with the strategic approach and pool budgets from across the directorate.

- Looking at how the young carer's voice is reflected in commissioning. Intermediate Care Fund money has been granted for a Western Bay post.
- Understand the relationship between Young Carers and the commissioning arrangements with the Carers Centre.

School based Counselling (10 – 18 year olds)

- Current school based contract comes to an end in October 2017. This is a statutory education service which will be reviewed jointly with a review to re-procure for a start date of 1st September 2018.

Families First

- Current Family Support arrangements commissioned through Welsh Government Families First expire on 31st March 2018.
- We will need to re-look at procurement arrangements for 2018/19 to ensure compliance with new Welsh Government Guidance which will be published in the Autumn
- Any proposed commissioning arrangements through Families First will be reviewed by the commissioning group to ensure alignment to the Family Support Continuum.

Overnight Respite

- Review current arrangements and undertake a procurement exercise to recommission overnight short breaks, both residential and fostering provision and go to market with new provision starting in 2018/19.

Education

- Need to improve Service Level Agreements and contract arrangements for specialist schools and equipment
- Need to build trust and confidence between parents, Local Authority and Schools
- Address capacity in specialist educational provision
- There is local reporting of an increase in the number of children being diagnosed with Autistic Spectrum Disorder and mainstream schools are finding it difficult to manage with the level of demand despite additional resources being made available.
- Additional Learning Need's will remain in place up to age 25 and this requires a close relationship between social services and education

The Western Bay Population Assessment sets out the following priorities:

- Effective management of transition
- Better redistribution of respite resources across the region
- Look at the potential of assistive technology within supported living

What do people who access services, their carers and staff tell us about how we can change?

Information

- Strategic review of need and planning a positive response
- Have a register of people coming through

Re-shape services

- Develop accommodation surrounded by community services
- To expand current services to make more space for new people
- Potential for private businesses – but may end up with lower quality
- Support more people into work
- Develop social enterprise
- Use volunteers
- Joining up services
- Increase community presence

Working together better

- Have generic teams
- Co-production - building new relationships with professionals based on trust and respect
- Transition
- Work with other services in the community to support prevention

Other

- Direct payments and shared support
- Pay good rates for Personal Assistants
- Access to employment
- Creative thinking
- Make it person centred
- Being able to challenge political decisions
- Access to advocacy

Priorities for action

People with care and support needs, their carers and staff who work in services told us:

- Meaningful/accurate individual assessment
- Planning for the future
- Quality services and staff
- Co-production
- Commissioning Review
- Manage expectations
- Supporting move on from traditional services
- Community ties – family/friends/hobbies
- Information
- Resources – funding and staff
- Prevention
- Better links to children's services

- Better links to education
- Communication

Implications for Commissioning

- **Co-produce and Implement the Social Work Practice Framework**
- **Continue to develop the 'People' approach to commissioning to develop better links to Children's Services, Education and Poverty and Prevention**
- **Delivering a strategic approach to individual outcomes for adults with a learning disability and how we specify and measure performance**
- **Supporting services to meet the prevention and progression agenda through co-productive approaches**
- **Sustainable models of supported living to enable us to continue our approach of supporting people in tenancy based options. This will mean a shift away from the 24/7 model towards a more mixed arrangement. Right sizing will also support us to shift resources in this model and progression and move on will enable us to meet the needs of more people. We will continue to progress the Supported Living Framework Agreement to better manage the market in this area**
- **Assistive technology – using ICF to explore potential in supported living settings to relieve resources spent on night time support and looking at geographical clusters and collaborative commissioning arrangements**
- **Re-modelling day services to support more people in the community and to support more people into work through the development of social enterprises to lessen reliance on traditional forms of day care**
- **Improve information for and communication to people who access services, their carers and staff within assessment and care management and services so the vision and direction is well understood**
- **Increasing the use of direct payments and pooled arrangements**
- **Respite – consider how the resources currently dedicated to respite provision can be better understood and spent, especially high cost, specialist provision.**
- **Safeguarding – using the resources we have to ensure we support people to stay safe across the range of provision**
- **Understanding the needs of family carers in order to provide better support that meets their care and support needs**
- **Residential Care – needs reviewing to assess whether current provision delivers individual outcomes effectively**
- **Develop the external market for day opportunities**
- **Increase direct payments**
- **Consider older people with a learning disability accessing mainstream support for older people if their primary needs relate to age**

- **High cost packages of care need reviewing to ensure progression is being delivered, outcomes are being met and that packages of support are commensurate with need**
- **Are we identifying people who should be receiving Continuing Health Care, especially those individuals who require high levels of staffing?**
- **Review Clinical Team arrangements in our externally commissioned service**
- **Specialist provision for people with challenging behaviour needs reviewing to ensure it is cost effective, can meet future demand and works well alongside the continuum of provision.**

Draft Learning Disability Commissioning Strategy Action Plan 2017- 2020

1. Delivering the National Outcomes Framework

What needs to change to deliver the outcomes?	What is happening already?	What would success look like?	Agreed Actions	Person Responsible &Timescale
1.1 All services to ensure they deliver against the national outcomes framework	Some contracts are outcome focused e.g. Supported Living Framework and internal services have adopted outcome approaches	All services (internal and commissioned) deliver services which are focused on outcomes delivery, progression and co-production	1. Report that remaining contracts have been re-written to build in National Outcomes, progression and co-production 2. Ensure that internal services co-productively re-focus delivery against national outcomes and progression.	Mark Campisi (Community Care)/Rachel Evans (SP) April 2018 Cathy Murray April 2018
1.2 We need a sufficient staff compliment to deliver the change required in assessment and care management	Development of a new practice framework Increasing use of co-productive approaches	A workforce that can deliver the change agenda and focus on outcomes, progression and co-production	1. Report that the Community Support Team (CST) and Transition Team have engaged within the Practice Framework development 2. Ensure that the CST structure and skill set is fit for purpose	Mark Campisi/Team Leaders October 2017 Mark Campisi/Team Leaders April 2018
1.3 The Individual Service Agreement	A new Individual Progression Agreement has been developed and is part of the new	All services target support towards the delivery of outcomes and progression and work co-productively	1. Implement the new Individual Progression Agreement pro-forma across all services	Mark Campisi (Community Care)/Rachel

arrangements need to be updated to reflect and outcomes, progression, co-productive approach	Supported Living Framework Agreement	(incl. day care, domiciliary care and residential care)	(internal and externally commissioned)	Evans (SP)Cathy Murray April 2018
1.4 We need a peer framework for reviewing/measuring outcomes sitting alongside other arrangements	Commissioning arrangements have been re-shaped to make them co-productive and some work has taken place to review services against outcomes and this needs to be built on especially in relation to residential and domiciliary care	All services deliver against the national outcomes and people with a learning disability are actively involved in monitoring and measuring the performance of services against outcomes	1. Service Provider Forum, Commissioners, Swansea People First and carers to work together to co-produce a monitoring and measuring tool for measuring outcomes in both internal and external services	Mark Campisi/Rachel Evans (Planning & Contracting)Swansea People First and Providers May 2018
1.5 The Learning Disability Provider Forum needs to be re-focused	A new Supported Living Framework Provider Forum will be formed The current Provider Forum is considering what arrangements will support a collaborative approach to service delivery	Provider Forum's that support a collaborative, innovative and partnership approach to the delivery of outcome focused services and progression for people with a learning disability in Swansea	1. Develop new collaborative provider forum arrangements	Mark Campisi/Rachel Evans/Provider Forum November 2017

2. Control over day to day life ***I know and understand what care, support and opportunities are available and use these to help me achieve my well-being*** ***I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being*** ***I am treated with dignity and respect and treat others the same*** ***My voice is heard and listened to*** ***My individual circumstances are considered*** ***I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me***				
2.1To ensure our processes and approaches support people to have control over day to day life	A new Practice Framework for Assessment and Care Management is being developed co-productively	Whether people are treated with respect Whether people are in control of their daily life Whether people are involved in decisions about their care and support Whether people receive the right information when they need it	1. Report that people with a learning disability and their carers are involved in the development of the new Practice Framework	Mark Campisi Citizens October 2017
2.2 Improvements to our information, communication and engagement arrangements	Co-productive commissioning arrangements	People and their carers would be informed, would feel communicated with and would feel they had a valued stake in the design, delivery and evaluation of the services they receive.	1. Pull together a working group of staff, commissioners, people with a learning disability and carers to review current information, communication and engagement arrangements to co-produce a new approach	Mark Campisi/Rachel Evans May 2018
3. Physical/Mental health and emotional wellbeing *I am healthy and active and do things to keep myself healthy* *I am happy and do the things that make me happy* *I get the right care and support, as early as possible*				
3.1 Support people to organise	People attend health checks Time to Meet	Whether people say they feel healthy physically and mentally	1. Consider peer approaches to supporting people with a learning disability and their	Swansea People First/Carers Centre/Mark

themselves to live healthier lifestyles	Carers Centre	Life satisfaction Whether people are living a healthy life style People with a learning disability, their families and services/support would support each other to live healthier lifestyles	carers to overcome the barriers to healthier lifestyles	Campisi/Rachel Evans April 2018
3.2 Better access to health and a better experience leading to a reduction in health inequality	Enhanced GP contract – health checks Health Pathway for people with a learning disability Bereavement Leaflets and sessions held by SPF	Increased take up of health checks Better access to primary and secondary care Decrease in health inequality	1. Through local GP networks and the patient representative groups look at issues of access, experience and health equality 2. Local providers to build health access into delivery e.g. support to attend annual health check and support to access health services. 3. Report that Individual Care Plans explain how people will be supported to access health checks and health care	Health Rachel Evans (Contracting) April 2018 Mark Campisi/Team Leaders June 2018
4. Protection from Abuse/neglect *I am safe and protected from abuse and neglect* *I am supported to protect the people that matter to me from abuse and neglect* *I am informed about how to make my concerns known*				
4.1 Support people with a learning disability to keep		How much abuse and neglect takes place	1. Support people with a learning disability to develop a	Swansea People First September 2018

themselves safe within the communities they live		Whether people say they feel safe	peer led strategy around keeping safe	
4.2 Communities need to develop a better understanding and in some instances a tolerance of people with a learning disability			1. Develop a strategy for raising awareness and understanding of learning disability within the community and mainstream services	Swansea People First April 2019
4.3 Access to good quality advocacy provision	Current advocacy provision in place Development underway of a new Independent Professional Advocacy Service		1. Development of a new, co-produced Independent Advocacy Service	Rachel Evans (Planning) April 2018
5. Education, Training, Recreation *I can learn and develop to my full potential* *I do the things that matter to me*				
5.1 Support peer approaches to organising	Time to Meet currently supports	Adult learner outcomes and qualifications	1. Support people with a learning disability to organise	Swansea People First September 2019

recreational activities	activity on a peer basis	Whether people are able do the things that matter to them	peer approaches to recreational activities	
6. Domestic, Family, Relationships *I belong* *I contribute to and enjoy safe and healthy relationships*				
6.1 A Peer led strategy to address loneliness and belonging	Development of social groups which meet in the evenings and day time Time to Meet	An increased sense of community Decrease in people reporting loneliness	1. Support people with a learning disability and their carers to develop a peer led strategy to address building strong relationships and social networks	Swansea People First/Carers Centre with co-production group April 2020
6.2 Care management and Services work together to develop people's social networks building on their strengths and capabilities	Development of social groups which meet in the evenings and day time Time to Meet The new ISA is outcome focused			
6.3 Carers to be better supported to live active lives that are not hindered by their caring responsibilities	Carers assessments Services provided to the cared for person – day, respite etc. Carers Grants Benefits			
7. Contribution Made to Society *I engage and make a contribution to my community* *I feel valued in society*				

7.1 More people we support to have a role in services and their community	Development of member led services Services are looking at increasing links to the communities they are based in and are making connections WDS – community presence and contribution e.g. NEAT Team	Reciprocal relations grow Connections are made Geographical approaches to service provision emerge Peer community grows % of people who volunteer Whether people think the things they do in life are worthwhile Participation in society increases	1. Report that services are increasingly focused on supporting people with a learning disability to be an active part of their community	Swansea People First/Service providers/Carers Centre with Co-production group July 2018
7.2 Work, Poverty, Independence *I contribute towards my social life and can be with the people that I choose* *I do not live in poverty* *I am supported to work* *I get the help I need to grow up and be independent* *I get care and support through the Welsh language if I want it*				
7.1 Develop Social Enterprises	Movement towards member led services within internal provision Developments within Work Development Service	People working Gap in life expectancy between least and most deprived 19-24 year olds who are not in education, employment or training Material deprivation	1. Consider and report where opportunities exist to develop social enterprises	Cathy Murray/Rachel Evans (Provider Forum/Planning) March 2018
7.2 Inspire people to take up work		More people with a learning disability are in work	1. Work Development Service (WDS) members to share their stories to inspire others to consider work	Cathy Murray/WDS members April 2018

7.3 Carers supported to work if this is what they want	Carers Assessments Service provision for their cared for person	More carers who want to work are able to work Fewer people giving up work because of caring responsibilities	1. Develop a carer led strategy to address how more carers can work, if this is what they want	Carers Centre with the co-production group December 2017
8. Suitability of Living Accommodation *I live in a home that best supports me to achieve my well-being*				
8.1 We need to make sure that all accommodation options support people to achieve their wellbeing	Some progress in working in an outcomes focused way	Accommodation options support the delivery of people's individual outcomes	1. Update the Accommodation Strategy for People with a Learning Disability addressing the issues raised in this Commissioning Strategy	Rachel Evans (Planning)/Mark Campisi March 2018
8.2 Understand the views of younger people with a learning disability and their carers in relation to accommodation requirements		Accommodation options available for people coming through from transition are appropriate to their needs	1. Ensure the views of younger people and their carers are captured when developing accommodation options	Rachel Evans (Planning) March 2018

9. Managing Demand/changing the model of support Delivery of the Act and Social Services Model Prevention, Early Intervention, Progression 5% shift towards prevention/early intervention				
What needs to change to manage demand/change the model?	**What is happening already?**	**What would success look like?**	**Agreed Actions**	**Person Responsible &Timescale**
9.1 A new, sustainable model for Supported Living	Co-productive engagement Some consideration on night time approaches Some consideration of progression Some consideration of geographical models	A financially sustainable model of support that delivers the outcomes that matter to people	1. As part of the Accommodation Strategy work with Providers on the new Supported Living Framework, tenants, family carers and commissioners to co-produce a new model for supported living in Swansea, which focuses on geographical approaches to support, innovative approaches to assistive technology, progression and move on	Rachel Evans (Planning)/Mark Campisi (Contracting) March 2018
9.2 Reduce reliance on residential care models of support and focus on geographically based tenancy based options	Some work with Residential Providers to change their model of support	An increase in tenancy based options where appropriate	1. As part of the Accommodation Strategy reduce reliance on residential care options unless residential care is a positive choice or needs cannot be met within a tenancy based setting	Rachel Evans (Contracting)/Mark Campisi March 2018

9.3 Increase use of Assistive Technology to increase choice and control within people's lives and the services they access	Night time support in supported living Supported Living Framework – expand the market New ISA outcome focused and targeted support Peer led approaches Assistive technology in night time support review	People are not over supported Cost of provision is consistent with what people need Increased control and choice	As part of the Accommodation Strategy work with providers to explore innovative approaches to utilising assistive technology in a range of settings, including the persons own home.	Mark Campisi/Rachel Evans March 2018
9.4 Better knowledge of who is coming through and the types of support they will require and the impact on the budget	'People' commissioning approach Western Bay work on high cost residential packages in transition	Improved knowledge and therefore planning for younger people coming through, their level of need, the types of support required and the likely impact on the budget.	1. Put in place a better system for understanding who is coming through from children' services and the support they require 2. Scope out current commitment of high cost residential packages for individuals in transition	Mark Campisi (Transition/Planning) December 2017 Mark Campisi (Western Bay) August 2017
9.5 Intermediate Care Fund (ICF) –working with health to develop supported living for people with complex needs as an alternative to residential provision	ICF Bid being made for capital and revenue costs for 14 units to support people with complex needs in supported living settings	Increase in residential options for people with complex needs Repatriation of people from out of county	1. Complete bid for ICF 2017-18 for people with complex needs as an alternative to residential provision	Mark Campisi/Rachel Evans Completed

9.6 Increase the take up of Direct Payments and make better/more innovative use of Direct Payments	The number of direct payments has been increasing in learning disability Some pooling of direct payments	Increased supply of Personal Assistants Reduced waiting lists Staff and service users less frustrated	1. Consider and report how direct payments can be utilised to develop innovative and flexible approaches to delivering individual outcomes	Mark Campisi March 2018
9.7 Emergency accommodation needs to be supported to move people onto long term accommodation options more quickly than we do currently		Amount of time people spend in emergency accommodation will reduce Whilst in emergency accommodation people's skills and abilities to live independently will become better understood to support an appropriate move on or return to previous living arrangements	1. Consider and report on the issues/barriers currently faced by emergency accommodation providers in moving people on	Mark Campisi/Cathy Murray February 2018
9.8 We need a co-produced strategy for day opportunities and people need to be involved with developments and changes from the outset	Internal services have an established culture of change and development focused on delivering outcomes and progression	Each service will have co-production at the heart of its delivery Services will deliver the outcomes that matter to people More people will be supported to access mainstream services and establish community links	1. Consider the development of a co-produced strategy for the delivery of day opportunities, both internal and external 2. Develop co-productive planning and delivery arrangements within each internal service	Cathy Murray/Mark Campisi/Rachel Evans (SP) April 2019 Cathy Murray/Lisa Banks/external providers April 2019

9.9 Ensure the we have taken account of the CCSIW National Inspection recommendation	We have considered the recommendations		1. Report that the recommendations contained with the CCSIW National Inspection of Care and Support for People with a Learning Disability have been addressed locally	Rachel Evans (SP)/Mark Campisi (CC) April 2018
9.10 Better understanding of unmet need	We have developed a new outcomes focused approach for accessing resources and have built in unmet need	A good understanding of needs that are going unmet which inform future planning	1. Report that the capacity for recording unmet need is being utilised and that the information it generates is directed to inform future planning	Mark Campisi November 2017
10. Managing costs Sustainable Swansea				
What needs to change to manage costs?	**What is happening already?**	**What would success look like?**	**Agreed Actions**	**Person Responsible &Timescale**
10.1 Review high cost care packages in supported living and residential care	Western Bay currently reviewing all residential care packages above £600 per week Paul Bee currently reviewing high cost supported living packages An increasing focus on transition	Packages of care would be directly related to the support requirements of people	1. Understand and track the impact on the budget of the outcomes focused assessment work being undertaken by Western Bay and Contracting	Mark Campisi April 2018

10.2 Support packages are appropriately sized from the outset and an emphasis is given to progression and move- on from the beginning	Paul Bee is working with care managers to implement the new Individual Service Agreement and focus on progression The Resource Allocation process supports care managers to think about outcomes, targeted resources and progression – raising awareness of resources The Accommodation Group will influence care managers to think increasingly about progression and move on.	Support packages achieve the right balance between meeting the needs of people, keeping people safe whilst promoting increased independence and move-on from the outset of the package being put in place	1. Monitor and review, through the accommodation group, whether packages are being better targeted and progression is being emphasised	Mark Campisi April 2018
10.3 Ensure all staff have the training and support engage in the Continuing Health Care (CHC) process	Mark Campisi is attending CHC meetings Dave Howes is looking at resourcing legal support to promote an understanding amongst staff of the legal situation, the process and how to challenge decisions	Staff are better informed and more able to navigate the CHC process for the benefit of their clients	1. Establish a corporate approach to training and advice for staff when engaging with the CHC process	Mark Campisi December 2017
10.4 All high cost packages need to be reviewed	Packages are being identified	People eligible for CHC will receive it	1. Review all high cost packages to determine eligibility for CHC	Mark Campisi December 2017

(over 1K per week)				
10.5 Work together with the Health Board to look at mechanisms for deciding funding splits between social care and health		Decisions regarding CHC are made efficiently without impacting or delaying the care package for the individual	1. Establish a mechanism for deciding funding splits between Health and Social Care	Mark Campisi/Health March 2018
10.6 Night time support arrangements need to be understood more clearly	Current Intermediate Care Fund (ICF) bid to make use of assistive technology to lessen the reliance on night time support where it is not needed. A programme of review is taking place across two supported living providers to understand the requirements for night time support		1. Finalise the programme of night time review across supported living providers and consider the implications for the new providers who come onto the Supported Living Framework	Rachel Evans (Contracting) December 2017
10.7 We need to understand how we can make better use of our externally	Some discussions have taken place	Better use of resources – economies of scale Better links to other provision Increased progression and move-on	1. Review arrangements for the external commissioning of day and respite support for people with challenging behaviour	Mark Campisi/Health March 2018

commissioned day care and respite support for people with challenging behaviour				
11. 'People' Commissioning – Strategic Priorities and Gaps				
What needs to change?	**What is happening already?**	**What would success look like?**	**Agreed Actions**	**Person Responsible &Timescale**
11.1 Pooled resources across directorates for play and leisure opportunities	Paper with recommendations tabled for Cabinet.	We have a range of high quality, value for money services.	1. Subject to Cabinet agreement, undertake a procurement exercise across Child and Family and Poverty and Prevention to recommission Play and Leisure Opportunities for Children & Young People with disabilities.	Family Support Continuum Commissioning Group - March 2018
11.2 Need more domiciliary care provision for children and young people with disabilities	Paper with recommendations tabled for Cabinet.	Demand would be met.	1. Subject to Cabinet agreement, expand the capacity within the in-house Flexible Home Support Services.	Family Support Continuum Commissioning Group - March 2018
11.3 Parental engagement needs to be better managed and aligned across service areas	Paper with recommendations tabled for Cabinet.	Consistent approach Improved engagement	1. Subject to Cabinet agreement, undertake a procurement exercise across Child and Family, Education and Poverty and Prevention to commission a service.	Family Support Continuum Commissioning Group - March 2018

11.4 Need increased early intervention and preventative family support interventions	Paper with recommendations tabled for Cabinet.	More people will have their needs met outside statutory support systems Educational psychologists freed up to focus on their actual role	1. Subject to Cabinet agreement, undertake a procurement exercise across Child and Family and Poverty and Prevention to source a partner organisation.	Family Support Continuum Commissioning Group - March 2018
11.5 A more strategic approach to young carers commissioning, including young carers voice	Paper with recommendations tabled for Cabinet. ICF money has been granted for a Western Bay post to look at young carers voice in commissioning	Better placed to meet anticipated increase in demand.	1. Subject to Cabinet agreement, undertake a procurement exercise across Child and Family and Poverty and Prevention to source a partner organisation.	Family Support Continuum Commissioning Group - March 2018
11.5 School based counselling for 10-18 year olds			1. Report that the arrangements for School based counselling for 10-18 year olds have been reviewed and re- tendered	September 2018
11.6 Families First commissioning arrangements are due to expire family support commissioning arrangements need new consideration	New Welsh Government Guidance to be published in the Autumn which will inform commissioning arrangements going forward to 18/19.		1. Report that Family Support commissioning arrangements have been reviewed and recommendations have been made that align with WG Guidance and the Family Support Continuum	Family Support Continuum Commissioning Group - March 2018
11.7 Improve overnight respite arrangements for	Paper with recommendations tabled for Cabinet.	A range of residential and fostering short breaks options will be available	1. Subject to Cabinet agreement, undertake a procurement exercise across	Family Support Continuum Commissioning

Children and Young People with Disabilities			Child and Family and Poverty and Prevention to source a partner organisation.	Group - March 2018
11.8 Improve Transition Arrangements between Children's Services, Education and Adult Services		No more 'cliff edge' for people as they enter adulthood A smooth, planned move	1. Discuss in the People Commissioning Group how we can improve transition between Education, Children's Services and Adult Services.	People Commissioning Group March 2019

CITY AND COUNTY OF SWANSEA

Draft Physical Disability and Sensory Loss/Impairment Commissioning Strategy

Chapter 1
Introduction

The population served for the purposes of this Commissioning Strategy in the City & County of Swansea encompasses:

- Disabled people aged 18-64 and all people with sensory loss/impairments over the age of 18
- Those disabled young people who are in transition from Child Disability Services to Adult Services
- People with HIV, Cancer and Multiple Sclerosis

The Equality Act 2010 defines disability as having a physical or mental impairment that has a substantial and long-term adverse effect on carrying out normal day-to-day activities. The social model of disability advocates that it is society which creates attitudinal and physical disabling barriers and it is a positive approach to disability and focuses on removing barriers to equality. The City and County of Swansea is committed to the social model of disability which has been recognised by disabled people and was formally adopted by the Welsh Government in 2002.

'Physical impairment' includes hearing and visual impairment. 'Long-term' is regarded as lasting for 12 months, or for more than 12 months or the rest of a person's life. 'Substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed

A progressive condition is one that gets worse over time. People with progressive conditions can be classed as disabled. There are special rules about recurring or fluctuating conditions e.g. arthritis. However, you automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, cancer or multiple sclerosis.

Throughout this document, the terms sensory loss and sensory impairment are used. Both terms should be understood to include people with either a hearing loss, visual impairment or dual sensory loss. Sensory impairment is used as this term is felt to be more inclusive. However, there are occasions when the term 'sensory loss' is more appropriate, i.e. when describing people who lose their sight or hearing. The term deaf is used to describe two groups of people; people who use a signed or visual language as their preferred language and associate themselves with the deaf community and part of a linguistic and cultural minority and people who are hard of hearing or deaf who often use a spoken language as their preferred language. They may not associate with deaf culture and community.

This Commissioning Strategy considers the population we serve and how it is changing; it also considers how well placed the services we currently provide or commission are in delivering the wellbeing outcomes of the population in the future and how they need to change to deliver both the requirements of the Social Services and Wellbeing (Wales) Act 2014 and also the requirements of the Sustainable Swansea. The Commissioning Strategy has been co-produced and the contents are

a reflection of what physically disabled people and people with sensory loss/ impairment have told us. The action plan attached to this Commissioning Strategy has also been co-produced.

Chapter 2
Policy context

The Social Services and Wellbeing (Wales) Act 2014 came into effect on 6 April 2016 and provides the legal framework for improving the wellbeing of people who need care and support, carers who need support and for transforming social services in Wales. It reforms social services law, changes the way people's needs are assessed and the way in which services are commissioned and delivered. People with care and support needs will have more of a say in the care and support they receive and there is an emphasis on supporting individuals, families and communities to promote their own health and wellbeing.

The Act introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services particularly between health and social care, and provides for an increased focus on prevention and early help. Local Authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

The Act also promotes the development of a range of help available within the community to reduce the need for formal, planned support. Local Authorities will continue to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs, which require specialist and/or longer term support, local authorities will work with people and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

Local Authorities and their partners will ensure that people can easily get good quality information, advice and assistance, which supports them to help themselves and make the best use of resources that exist in their communities without the need for statutory support.

The Act supports Local Authorities to continue the shift from a deficit and dependency model, to a model which promotes wellbeing and independence focused on individual outcomes rather than service targets and objectives.

The Equality Act came into force on 1 October 2010. The Act brings together over 116 separate pieces of legislation into one single Act. The Act simplifies, strengthens and harmonises the current legislation to provide a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Local Arrangements

Our vision for health, care and wellbeing in Swansea in the future is that:

"People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce".

Our Social Services Model to deliver this vision is based upon the following six key elements:

- Better prevention
- Better early help
- A new approach to assessment
- Improved cost
- Working together better
- Keeping people safe

This Service Model comprises four levels of health, wellbeing and social care support for our population. We think it will help us to deliver "better support at lower cost".

This Commissioning Strategy will support the delivery of Swansea's corporate priorities with particular emphasis on safeguarding vulnerable people and building sustainable communities:

- Safeguarding people from harm
- Improving Education & Skills
- Transforming our Economy & Infrastructure
- Tackling Poverty
- Transformation & Future Council development

At the same time, across Wales, public sector funding is under increasing pressure and therefore in Swansea, we need to reduce expenditure on adult social care. Added to this pressure is a growing population, which is placing additional demand on our service. This means we need to save money and meet the additional demands placed on our service whilst delivering the requirements of the Act.

In the document "Better Support at Lower Cost" (2011)[1] the Social Services Improvement Agency notes:

"It is increasingly recognised that the twin goals of improving efficiency and delivering better outcomes for service users are not necessarily in conflict with each other. Some councils recognise that the kinds of service transformation they are now contemplating would make sense in terms of service improvement even if current financial constraints…. were not present"

[1] "Better Support at Lower Cost" SSIA 2011

Our Commissioning Strategy therefore needs to deliver:

- The vision for Social Services
- The co-produced outcomes for physically disabled people and people with sensory impairments in Swansea
- The requirements of the Social Service and Wellbeing (Wales) Act 2014 and Disability and Equalities Legislation
- Our Corporate Priorities, and
- The savings required through the Sustainable Swansea Programme

Chapter 3
Commissioning and Governance Arrangements

Our arrangements for strategic commissioning have been co-produced during 2016. The purpose of the Strategic Commissioning Group is to ensure a strategic approach to commissioning services for physically disabled and sensory impaired people in Swansea. The Strategic Commissioning Group will:

- **Develop insight** into what outcomes are important to people using services, and what kinds of support could achieve these outcomes
- **Effectively plan** support and activities to meet the needs and deliver outcomes, building on the strengths if individuals and communities in which they live
- **Improve delivery and quality** of services

The Strategic Commissioning Group will oversee the co-production of:

- Commissioning Strategies and action plans
- Service changes
- Procurement Plans i.e. what we want to purchase from the pr
- Contract registers
- Market Position Statement
- Service specifications
- Evaluation and review of the effectiveness of services to deliver improving outcomes

The Strategic Commissioning Group will be guided by the principles of co-production in undertaking all of the above functions. We will:

- Define people who use services as people with assets and skills
- Break down the barriers between people who use services and professionals
- Build on people's existing capabilities
- Include reciprocity and mutuality
- Work with peer and personal support networks alongside professional networks
- Facilitate services by helping organisations to become agents for change rather than just being service providers.

Chapter 4
Population Assessment

How many people have a physical disability and how is this changing over time?

Calculating numbers of physically disabled people in the population is complicated, since there is no one, definitive source of information and no 'set' population. It is also difficult to accurately predict numbers of people who are likely to become disabled over time, either as a result of a deteriorating condition or as a result of accident. The Population Assessment recently undertaken across Western Bay highlights this area as a gap in our knowledge.

How many people have a sensory loss/impairment and how is this changing over time?

- The largest cause of visual, hearing and dual sensory loss is the ageing process.
- It is estimated that 1 in 10 people over 65 have some degree of age-related macular degeneration.
- 1 in 5 people aged 75 and over are living with sight loss.
- There are more than 11 million people in the UK with some form of hearing loss; one in six of the population.
- By 2035, it is estimated that there will be 15.6 million people with hearing loss in the UK - that's one in five of the population.
- There are approximately 250,000 people in the UK with both hearing loss and sight loss. Of these 220,000 are aged 70 or over.
- As many as 2 in every 1,000 children are estimated to have sight loss.

Risk factors – visual loss/impairment:

- It is believed that people with sight loss are 1.7 times more likely to have a fall and 1.9 times more likely to have multiple falls. Of the total cost of treating all accidental falls in the UK, 21% was spent on the population with visual impairment.
- Smokers double their risk of developing age related macular degeneration a painless eye condition that causes the blurring and gradual loss of central vision. Smoking can make diabetes-related sight problems worse, and has been linked to the development of cataracts.
- Obesity has been linked to several eye conditions including cataracts and age related macular degeneration. Obesity also has a strong link with diabetes and an exacerbation of sight deterioration in diabetic retinopathy.
- People from African/African-Caribbean populations are considerably more at risk of developing glaucoma and have higher risk of age-related macular degeneration. People from Asian populations are at higher risk of cataracts. Both groups are at higher risk of diabetic eye.

- An estimated 60% of stroke survivors have some sort of visual dysfunction following a stroke. The most common condition is some loss of visual field which occurs in 30% of all stroke survivors
- Uncontrolled high blood pressure can cause blood vessels in the eye (retina) to tighten and cause damage to the eye which causes vision problems.
- Older people with sight loss are almost three times more likely to experience depression than people with good vision.
- Adults with learning disabilities are far more likely to be visually impaired than the general population.

Risk factors- hearing loss/impairment:

- Prevalence of hearing loss/impairment is higher in Black and Minority Ethnic (BME) communities, particularly in more recent migrants from countries with low levels of immunisation against conditions such as rubella.
- There are environmental factors linked to a greater risk of a hearing impairment, for those people regularly subjected to loud noise.
- People with hearing loss are also highly likely to have problems such as tinnitus and balance disorders which contribute as risk factors for falls and other accidental injuries.
- Those who become suddenly deafened through trauma or infection are likely to experience emotional distress and find it difficult to cope with the sudden, negative impact on their health and well-being.
- People with hearing loss/impairment may also have other additional disabilities or long-term health conditions that limit their daily activities such as arthritis and mobility problems. This often means that barriers to inclusion and feelings of isolation are worsened.

What issues do physically disabled people and people with sensory loss/impairment face?

Despite the difficulties of calculating definitive population numbers, information gathered for the needs assessment from nationally compiled research reports and statistics and from locally held discussions with disabled people, highlights the following key issues:

Employment

- Disabled people are nearly 7 times as likely as non-disabled people to be out of work.
- In the UK around 1 in 4 blind or partially sighted people of working age are in employment.
- The consequences of being unemployed are well documented and include high rates of poverty, stress and physical ill health, feelings of boredom and powerlessness, increased incidence of mental ill health, loss of confidence and self-esteem, and social exclusion.
- The longer a person remains unemployed the less likely they are to find work, since employers are reluctant to take on those with a record of unemployment. If the person is disabled they must also clear barriers associated with negative and stereotyped attitudes towards disability

Social Justice

- People who are disabled or who have long-term ill health are more likely to suffer reduced life chances in education, employment, accommodation, family life and relationships and leisure opportunities.
- Those people who experience multiple problems become disproportionately more likely to experience social exclusion and to suffer 'justiciable problems' i.e. problems that lead them to resort to civil law. In fact, ''long-standing ill-health or disability was the most influential predictor of justiciable problems being reported. …' ('Causes of Action: Civil Law and Social Justice.' The Final Report of the First LSRC Survey of Justiciable Problems, Legal Services Commission, 2004 found more up to date one 2010.
- 'Causes of Action' notes that disabled or ill respondents report domestic violence twice as often and clinical negligence four times as often as others.
- Problems in finding employment, or with debt if unemployed, or discrimination once in work, were also reported as were problems with neighbours (exacerbated by spending longer periods of time at home).

Access

- Access is a fundamental issue of prime concern to disabled people and affects all aspects of life on a daily basis. Access encompasses not only problems to do with physical barriers in the built environment – such as steps, kerbs, narrow doors, lack of adapted toilet facilities, lack of disabled parking bays etc., but also information, transport, and language.

Transition

- The years of transition from childhood to adulthood (from age 14—25), can be fraught with difficulty and uncertainty for all young people, but especially for those who are disabled.
- At this life stage there are high levels of uncertainty about future service provision and reduced education, employment, and leisure opportunities in comparison with non-disabled people of similar age
- Employment is important as is education

Housing

- Disabled people are prone to being 'selected out of home ownership', are 'often relegated to housing of poorer standard ', and report problems relating to homelessness.
- Leaving home, an important life stage on the road to adulthood can become a potentially insurmountable hurdle because of scarce accommodation options. As a result disabled people may live with their parents in the family home for much longer periods of time than their non-disabled peers.

Health

Self-reported general health is an important measure of the health of the population, commonly used in decisions relating to health and social care resource allocation. The latest census analysis suggests that this measure can overlook the health and social care needs of a significant number of disabled people, particularly amongst the elderly and those living in deprived areas. The way in which people judge their general health changes as they age and this is strongly influenced by the area in which they live across

England and Wales. In 2011, 4.3 % (2.4 million people) of the population said they were in very good or good general health despite having a disability. The statistics demonstrate that:

A disability is not a barrier to 'Good' health

The likelihood of being in 'Good' health despite a disability however decreases with age. This may be because children with a disability (or the parents and carers of children with a disability) have a more positive outlook than adults when it comes to thinking about their general health. The findings may also reflect more adequate health and social care provision among the young disabled population, allowing them to overlook the limitations of their disability.

Men who are disabled are more likely to be in 'Good' health than women

Among the disabled population males are more likely than females to be in 'Good' health despite their disability, particularly when their disability limits them a lot in their day-to-day activities. Differences are most noticeable at younger ages which may reflect different social and cultural attitudes to health among males and females at different ages.

There is a strong relationship between where you live and how you view your general health

Disabled people living in more affluent areas are more likely to be in 'Good' health than disabled people living in more deprived areas. This may be because people living in more affluent areas are more able to overcome the limitations of their disability and so judge their general health more favorably. It may also because people living in more affluent areas have better access to adequate health and social care than people living in more deprived areas.

Other health related issues:

- Most disabled people use the same health services as everyone else – GP practices, dentists, clinics etc. However many find their ability to access these services hampered by physical barriers, staff attitudes and lack of training, and poor or inappropriate information provision.
- There are particular issues for disabled people who use a wheelchair but who can't physically access dental practices in the city. Some have difficulties in accessing their own GP practice.
- Many disabled people talk of health care staff not listening to them or recognizing their own expertise about their bodies and conditions.
- For Deaf people, waiting times for interpretation services can make having to go to hospital in an emergency a very frightening experience, as they are often unable to understand what is happening to them and what they need to do.

Leisure and Recreation

- Many disabled people talk of their desire to keep fit, lose weight, eat well and prevent long term health problems from occurring. However, there is limited

access to mainstream leisure facilities, and a lack of specialist help or support as an alternative.

- Many gyms and swimming pools are still not wholly physically accessible to people who use wheelchairs. For example, entry to the building may be possible but not to the changing rooms, or there may not be specialised gym equipment, or staff on hand to alert blind people when equipment is free.

Income and Poverty

- Disabled people have a disproportionate risk of being poor, i.e. of having an income below 60 per cent of the national median average.
- Disabled people face costs additional to those of non-disabled people in meeting their everyday needs. For example, major expenditure may be required to purchase equipment essential for independence, or more may need to be spent on heating, clothing and recreation.
- **Disabled People's Costs of Living: 'More than you would think'** by Noel Smith, Sue Middleton, Kate Ashton-Brooks, Lynne Cox and Barbara Dobson with Lorna Reith, Joseph Rowntree Foundation (2004), and more recently; **Disability And Minimum Living Standards**: ***The additional costs of living for people who are sight impaired and people who are Deaf*** by Katherine Hill, Abigail Davis, Donald Hirsch, Matt Padley and Dr Noel Smith, Centre for Research in Social Policy and University Campus, Suffolk, (2015) both highlights the added costs associated with living with an impairment and the latter emphasises the additional costs for people to participate in society and maintain independence. Interpretation services are key.
- **Disability and Poverty** Joseph Rowntree Foundation, Augusta 2016, Tinson, Aldridge, Born and Hughes states that disabled people make up 28% of people in poverty and a further 20% of people live in a household with a disabled person. It recommends strategies for; supporting people back into work through reducing the disadvantages people face in the labour market, reducing the costs of disability for people, and increasing resources available to support people.
- **Out of Sight, Visual Impairment and Poverty in Wales,** The Bevan Foundation/RNIB Cymru 2012
- Maintaining warmth during the winter months is a particular issue for many disabled people. Households lacking central heating or good insulation are more expensive to keep warm.

'Being Disabled in Britain: A life less equal' 2017, Equality and Human Rights Commission highlights that across education, employment, health, justice, political involvement and leisure, people with disabilities are likely to still have less opportunity to exercise their rights.

https://www.equalityhumanrights.com/sites/default/files/being-disabled-in-britain-executive-summary.pdf

What do we know about future demand from physically disabled people and people with a sensory loss/impairment?

People who access services highlighted the following:

- Increased demand as people are living longer
- More people lives are saved through medical intervention requiring support
- Younger disabled people are not necessary going to want current traditional residential services leading to increased demand for accessible housing provision and more supported living options
- People are becoming more independent and require services that maintain this independence
- More people are living alone
- Families need more support
- Transition to adult services needs improving
- Need to plan services through life stages
- People expect the co-production of services
- People's expectations will continue to change
- Need to increase direct payments
- Train more people on how to communicate appropriately - communication should not be seen as the service user's problem. Explore the wider use of new and emerging technologies to improve communication
- Tailoring services better to meet the needs of people with sensory loss
- More needs to be done to ensure the design of all public services meets the needs of people with sensory impairment – e.g. street furniture, street crossings and temporary works
- More needs to be done to ensure public transport system is adapted appropriately
- Use specialist organisations such as the Royal National Institute for the Blind to help design good, accessible public services
- Continue to promote the role of support workers in helping people to access services

Western Bay Population Assessment highlighted the following future demand issues:

- It is anticipated that the numbers of children with hearing loss/impairment will increase slightly over time due to the projected modest increase in the number of people in younger age groups in the Western Bay area.
- It is estimated that 4% of the working age population in Wales wear hearing aids or are profoundly deaf. The rate at which hearing loss/impairment occurs, increases very significantly by age. The vast majority of people with hearing loss are elderly. The growth in the expected numbers of adults expected to experience a hearing impairment could be attributed to the growth in the population aged 65 and over.
- The numbers of people with dual sensory loss doubled over the period 2006/7 to 2014/15
- It is anticipated that the numbers of people with sight loss will also increase

http://www.westernbaypopulationassessment.org/wp-content/uploads/2017/03/Sensory-PDF-2.pdf

What Matters to Physically Disabled People and People with Sensory Loss/Impairment?

We asked people with a disability and their carers what a good life looks like and this is what they told us:

Independence through improved access

Access to equipment
Access to transport
Access to information
Access to services

Friendship/relationships

Peer support

Choice and control

Seen as expert in own life
Being able to 'dip in and out' if things change

Feeling valued and respected

Being listened to

Wellbeing

Hope

Issues for commissioning from the Population Assessment

- Develop an outcomes framework to capture what matters to people and support people to do more of what matters e.g. Access, independence, choice and control, equality, respect and relationships
- Introduce co-productive approaches within individual and strategic planning and service delivery to deliver more of what matters to people
- Improve communication with citizens
- Peer led approaches to improving access
- Improve access to health and reducing health inequality
- Assessing and meeting carers' own support needs
- Understanding the level of demand and needs within the BME community in Swansea than we do currently
- Supporting people into work or work related activity
- Tackle social isolation, discrimination
- Appropriate Housing
- Consider pilot projects which look at improved prevention practice e.g. Rehabilitation Support for people with visual impairment

Chapter 5
Outcomes to be delivered through this Strategy

Outcomes Framework

The City and County of Swansea undertook a co-productive approach in the development of a specific set of outcome statements for physically disabled people and people with sensory loss/impairment in Swansea to sit within the National Outcomes Framework. An outcome refers to the change that will occur following a particular course of activities or interventions.

- **Wellbeing (*I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it*)**

  In Swansea this means:

  I receive Information that works for me. It is provided jargon free, in my language and is fully accessible within the Equality Act.

  I am equipped with information about services and told about what's on in a timely way

  I make a difference by helping to plan, develop and deliver services by passing on what I have learnt

  I receive a joint, shared needs assessment that captures my history

- **Physical and mental health and emotional well-being (*I am happy and I am healthy*)**

  In Swansea this means:

  My physical and mental health needs are met

  I am treated as an individual, non-judgmentally, trusted and believed

  I am supported to remain independent or rebuild independence

  My communication needs are considered and met to enable me to make joint decisions and establish self-management partnerships

- **Domestic, family and personal relationships (*I belong and I have safe and healthy relationships)***

  In Swansea this means:

  I am able to join in, meet new people and make friends

  I am able to meet up with similar people to share experience, engage in peer support communities and self-management partnerships.

  I am supported with my communication needs and my mental health is considered to help me with talking to people

  I can engage in mutually caring relationships with people that support me

- **Education, training and recreation (*I can learn and develop to my full potential and I can do the things that matter to me*)**

  In Swansea this means:

  I have opportunities to try-out a range of activities

  I am equipped information about **Education, training and recreation** *services, sign posted and told about what's on to help me try-out a range of activities.*

  I can access appropriate training with support

  I have access to fit for purpose opportunities in clean and safe environments

- **Contribution made to society** (*I can engage and participate and I feel valued in society*)

  In Swansea this means:

  I am involved and play a role in the community

  I am valued as an individual, my skills are recognised and I gain respect in the community

- **Social and economic well-being** (*I am supported to work, I have a social life and can be with people I choose, I do not live in poverty and I get the help I need to grow up and be independent*)

  In Swansea this means:

I am supported to maintain employment or be supported into employment

Transport and parking are accessible and blue badges available

- **Suitability of living accommodation** (*I have suitable living accommodation that meets my need*)

  In Swansea this means:

  I am able to live in MY own home with the right support at the right time

- **Securing rights and entitlements** (I *have voice and control, I am involved in decisions that affect my life, my individual circumstances are considered, I can speak for myself or have someone who can do it for me and I get support through the Welsh language if I need it*)

  In Swansea this means:

  I am heard and given fair access to services based on my needs, I have voice, choice and control

  I am regarded as an expert in my own life, my perspective is valued and what works for me is understood

  I am offered equal choices and opportunities

  I take responsibility for my own life

  My strengths are recognised and my abilities developed.

  I am treated with regard to equality legislation and justice, my rights are upheld and reasonable adjustments made to enable me to access all services

  I am treated equally, fairly with respect, dignity, love and compassion

- **Protection from abuse and neglect** (*I am safe and protected from harm and abuse*)

Chapter 6
Current Support Options for Physically Disabled People and People with a Sensory Loss/Impairment

We asked people where they currently get support

This is what they told us:

Tier 1	**Tier 2**
Family Friends Neighbours Carers Peers Community Groups Social networking Media Charities Council Services NHS – primary Local Area Coordinators	Third sector organisations Charities Council Services NHS – secondary care Local Area Coordinators
Tier 3	**Tier 4**
Social Services – day opportunities, social workers Advocates Local Area Coordinators Supported Housing Social media - Deaf Women's Health Facebook group Third sector organisations – SCVS, Carers centre Charities Personal Assistants	Social Services – day opportunities, social workers Advocates Local Area Coordinators Supported Housing Social media - Deaf Women's Health Facebook group Third sector organisations – SCVS, Carers centre Charities - Huntington's Society Personal Assistants

Universal Services and Early Intervention -Tier 1 and 2:

The Voluntary Sector in Swansea is varied and well-used. Voluntary sector organisations provide services to, meet the needs of and engage with disabled

people who may not use Social Services. Groups range from being small, community based and volunteer led, to large national bodies with paid fieldworkers.

Some groups provide support and information on particular impairments or health problems; others raise money for research into specific conditions. Some take on a lobbying and campaigning role in order to break down the physical and social barriers faced by disabled people.

Many groups are peer run and offer highly valued peer support and social interaction.

Swansea Disability Forum is made up of representatives from these local disability groups and voluntary sector organisations. It campaigns on issues, which affect physically disabled people and people with a sensory impairment.

Swansea Association for Independent Living (SAIL) is a local voluntary organisation of disabled people working to eliminate the barriers preventing disabled people from living full and independent lives.

Swansea Access for Everyone (SAFE) is a local access group who work towards achieving a built environment that is accessible to everyone.

Swansea Council for Voluntary Service (SCVS) is the umbrella organisation for voluntary activity and works to support and develop the voluntary sector by providing information, advice and support services and by representing the views of the sector to government and policy makers.

Co-production Network is a group made up of Citizens, service providers, social workers, commissioners and carers and it supports co-productive activity within Social Services.

The Stroke Association offers support and information for people who have had a stroke and their carers.

Information, Advice and Assistance RNIB Cymru, Action on Hearing Loss Cymru, Deafblind Cymru, Guide Dogs Cymru and Sense Cymru are working together to provide information, advice and support to people with sensory loss in Wales.

Locally Swansea commissions Cardiff Institute for the Blind to provide information, advice and assistance for people with visual impairment.

Vision Impaired West Glamorgan provides specialist equipment and grants to people with a visual impairment**.**

The Carers Centre provides a range of information, advice, support, services and events for Carers.

Disabled Facilities Grant Individuals can apply for a grant regardless of tenure to make adaptations to properties.

For smaller adaptations, Care and Repair offer advice and assistance for disabled owner-occupiers on repairs, adaptations and maintenance issues.

Community alarms provide an emergency telephone link for older and disabled people. The purpose of the alarm is to give added security to individuals or to provide reassurance for their informal carer.

Integrated Community Equipment Service provides a range of equipment for people to live more independently.

Housing ADAPT assists disabled people to find suitably adapted accommodation. This is a strong partnership between the City & County of Swansea, Coastal Housing Group, Gwalia Neighbourhood and Family Housing Association, which enables us to make the best possible use of the adapted properties in Swansea, as well as significantly improve and streamline the process of applying for adapted accommodation.

Concessionary Travel Everyone aged 60 and over and people with certain disabilities are entitled to free travel on local bus services in Wales.

People who are unable to travel on their own on health grounds are able to apply for a **Companion Travel Pass** which allows both the disabled person and a companion to travel free of charge.

Railcards are available for both disabled and older (60+) travellers, allowing holders to buy rail tickets at a discount.

Local Area Coordination is support to keep individuals and communities strong and connected. This support currently covers only certain parts of Swansea.

The Common Access Point is the first point of contact with the Local Authority and this approach seeks to support people to access available services; both in the community and the Local Authority depending on the level of need.

Our **Third Sector Broker** sits within the Common Access Point and supports and develops knowledge of the third sector.

More Formal Support - Tier 3 and 4:

Integrated Community Hubs

There are 3 Integrated Community Hubs covering Central, West and North of the city. The hubs geography aligns with the local GP networks and provides integrated services including:

- District nurses
- Occupational Therapy
- Physiotherapy
- Social Work

- Mental Health Link workers
- Dementia Support Workers
- Domiciliary Care (Rapid Response, Reablement and Complex Needs)

These integrated services provide a simplified system of assessment and service provision, which supports a shift towards strengths based approaches that will focus on prevention and early intervention. The aim of which is to reduce or delay people developing more complex needs by providing rapid access to information, assistance and support when it is needed.

Swansea Vale Resource Centre

The Centre provides a short term Rehabilitation Service that enables people who have a physical impairment to live more independently. The aim is to enable people to find new ways of doing things that they are finding difficult, and to look for practical solutions to encourage greater independence.

Within Swansea Vale the **Sensory Services Team** provides specialist advice, support and practical assistance for adults with a physical or sensory disability who have difficulty managing. Services might include:

- equipment and adaptations to help someone manage at home
- training and skills to maximise independence
- assistance with personal care
- support with mobility impairment

Home Care Service / Domiciliary Care

Longer term Domiciliary Care (help at home with personal care) is provided through a range of providers.

Direct Payments People can opt to receive a Direct Payment to help them pay for and manage their own social care services. Direct Payments are a more flexible way of delivering social care services to those who are eligible for Social Services support.

Individuals use the money to:

- Employ someone directly to help support them (a Personal Assistant)
- Buy care from a private registered care agency
- Make own arrangements instead of using Social Services day care or respite care
- Purchase Social Services provision using the Direct Payment

Direct Payment statistics for people with a physical disability

Purpose	March 2016	February 2017
Short Break	99	115
Day Opportunities	2	6
Help at Home	4	5
Total	105	126

Supported Living

This means living in ordinary housing as a tenant, usually shared living with 2-3 other people with a disability with an appropriate level of tenancy and domiciliary support. This could mean 24-hour support through to much lower levels depending upon the person's needs. Additional support can be accessed on a 24-hour basis. It is always the intention to increase independence and reduce levels of support over time if possible.

Residential Care

This means living in a residential care home or nursing care home with personal care/nursing care.

Short Breaks

- Short break (respite) at home: A fully trained support worker will come to your house for up to 3 hours a week.
- Short break in a local authority care home
- Day service: A day out of the house for the person you care for
- Shared Lives: staying in a family home with specially trained families who will provide the care and support you need.
- Direct payments: Instead of Social Services, organising support you can organise services yourself to suit your needs, giving you more flexibility and control over the arrangements you make.

Abertawe Bro Morgannwg University Health Board (ABMU Health Board) In addition to the Integrated Community Hubs, ABMU provides a comprehensive range of hospital and community health services for Swansea, Neath Port Talbot and Bridgend, including the Swansea population of approximately 250,000. Services are provided from 9 hospitals with over 1,800 beds and in a range of community premises. These include psychiatric day centres and resource centres, health centres, health clinics, hired premises, GP surgeries and in patients' homes.

ABMU Health Board 'Take Time for Yourself Team' – an award winning team who promote the importance of making health care information and communication accessible to patients who are deaf, hard of hearing, blind, partially sighted or have dual sensory loss.

ABMU Health Board Audiology and eye clinics provide assessment and rehabilitation for children, young people and adults.

Chapter 7
How well are current services (across the four tiers) delivering these outcomes?

Current arrangements for understanding the impact of services

Commissioning and Service provision have moved to an increasingly outcome focused way of working and systems and processes are being developed to support this. Some of our contracts are outcome focused and performance is measured against the delivery of outcomes (particularly in Supporting People). The new Supported Living Framework sets out clear expectations of an outcome focused, co-productive approach and performance will be measured against outcomes at an individual and strategic level. However, this is not currently routine it is therefore difficult currently to be certain about how well current services are delivering outcomes when outcomes are neither expressly specified nor measured across the piece.

What do people think about services?

We asked family carers, providers and commissioners tell us how well current arrangements are delivering outcomes. This is what they told us:

Staffing

- Some 'Excellent' staff, **however**
- Staffing shortages
- No cover for specialist social care workers when sick or on holiday

Quality of Services

- Some 'Excellent' services and staff
- User led organisations like SAIL
- Continual improvement
- Some good projects
- Respite in Ty Cila
- Alternative therapies for people with progressive conditions
- Sight loss rehabilitation services at Swansea Vale – support independence and gave information
- Rehabilitation services for people with physical disability, **however**
- Lack of joined up services
- Poor access to services
- Lack of choice
- No Welfare Rights service in Swansea (Deaf Community)
- Direct payments are difficult to understand and take a long time to set up

- No provision for people with progressive life limiting conditions (Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Huntington's etc.)
- Alternative therapies service cut for people with progressive conditions
- Lack of respite for carers
- Respite provided isn't flexible
- Transport – lack of access to
- Difficult to manage services with different client groups – competing needs

Approaches

- Some co-productive approaches

Information

- Lack of accessible information which is not available in one place
- Not enough information about direct payments given by social workers

Communication/information

- Lack of communication
- Social services not informing people when worker is off sick
- No British Sign Language clips on council website
- Deaf people being told to phone
- People using Jargon
- Crisis situations could be prevented by better communication
- Never hearing back or getting regular updates after meetings
- Train people to communicate with people with sensory loss
- Explore the wider use of new and emerging technologies to improve communication
-

Process

- Lack of opportunity to shape and influence
- Process is slow and too complicated– e.g. referral process
- People not knowing where they are in the process of accessing services
- Lack of transition planning
- No discharge package from hospital
- Lack of planning – e.g. people with progressive conditions
- Lack of timely intervention
- People not seen in context of family unit. 'Come and look at all our needs and provide a flexible response to the family'
- Poor assessment process
- No ongoing social work support (and not knowing family)
- Not seeing people holistically – may have both physical disability and mental health for e.g.
- No direct referrals (for preventative services like Swansea Vale)

Access

- In emergency people don't know where to turn (Deaf Community)
- Lifeline phone service not accessible for Deaf people
- Poor British Sign Language interpretation (Deaf Community).

- Information only provided in written English (Deaf Community)
- Domiciliary care staff not being able to communicate via British Sign Language
- Given forms by reception staff and cannot read English (Deaf Community)
- People not understanding that English is second language (Deaf Community)
- Do more to ensure the design of all public services meets the needs of people with visual/sensory impairment
- Use specialist organisations such as the Royal National Institute for the Blind to help design good, accessible public services
- Do more to ensure public transport system is adapted appropriately for people with visual/sensory impairment
- Continue to promote the role of support workers in helping people to access services

Resources/Funding

- Lack of finances
- Time limited funding means short term services/projects
- Not enough capacity in RAISE (3rd sector Welfare Rights service)
- No independent advocacy for people with physical and sensory loss
- No befriending service
- No counselling support post trauma
- Current post trauma model is limited and doesn't meet everyone's needs
- Lack of access to physiotherapy, Occupational Therapy and speech and language
- Third sector signposting but no support for carers
- Low pay scale for Direct Payment Personal Assistants

Issues for Commissioning:

Our systems for measuring the impact of services need to be developed to focus increasingly on the measure measurement of outcomes and the action plan for this strategy needs to address the issues raised by individuals in relation to their perception of the current performance of services.

Co-productive approaches which support citizen involvement in service design, delivery and review will be built so services can more responsive to the needs of physically disabled people and people with sensory impairment/loss.

Chapter 8
What do we spend?

What do we spend on services for physically disabled people and people with a sensory loss/impairment?

The budgets for physical disability and sensory loss/impairment services sit within the Integrated Services, Mental Health and Learning Disability and service provision budgets. It is difficult to disaggregate the budgets that sit within integrated services to identify the element spent on physically disabled people and people with a sensory loss/impairment.

Assessment and professional support

Sensory Services Team - £160,700
Integrated Teams - £9,292,800
Intake Support - £340,700

Internal Service Provision

Swansea Vale Resource Centre - £575,400
Ty Cila - £786,900
Social Centres - £7,800
Home Care – the budgets are not disaggregated

External Provision:

Supported Living

£513,599 across 3 external providers (some of this sits within Mental Health/Learning Disability budget and some with the Integrated Teams)

Residential/Nursing Care

£757,119 across external providers (20 individuals, some high cost placements)

Domiciliary Care

£933,200

Information, Advice and Assistance for People with Visual Impairment
£34,000 - Cardiff Institute for the Blind

Direct Payments:

Independent Living Service Team - £177,829
Actual Packages:
Day Care - £21,288
Domiciliary Care - £827,356
Short Term - £21,641

Aids/equipment

Community Alarms - £3,700
Community Equipment Pooled Fund- £548,700
Call monitoring system - £77,000
Aids and Adaptations (Disabled) - £52,500

Issues for commissioning from spend information:

- Identifying who is the lead commissioner for physical disability and sensory loss/impairment provision
- Support a co-productive approach to commissioning and service delivery and monitoring and review
- Direct, track and monitor spend from a population perspective

Chapter 9
What needs to change to deliver these outcomes?

People told us the following needed to happen:

Re-shape services

- Opportunity to shape and influence
- Lifeline – good if had icons for emergency services (Deaf Community)
- New service in place of sign translate which could be done co-productively
- Specialist Deaf social worker (British Sign Language level 3) – could contact via face time and sort out problems efficiently
- More flexible respite
- Sitting service for carers
- Specialist input for progressive conditions

Open up the Process

- People using services being part of recruitment
- Planning of services
- Make the most of people's abilities whilst someone is well
- Mystery shopper to test quality

Improve Access

- Deaf access worker
- Deaf people using face time or skype to talk to each other – could also be used to access services
- Direct text numbers for services (Deaf Community)
- Face to face access (Deaf Community)
- Domiciliary care staff qualified to use British Sign Language specific to role (Deaf Community)

Improve Communication

- Deaf people prefer email
- Holding surgeries at Deaf Centre
- Staff having Deaf Awareness training – made compulsory
- Visual prompt for staff about working with Deaf people around deaf awareness
- Better links to other agencies

Work together better

- More joint working with health
- Use Disability Groups and Deaf Centre to co-produce services

We also asked people 'what supports do physically disabled people and people with sensory loss/impairment need to live a good life?'

This is what they told us:

- Meeting up with similar people to share experiences
- Support to remain independence or rebuild independence
- Good communication
- Reasonable adjustments to be made
- Good, accessible information
- Right level of support to meet individual needs and carers needs
- Improving access to universal services
- Next steps support to help people move on from services
- Specialist Deaf social worker (BSL level 3) – could contact via face time and sort out problems efficiently.
- Staff who have Deaf Awareness training - compulsory staff training.
- Visual prompts for staff about working with Deaf people
- Welfare Rights support
- Timely support
- Timely, efficient (and if needed direct) referral process
- Advocacy
- Flexible responses to need
- New and different relationships with professionals

We asked people 'what are your top three priorities'?

This is what they told us:

- Access to services / support (information, physical, communication and timely/ responsive).
- Specialist services (advocacy, befriending, welfare rights, progressive conditions, health services, early intervention / prevention).
- Co-production (involving people in all aspects of: their lives, services, commissioning, recruitment, and training. Creating social enterprises and user led services).

We asked people what models they want to look at.

This is what they told us:

- DIAL in Dartford – as a one stop shop for information
- Dial a Ride schemes
- Scotland in terms of user led services
- Independent Living Centres
- Guide Dogs service in North Wales working with children ('Movement Matters')
- Bridgend has information available in British Sign Language
- Gloucestershire – people with Huntington's
- Paul Williams- equality officer in Bridgend (Deaf Community)
- Residential care settings for Deaf people in Carmarthenshire
- Sheffield as a good county in terms of using continuing healthcare monies more effective Star centre in Cheltenham

- RNIB college in Hereford
- Carmarthen – early intervention scheme.

What are the Commissioning challenges?

Meeting increasing levels of need

The data tells us that we will have to meet the needs of more people with a wider range of issues including people with sensory impairment alongside other long term, complex conditions, who will require higher levels of support. In particular, older people with dementia and Black Minority Ethnic communities which may require a different access to service arrangement.

Delivering a new model of support to deliver services which support people to do more of what matters to them

The Social Services and Wellbeing (Wales) Act 2014 has prompted the development of a new model of support for people with care and support needs. We expect to see a shift in the way people are supported away from traditional, formal services to more community based, preventative and user led options. Our commissioning arrangements will adopt more co- productive ways of working and will be directed by the outcomes that have been co-produced locally.

Managing reducing resources

The financial resources we have available are reducing year on year and will continue to do so. We can deliver better outcomes and achieve savings by making better use of universal services and by promoting and supporting access to them rather than bringing people into formal service systems unnecessarily.

Making better use of the resources we currently spend will be addressed through co-productive approaches to re-modelling services and approaches. An example of this is the work that has already begun to re-model our approach to Supported Living in Swansea.

Shifting resources

8.5.4 We will manage a shift of resources away from tiers 3 and 4 towards tiers 1 and 2 of 5% over the next three years in Adult Services.

Western Bay

- Access to better range of information, advice and assistance in their care and support, such as direct payments and assistive technology, as well as support to carers, and that communication aids such as hearing loops are available at all main public access points including GP surgeries and hospitals.
- Creating communities that are inclusive and accessible to people with sensory impairment. Promoting professional and public awareness of the need for better lighting.
- Future commissioning intentions are developed through coproduction and engagement, and then made clear in that Western Bay publishes a ‘sensory plan’ aimed at improving health and well-being outcomes for local population. This should include a public health campaign, wellbeing interventions and preventative approaches to sensory impairment.

- Persons with disabilities may be more vulnerable to secondary and age related conditions and premature death
- There is a gap in information held about physically disabled people. This needs to change to help people access relevant services
- Future planned housing should be built to Lifetime Homes Standards to support healthy aging and promote independence
- Organise health care through primary and community care services rather than just around hospitals
- It is important that people with sensory impairment can access the care and support they need to enhance their well-being and to live independently.
- More work is required on prevention – stopping people losing their sight or hearing and preventing falls and emergency admissions in older population with sight problems
- The need to tackle the social isolation of people with sensory impairment by focusing on three clear priorities:
- Access to better range of information, advice and assistance in their care and support, such as direct payments and assistive technology, as well as support to carers, and that communication aids such as hearing loops are available at all main public access points including GP surgeries and hospitals.
- Creating communities that are inclusive and accessible to people with sensory impairment. Promoting professional and public awareness of the need for better lighting.

Physical Disability and Sensory Loss/Impairment Commissioning Strategy Action Plan 2017- 2020

1. Delivering the National Outcomes Framework

What Needs to Change to deliver the Outcomes?	What is happening already?	What would success look like?	Agreed Actions	Who can help make this happen and who will lead?
1.1.1 All services need to re-focus their delivery arrangements against the national outcomes framework	1. A new model for Assessment and Care management is being developed 2. Co-productive Strategic Commissioning arrangements have been implemented 3. Some contracts have been re-written to be outcome focused	Assessment methods and service delivery (internal and commissioned) are outcome focused and co-productive	1. Report that citizens have had input into the development of the Social Work Practice Framework in a way that ensures an outcomes focused approach 2. Report that remaining contracts have been re-written to build in outcomes and co-production 3. Confirm that internal services have refocused service delivery against outcomes and co-production	Social Services - Ffion Larsen (Lisa Banks) March 2018 Social Services - Rachel Evans (Contracting) July 2019 Social Services - Cathy Murray/Amanda Aldridge July 2018
1.1.2 The development of a peer framework for reviewing/measuring outcomes within services	As 2. above	Citizens are actively involved in monitoring and measuring the performance of services against outcomes	1. Report that co-productive monitoring and review approaches have been implemented across adult services	Social Services and Citizens Rachel Evans (Planning/Contracting) March 2018

1.2 Control over day to day life/Securing Rights and Entitlements: ***I know and understand what care, support and opportunities are available and use these to help me achieve my well-being*** ***I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being*** ***I am treated with dignity and respect and treat others the same*** ***My voice is heard and listened to*** ***My individual circumstances are considered*** ***I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me***				
What Needs to Change to deliver the Outcomes?	**What is happening already?**	**What would success look like?**	**Agreed Actions**	**Who can help deliver this and by when?**
1.2.1 To ensure our processes and approaches support people to have control over day to day life	1. A new Practice Framework for Assessment and Care management is being developed	Quality of care and support Quality of life Whether people are treated with respect Whether people are in control of their daily life Whether people are involved in decisions about their care and support The Swansea outcome statements within the strategy are addressed within the Practice Framework	1. Report that physically disabled people and people with a sensory loss/ impairment have been actively involved in the development of the new Practice Framework 2. Report that the outcomes people want to see in relation to assessment practice are considered within the development of the new Practice Framework	Social Services - Ffion Larsen (Lisa Banks) March 2018
1.2.2 Information and advice needs to be more accessible, especially for people	1. Information, Advice and Assistance service is being co-produced and we have gained a lot of insight which	Whether people receive the right information when and in the way they need it	1. Confirm that the I.A.A is being co-produced to ensure that issues around accessible information,	Social Services Rachel Evans and Corporate Services in the Local Authority - December 2017

with sensory impairments	needs to inform the development of information, advice and assistance services. 2. We have spoken to many people to understand what matters to them when it comes to accessible information and this will be used in making any changes 3. An Independent Advocacy Service is being developed	Staff have deaf/visual impairment awareness when giving information and advice Whether people are in control of their daily life Whether people are treated with respect People have access to advocacy to participate fully, have voice, choice and control Equality legislation is adhered to	advice and assistance are being addressed 2. Report that the new Independent Advocacy Service has been co-produced	Social Services- Rachel Evans (Planning) July 2018
1.2.3 Access remains problematic – this means access to equipment, information, services and transport etc.	People have told us what is problematic and have also told us how we can improve in these areas	Access is no longer a barrier Hearing loops and BSL in main public access points	1. Peer led approach to improving access to be developed, making recommendations based on the conversations we have held with citizens	Co-production Group/ Local Authority team responsible for supporting access to services/Corporate Complaints August 2018
1.2.4 Simplify the Direct Payments process and improve information available	There has been a significant level of citizen engagement in the development of the new Independent Living Team		1. Report that the issues raised in this strategy have been considered and addressed by the Independent Living Team	Social Services -Ffion Larsen March 2018
1.2.5 Communication with citizens needs to	Co-productive approaches should be	Feeling listened to	1. Consider with citizens how communication will be	Co-production Group/Communication

improve across the board	helping with some of this	Accessible communication: Using e-mail or text for communicating with people who are deaf Trained Staff in deaf awareness and BSL where appropriate (domiciliary care) Face to face, rather than telephone, opportunities Deaf access worker We will get back to people when we say that we will No jargon Increasing number of communication platforms for communication e.g. Social Media	improved and report on any actions that will be undertaken	officers within the Local Authority/Corporate Access to Services colleagues September 2018
1.2.6 Citizens want to be involved in the recruitment of staff who support them		People will have a say in who supports them	Report how the recruitment process can be opened up to involve citizens	Co-Production Group, Human Resources within the Local Authority April 2018
1.3 Physical/Mental health and emotional wellbeing: *I am healthy and active and do things to keep myself healthy* *I am happy and do the things that make me happy*				

I get the right care and support, as early as possible				
What Needs to Change to deliver the Outcomes?	**What is happening already?**	**What would success look like?**	**Agreed Actions**	**Who can help deliver this and by when?**
1.3.1 Give mental health needs a higher profile within the assessment process		Whether people say they feel healthy physically and mentally Life satisfaction Whether people are living a healthy life style	1. Provide a report detailing how mental health needs are/will be captured in the assessment process that addresses the issues raised	Social Services - Ffion Larsen March 2018
1.3.4 Improve access to health and reducing health equality		Better access More health equality	1. Report that citizens, commissioners and providers have had the opportunity to influence the Sensory Plan, public health campaign and preventative approaches that Western Bay are developing	Western Bay colleagues, Strategic Commissioning Group for Learning Disability Need a timescale from WB
1.3.5 Improve access to public transport		Independent travel opening opportunities for people do the things they want to do	1. to be considered as part of 1.2.3 and 1.7.2	
1.3.6 Access to flexible respite options for carers	Respite options are available	Carers feel reassured by the arrangements we have in place	1. Consider and report on how respite provision can be developed to support a more flexible approach	Co-production Group, Carers July 2018
1.3.7 Carers Assessments – improvement in quality	Carers assessments are undertaken	Carers feel the carers assessment is a worthwhile process that has led to an	1. Report that the views of carers are captured in the development of the Social Work Practice Framework	Carers Group supported by Angela Maguire March 2018

		improvement in their situation		
1.4 Protection from Abuse/neglect: *I am safe and protected from abuse and neglect* *I am supported to protect the people that matter to me from abuse and neglect* *I am informed about how to make my concerns known*				
No actions identified		How much abuse and neglect takes place Whether people say they feel safe		
1.5 Education, Training, Recreation: *I can learn and develop to my full potential* *I do the things that matter to me*				
1.5.1 Information needs to improve and access/support to take part		Adult learner outcomes and qualifications Whether people are able do the things that matter to them	Consider as part of 1.2.2 and 1.2.3	
1.6 Domestic, Family and Personal Relationships: *I belong* *I contribute to and enjoy safe and healthy relationships*				
1.6.1 Peer support opportunities to be developed	Co-production network is being developed	A sense of community Decreased Loneliness	1. Develop the Co-production network for Swansea	Adrian Bailey, SCVS February 2018

1.7 Contribution to Society: *I engage and make a contribution to my community* *I feel valued in society*				
1.7.1 Tackling social isolation/discrimination		Whether people think the things they do in life are worthwhile Participation in society	1. Consider and report on how social isolation and discrimination can be addressed	Co-production Group August 2018
1.7.2 Communities that are inclusive and accessible		Inclusive and accessible communities	1. Report that the Co-production Group has been able to influence the Western Bay response to the issue of inclusive and accessible communities	Western Bay/Co-production Group Need timescale from WB
1.8 Social and Economic Wellbeing and participation in work: *I contribute towards my social life and can be with the people that I choose* *I do not live in poverty* *I am supported to work* *I get the help I need to grow up and be independent* *I get care and support through the Welsh language if I want it*				
1.8.1 Improve support into employment/work related activity		People working Gap in life expectancy between least and most deprived	1. Consider and report how Local Authority services can support physically disabled people and people with a	The Local Authority as a whole, Co-production Group March 2019

		19-24 year olds who are not in education, employment or training Material deprivation	sensory loss/impairment into employment	
1.9 Suitability of Living Accommodation: *I live in a home that best supports me to achieve my well-being*				
1.9.1 More opportunities for people to live in their own home with the right support	There has been a growth in supported living options for this client group	Fewer people living in residential/nursing care	1. Develop an accommodation strategy for physically disabled people and people with sensory loss/impairment	Social Services - Rachel Evans (Planning)/Co-production Group September 2018
1.9.2 Develop the Supported Living model as an alternative to residential care	There has been a growth in supported living options for this client group	Increase in the range and number of supported living options		
2. Managing Demand/Changing the Model of Support Delivery of the Act and Social Services Model Prevention, Early Intervention, Progression 5% shift towards prevention/early intervention				
2.1 Information, Advice and Assistance Services to better reflect the outcomes that people want	Common Access Point currently and Emergency Duty Team in Social Care. Western Bay want to agree a common position about simplified or joined up	Outcomes as detailed in the co-produced work	This should be addressed through action point 1.2.2 above	As 1.2.2 above

	health and social care access points			
2.2 Having the opportunity to be involved in the how services are re-shaped	Co-productive approaches within commissioning and service delivery Swansea Vale Development Group Some input into recruitment	Services are increasingly responsive to the needs of people who use them	1. Report that internal services has co-productive arrangements in place to support the planning, delivery and review of services 2. Build co-production expectations into external contracts	As 1.1.1 above
2.3 Increase the opportunity for citizens to be involved in reviewing existing processes to improve access and their experience of services (including being able to dip in and out of services)		Less complicated processes More holistic approaches More timely responses Improved transition planning More direct access to services Clearer referral routes Clearer information Services that address issues of access from the outset People able to dip in and out of services without fearing a loss of entitlement Improved experience of the process	1. Report that citizens have been involved in reviewing existing processes and how they can be adapted to improve how these processes are experienced by citizens	Co-production Group/People currently accessing services, carers, staff November 2018

		Innovative ways of accessing services e.g. open access		
2.4 Better knowledge of younger people coming through and what sort of services they need	Child Disability Strategy being established The 'People' approach to commissioning means education, child and family and adult services are working more closely together	Services will be available to support younger people with disabilities in a way which meets their needs	1. Engage with younger people and their carers to explore in more detail the types of services they need	Child Disability Team Family Carers, young people 'People' Commissioning Group March 2018
2.5 Need to capture unmet need to support a better understanding of gaps in current provision		People access services that meet their need	1. Report how unmet need is recorded and how it is used to inform service development/commissioning decisions	Social Services- Rachel Evans July 2018
2.6 Better knowledge of people with a physical disability to support more effective planning	Disability register Census information	A good understanding of the numbers of people with physical disability and sensory loss/impairment in Swansea	1. Work with Western Bay colleagues to address this information gap.	Strategic Commissioning Group March 2019
3. Managing Costs/Sustainability				
3.1 Review High Cost Care Packages in supported living and residential care	Some outcomes focused assessment work has been undertaken	Packages are proportionate to the level of need	1. Systematically review all existing high cost packages of care to ensure they are outcomes focused and proportionate to the level of need	Social Services - Rachel Evans (Contracting) July 2018

3.2 Better understand the resources which are available for physically disabled people and people with sensory loss/ impairment	Some work has taken place to disaggregate budgets with a view to having greater clarity	Clarity on level of resources available and how they are currently spent	1. Determine the lead commissioner and put arrangements into place to understand, track and monitor spend	Social Services - Rachel Evans March 2018
3.3 Review internal day opportunities and respite provision	Internal services have a dynamic approach to service review and delivery	Internal services are as cost effective as they can be Models of support align with the requirements within the SSWB Act 2014	1. Review internal services for physically disable people and people with sensory loss/impairment, compare with services/models elsewhere and report on recommended changes	Strategic Commissioning Group, Co-production Group, Cathy Murray March 2019

Appendix 4: Learning disability, Mental Health and Physical Disability Commissioning Review Timeline – Gateway Two Timeline

	Jan 18	Feb 18	Mar 18	Apr 18	Ma 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
Mental Health Sup Housing																		
Day Services																		
Res Care																		
Dom Care																		
LDSup Housing																		
Res Care																		
Dom Care																		
Day Services																		
PD Sup Housing																		
Day Services																		
Dom Care																		
Res Care																		

Equality Impact Assessment (EIA) Report

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to equality.

Please refer to the 'EIA Report Form Guidance' while completing this form. If you need further support please contact accesstoservices@swansea.gov.uk.

Where do you work?	
Service Area:	Learning Disability Services
Directorate:	People

(a) This EIA is being completed for a…

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
☐	☐	☐	☒	☐	☐

(b) Please name and describe below…

The Commissioning Strategy for People with a Learning Disability sets out our strategic commissioning intention based upon the vision for adult social services and the set of co-produced outcomes for people with a learning disability, sitting within the context of Sustainable Swansea. It seeks to understand current and future demand for care and support and explores strengths and weaknesses of current provision in meeting need and delivering outcomes. It is strong on user and carer voice and aims to support co-productive approaches. There is a detailed action plan attached which directs a set of activity aimed at delivering outcomes, re-modelling provision and making efficiencies.

(c) It was initially screened for relevance to Equality and Diversity on December 2016

(d) It was found to be relevant to…

Children/young people (0-18)	☒	Religion or (non-)belief	☒
Any other age group (18+)	☒	Sex	☒
Disability	☒	Sexual orientation	☒
Gender reassignment	☒	Welsh language	☒
Marriage & civil partnership	☒	Poverty/social exclusion	☒
Pregnancy and maternity	☒	Carers (inc. young carers)	☒
Race	☒	Community cohesion	☒

(e) Lead Officer

Name: Lisa Banks

Job title: Planning Officer

Date (dd/mm/yyyy):

(f) Approved by Head of Service

Name: Alex Williams

Date (dd/mm/yyyy):

Section 1 – Aims (See guidance):

Briefly describe the aims of the initiative:

What are the aims?
To develop a Commissioning Strategy for People with a Learning Disability to ensure we meet our obligations within the Social Services and Wellbeing Act 2014 and work alongside citizens to deliver services and support which will deliver wellbeing outcomes whilst, at the same time, delivering the Sustainable Swansea agenda.

The Commissioning Strategy will establish the basis for the delivery of the National Wellbeing Outcomes and it will outline the structures, processes and actions that will support a co-productive approach to service planning and delivery.

We hope that this co-productive approach will ensure the Commissioning Strategy works as intended.

Who has responsibility?
The development of the Commissioning Strategy emerged through the Commissioning Review process in a desire to take a population approach rather than a service review approach.

The implementation of the Commissioning Strategy will be the responsibility of the People Learning Disability Commissioning Group co-chaired by Mark Campisi, Principal Officer, and Rachel Evans, Principal Officer, Commissioning, Prevention and Wellbeing.

Who are the stakeholders?
The Commissioning Strategy is aimed at Adults (18+). It will be relevant for citizens, carers, providers, partners and care management.

Section 2 - Information about Service Users (See guidance):

Please tick what information you know about your service users and provide details/ evidence of how this information is collected.

Children/young people (0-18)		Carers (inc. young carers)	☒
Any other age group (18+)	☒	Race	☒
Disability	☒	Religion or (non-)belief	☒
Gender reassignment	☐	Sex	☒
Marriage & civil partnership	☒	Sexual orientation	☐
Pregnancy and maternity	☐	Welsh language	☒

What information do you know about your service users and how is this information collected?

Western Bay population needs assessment:
http://www.westernbaypopulationassessment.org/en/home/

Age and Gender
We collect information on an individual basis through the assessment and care management process. Information is collated and analysed at a strategic level through PARIS, our information system.

Gender	Numbers	%
Males	525	58
Females	368	42

Age	Numbers	%
Under 18	19	2%
18 - 25	231	26%
26-64	555	62%
65+	87	10%

Disability
The PARIS system also collects information about people's diagnosis and specific health conditions and reports can be produced for strategic analysis.

We have 120 people who are on the disability register.

Carers
The PARIS system collects information from individual assessments regarding primary carers, their age and any health conditions they may have.

Civil Status
Recorded through individual planning on PARIS.

Civil status	Numbers	%
Married	7	0.007
Single	436	48
Divorced	5	0.005
Separated	2	0.002
Widowed	1	0.001
Not recorded	440	49

Welsh Language
Recorded through individual planning and on PARIS. There are currently 3 people recorded as Welsh first language.

Gender reassignment, pregnancy and maternity and sexual orientation
Information about individuals' sexual orientation and gender reassignment is recorded. If a couple, friends or partners have needs which make them eligible for respite, and this is to be taken together, this would be provided to them in accordance with their wishes. In cases of gender reassignment, the recording in PARIS reflects their identity rather than the gender they were assigned at birth.Gender is reportable through the PARIS system, but it would not report on gender reassignment or sexual orientation.

Ethnicity
This is recorded on PARIS

Ethnicity	Numbers	%
White British	423	80
White European	1	0.1
Bangladeshi	1	0.1
White	6	1
Non Stated	22	4
Not recorded	48	9
Mixed White/Black Caribbean	1	0.1

Mixed race	1	0.1
Chinese	1	0.1
Pakistani	1	0.1
Any other White Background	16	3
Any other Asian Background	2	0.3
Any other Mixed Background	2	0.3

Religion
This is recorded on PARIS

23 religions are represented within the client group. The main ones being Church of England and Roman Catholic. In 600 cases religion is either not known or not recorded.

- **Consider the information we currently collect and report on to ensure it is adequate for the purposes of understanding the profile of people with protected characteristics**

Section 3 - Impact on Protected Characteristics (See guidance):

Please consider the possible impact on the different protected characteristics. This could be based on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	☒	☐	☐	☐
Any other age group (18+) →	☒		☐	☐
Disability →	☒		☐	☐
Gender reassignment →	☐	☐	☒	☐
Marriage & civil partnership →	☐	☐	☒	☐
Pregnancy and maternity →	☐	☐	☒	☐
Race →	☐	☐		☒
Religion or (non-)belief →	☐	☐	☒	☐
Sex →	☐	☐	☒	☐
Sexual orientation →	☐	☐	☒	☐
Welsh language →	☐	☐	☒	☐
Carers (inc. young carers) →	☐	☐	☐	☒

Thinking about your answers above, please explain in detail why this is the case.

<u>Needs Further Investigation:</u> We know that it is likely that people from **Black and Minority Ethnic groups (BME)** are underrepresented as users of our services. We need to explore how we can improve our knowledge and understanding of the needs of these groups.

We also know from our engagement that the needs of carers need to be better understood and addressed in light of the Social Services and Wellbeing Act.

This is being addressed through specific actions within the Action Plan:

- Support people with a learning disability and their carers to develop a peer led strategy to address building strong relationships and social networksDevelop a carer led strategy to

address how more carers can work, if this is what they want
- Ensure the views of younger people and their carers are captured when developing accommodation options
- Consider peer approaches to supporting people with a learning disability and their carers to overcome the barriers to healthier lifestyles

Neutral: Services will continue to be provided taking appropriate account of these characteristics protected by the Equality Act, and providing specific responses to ensure that gender, Welsh language and religious beliefs are acknowledged and positively addressed. During the development of this strategy consultation and engagement has not brought up any issues relating to these characteristics.

Positive
We anticipate that by taking a 'People' approach, younger people with a learning disability will benefit by having a voice in the strategic planning of adult services. Given we have co-produced our strategy and directly responded to what people have told us within it we would hope that the strategy will have positive outcomes in relation to disability and age. However, we need to undertake further investigation for specific elements of activity within the Commissioning Strategy. We will be co-producing specific activity through this commissioning strategy and the public consultation on the strategy will help us to understand whether we have this right or not. We have held a number of co-production events where we co-produced our outcomes for people with a learning disability in Swansea, had 'what matters to you' conversations, and developed the action plan to deliver the outcomes. Many of the actions in the plan will be led by people with a learning disability and their carers e.g. *Service Provider Forum, Commissioners, Swansea People First and carers to work together to co-produce a monitoring and measuring tool for measuring outcomes in both internal and external services* and *Consider peer approaches to supporting people with a learning disability and their carers to overcome the barriers to healthier lifestyles*

What consultation and engagement has been undertaken (e.g. with the public and/or members of protected groups) to support your view? Please provide details below.

Supported Living Workshop – November 2015 developing insight into what matters to people with a learning disability, and their carers in relation to supported living provision. People with a learning disability, parent carers, providers, care managers, landlords and commissioners attended this event. It was attended by approximately 100 people

Commissioning Review Workshop – January 2016 An event of approximately 130 people developing insight into what matters to people with a learning disability, their carers and staff identified throughout the Commissioning Strategy can be summarised as follows:

What does a good life look like?	What outcomes do we want to achieve for people with a learning disability?	What support do people with a learning disability need to live a good life?
1. Good mental health/wellbeing ***Hope, Happy, Belonging***	Independence Choice	College Guidance and Reassurance Peer support
2. Good physical health ***Fitness***	Meaningful activity	Family support Information and advice (accessible)- signposting
3. Independence ***Doing things for myself***	Development or maintenance of current skills	Social Work Health workers Advocates
4. Good relationships and belonging ***Being an part of the***	Being part of community	Volunteers Social Services – clubs and day opportunities

community	Support for working parents	Friendship House
getting out and about		Support to develop skills
Family		Support to work
Friendships	Having a job/work	Financial
marriage		Positive staff who value them
Good social life e.g. discos	A place to live that meets needs	Personal assistants
		Daily Living Skill – budgeting, personal hygiene, cooking, clothes washing, household chores etc.
5. Choosing where I live	Good health	
6. Feeling valued/respected		To find activities
		Manage health conditions
7. Having opportunities		Routine - somewhere to go in day
Holidays		Transport – getting around
Taking risks some sometimes		
New experiences		
Learning new things		
8. Having choices and control about how I live my life		
Securing rights		
Knowing where to turn when things aren't right		
9. Feeling Safe and Secure		
Personal safety		
Financial security		
Security of tenure/living arrangements		
10. Being Occupied/Having purpose		
Work – paid/unpaid		
'Attending day service'		
Contribution /Supporting others		
Interests – 'supporting the swans'		

We used this information to inform the commissioning strategy and the actions that fall out of it.

Co-production Group Meetings with people with a learning disability, their carers, staff providers and commissioners throughout 2016/17, developing outcomes and the commissioning strategy action plan This group will continue to deliver the implementation of the Commissioning Strategy on a co-productive basis

Co-productive work took place with people with a learning disability through Swansea People First over spring 2017 to develop a Supported Living Framework and to develop an ongoing monitoring framework led by people with a learning disability to measure all our services against.

Carers Consultation 2012, which remains relevant today – asking carers their views on a range of issues relating to the accommodation and support needs of the people they care for. This information is incorporated into the strategy and has been used to inform action planning.

Co-production group including parent carers, people with a learning disability and staff established to consider developing daytime activities in the community and social enterprise working alongside social services day centres. A public consultation on the draft commissioning strategy and action plan was held from December 2017 to February 2018 and we will also publicly consult on specific areas of activity that come out of the commissioning strategy as this work progresses e.g. Re-modelling of Supported Living. We asked respondents to complete the corporate 'About You' form, which has enabled us to understand whether there are any unintended consequences of our proposals on any of the protected characteristics by cross-referencing responses to each of the latter where disclosed.

We received 158 online responses across the three Draft Commissioning Strategies. We have analysed and themed the responses. The themes are summarised as follows with an associated response to the issues where required.

The responses noted that the draft strategies lacked detail; specifically on what early intervention and prevention looked like for each group. Some wanted assurance that strategies would be joined up with health strategies. Some people were concerned regarding the resource used to develop strategies at the expense of directly providing services and were sceptical about their impact.

Some people raised the need for an easy read version of the draft strategy. We did organise two sessions for people with a learning disability and produced an easy read version of the Budget Consultation to support understanding and engagement.

We received comments about the need to improve transition planning to adult services. We have included a specific action relating to this area in the action plan.

Some people felt there should be more focus preparing people for work readiness in order to increase income. This was in conjunction with concerns about welfare reform.

There was a call for increased availability for flexible accommodation for vulnerable people.

There was support for more funding to be prioritised to meet need and improve services for vulnerable individuals along with concerns that any cuts would have an impact on these groups

There were a number of comments related to how the Council funds the delivery of services. There was support for internally provided social care services with the perception of reliability and good quality. There were concerns about contracting with a limited number of profit making private providers who some perceived as delivering less reliably with lower quality of service and public funds going to profit.

There was a suggestion of introducing a multi skilled workforce to avoid duplication limiting the number of staff a person deals with in Social Services. Some commented at the lack of speed of undertaking the improvement work and the cost of the process.

There were some comments on the Adult Service framework and assessments. There was concern that shifting resources away from services for people with complex needs to support people with lower level needs is creating inequality and that the equality impact assessments should be published to contextualise this plan. There were comments on the current perceived limited access to service unless in crisis, which was, felt was against the principles of the new Acts i.e. early intervention and prevention. There was concern that access to services should be needs led. There was a comment that there was too much reliance on family in care plans and there should be more involvement in developing care plans from primary health Services e.g. GPs as they know people best.

We had a range of comments on how the Council works together with stakeholders. There was an expectation that the public and those who will use services will be involved in coproducing changes.

The issues raised through the consultation have been addressed by changes to the strategy where relevant

The protected characteristics of those who responded to consultation:

Gender	Male	63	39%
	Female	89	55%
	Blank	12	7%
Gender	gender the same as assigned from birth	162	99%
	Blank	1	1%
Age	16-25	3	2%
	26-35	29	18%
	36-45	54	33%
	46-55	26	16%
	56-65	30	18%
	66-75	18	11%
	76-85	1	1%
	over 85	1	1%
	Not say	1	1%
Nationality	Would you describe yourself as…..British	89	55%
	Welsh	66	40%
	English	6	4%
	Irish	5	3%
	Scottish	1	1%
	Non British	1	1%
	Other European	1	1%
	Western European	1	1%
Ethnicity			
	White British	23	14%
	Asian or Asian British Bangladesh	5	3%
	Asian or Asian British Indian	5	3%
	Asian or Asian British Pakistan	5	3%
	Mixed White & Caribbean	5	3%
	European	1	1%
	Mixed European	6	4%
	White other European	1	1%
Religion	Christian	67	41%
	Muslim	10	6%
	No Religion	73	45%
	Spiritual	5	3%
	Wiccan	5	3%
Actively Practising	Yes	54	33%
Sexual Orientation	Bisexual	1	1%

	Gay/Lesbian	1	1%
	Heterosexual	141	87%
	Other	5	3%
	Not Say	6	4%
	Transgender	5	3%
	Why do you need to know	6	4%
Welsh	Understand Spoken	10	6%
	Speak Welsh	16	10%
	Read Welsh	11	7%
	Write Welsh	11	7%
	Learning Welsh	10	6%
	None	120	74%
Language	English	151	93%
	Welsh	11	7%
	French	1	1%
	Other European	1	1%
	Spanish/Japanese	1	1%
Do you have a long Standing Illness, Disability or infirmity?	Yes	52	32%
Does this illness/infirmity limit your activities	Yes	42	26%

Any actions required (to mitigate adverse impact or to address identified gaps in knowledge).

- Engage with BME groups through the Regional BME Network and ask them for their views on the strategy.

Section 4 - Other Impacts:

Please consider how the initiative might address the following issues.
You could base this on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

Foster good relations between different groups	**Advance equality of opportunity between different groups**
Elimination of discrimination, harassment and victimisation	**Reduction of social exclusion and poverty**

(Please see the specific Section 4 Guidance for definitions on the above)

Please explain any possible impact on each of the above.
Foster good relationships
The Strategy focuses on people with a learning disability and how they are valued and perceived within their communities. This includes being active members of the community, being good neighbours and contributing to society, but also supporting people to feel safe in their communities.

Advancement of Equality of Opportunity
The Strategy identifies a number of areas where people with a learning disability do not have equality of opportunity, most notably employment and health. The strategy identifies specific actions to address this e.g. *Through local GP networks and the patient representative groups look at issues of access, experience and health equality*

Elimination of discrimination..
People with a learning disability face discrimination and this can usually occur because of a lack of understanding from society about the needs that people with a learning disability have. We have identified in our strategy a specific piece of work that will explore how we support the public at large to have a better understanding of learning disability and the difficulties having a learning disability can bring for individuals. We hope that this will support people to be more understanding, tolerant and less discriminatory

Reduction of Social Exclusion and Poverty
People with a learning disability are more likely to be socially excluded and live in poverty than the rest of the population. The Strategy addresses this issue and sets action to tackle this by supporting more people into work and supporting activity that will build community presence and participation to reduce social exclusion e.g. *Support people with a learning disability and their carers to develop a peer led strategy to address building strong relationships and social networks*

What work have you already done to improve any of the above? Activity over the years has tried to address these issues and more people with a learning disability are supported in the community and more people are working together to develop their interests and organise social activity for themselves (e.g. Time To Meet – a peer led project that brings people with a learning disability with common interests together). We have also strengthened our work development service to support more people into work. We have identified a range of actions that we will support people with a learning disability to lead on which addresses this issue.

Is the initiative likely to impact on Community Cohesion? Please provide details.
The Strategy is likely to have a positive impact on community cohesion if we are successful in implementing the actions designed to connect people to their communities.

How will the initiative meet the needs of Welsh speakers and learners?
We have 3 individuals who are affected by this strategy whose first language is Welsh.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

- Ensure Welsh speaking staff are available for future engagement exercises

Section 5 - United Nations Convention on the Rights of the Child (UNCRC):

In this section, we need to consider whether the initiative has any direct or indirect impact on children. Many initiatives have an indirect impact on children and you will need to consider whether the impact is positive or negative in relation to both children's rights and their best interests

Please visit http://staffnet/eia to read the UNCRC guidance before completing this section.

Will the initiative have any impact (direct or indirect) on children and young people? If not, please briefly explain your answer and proceed to Section 6.
The Strategy relates to Adults with a Learning Disability who are over the age of 18. We

are aware that the strategy will also impact upon children with a learning disability who will at some point in their life enter adult services and we need to ensure we have anticipated and understood their needs. It is for this reason that we are developing the 'People' approach to commissioning learning disability services. A clear focus will always be transition from Children's Services to Adult Services.

Is the initiative designed / planned in the best interests of children and young people? Please explain your answer.
This strategy relates to adults age 18+, however we have considered the needs of children who will be coming through from Children's Services in the Western Bay population assessment We have also developed the strategy from a 'People' perspective which is an approach which sets out to understand needs and responses to needs through life. In this sense it is an attempt to better anticipate what children and young people with a learning disability need as they enter adulthood.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

-
-

Section 6 - Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor this initiative:

Monitoring arrangements: The Strategy Action Plan will be monitored by the People Commissioning Group for Learning Disability Services on a bi-monthly basis.

Actions

- Monitor and report on the progress of the Commissioning Strategy action plan to the People Commissioning Group for Learning Disability

Section 7 – Outcomes:

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to the guidance for further information on this section).

Outcome 1: Continue the initiative – no concern	☒
Outcome 2: Adjust the initiative – low level of concern	☐
Outcome 3:Justify the initiative – moderate level of concern	☐
Outcome 4: Stop and refer the initiative – high level of concern.	☐

For outcome 3, please provide the justification below:
For outcome 4, detail the next steps / areas of concern below and refer to your Head of Service / Director for further advice:

Section 8 - Publication arrangements:

On completion, please follow this 3-step procedure:

1. **Send this EIA report and action plan to the Access to Services Team for feedback and approval – accesstoservices@swansea.gov.uk**
2. **Make any necessary amendments/additions.**

3. **Provide the final version of this report to the team for publication, including email approval of the EIA from your Head of Service. The EIA will be published on the Council's website - this is a legal requirement.**

Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress
• Consult on the draft strategy and action plan to ensure it captures what matters to people with a learning disability	Learning Disability People Commissioning Group	March 2018	Public consultation will have taken place and feedback analysed and used to make necessary changes	Public consultation has taken place and the results included in this document. Changes have been made to the Draft Strategies as a result of the consultation
• Ensure Welsh speaking staff are available for future engagement exercises	Lisa Banks	July 2018	Any identified needs will be addressed	
• Monitor and report on the progress of the Commissioning Strategy action plan to the People Commissioning Group for Learning Disability	Learning Disability Co-production Group	This will be ongoing as a standing agenda item	Regular reports on progress to the Learning Disability 'People' Commissioning Group	
Consider the information we currently collect and report on to ensure it is adequate for the purposes of understanding	Strategic Commissioning Group	September 2018	improved knowledge on the profile of those with protected characteristics	

the profile of the with protected characteristics				
• Consultation with BME groups through the Regional BME Network	Lisa Banks	March 2018	Changes will be made to the strategy as a result of this engagement if required	

*** Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**

Equality Impact Assessment (EIA) Report

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to equality.

Please refer to the 'EIA Report Form Guidance' while completing this form. If you need further support please contact accesstoservices@swansea.gov.uk.

Where do you work?	
Service Area:	Adult Social Services-Physical Disability and Sensory Impairment
Directorate:	People

(a) This EIA is being completed for a…

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
☐	☐	☐	☒	☐	☐

(b) Please name and describe below… This new Commissioning Strategy for Physically Disabled People and People with a Sensory Impairment sets out our strategic commissioning intention based upon the vision for adult social services and the set of co-produced outcomes, sitting within the context of Sustainable Swansea. It seeks to understand current and future demand for care and support and explores strengths and weaknesses of current provision in meeting need and delivering outcomes. It is strong on user and aims to support co-productive approaches. There is a detailed action plan attached which directs a set of activity aimed at delivering outcomes, re-modelling provision and efficiencies

(c) It was initially screened for relevance to Equality and Diversity on December 2016

(d) It was found to be relevant to…

Children/young people (0-18)	☒	Religion or (non-)belief	☒
Any other age group (18+)	☒	Sex	☒
Disability	☒	Sexual orientation	☒
Gender reassignment	☒	Welsh language	☒
Marriage & civil partnership	☒	Poverty/social exclusion	☒
Pregnancy and maternity	☒	Carers (inc. young carers)	☒
Race	☒	Community cohesion	☒

(e) Lead Officer

Name: Lisa Banks

Job title: Planning Officer

Date (dd/mm/yyyy):

(f) Approved by Head of Service

Name: Alex Williams

Date (dd/mm/yyyy):

Section 1 – Aims (See guidance):

Briefly describe the aims of the initiative:

What are the aims?

To develop a Commissioning Strategy for Physically Disabled Adults and Adults with a Sensory Impairment to ensure we meet our obligations within the Social Services and Wellbeing Act 2014 and work alongside citizens to deliver/organise services and support which will deliver wellbeing outcomes whilst, at the same time, delivering the Sustainable Swansea agenda.

The Commissioning Strategy will establish the basis for the delivery of the National Wellbeing Outcomes and it will outline the structures, processes and actions that will support a co-productive approach to service planning and delivery.

It is intended that this co-productive approach that will ensure the Commissioning Strategy works as intended.

Who has responsibility?

The development of the Commissioning Strategy emerged through the Commissioning Review process in a desire to take a population approach rather than a service review approach.

The implementation, monitoring and review of the Commissioning Strategy will be the responsibility of the Physical Disability Strategic Commissioning Group co-chaired by Amanda Aldridge, Principal Officer, and Rachel Evans, Principal Officer, Commissioning, Prevention and Wellbeing.

Who are the stakeholders?

The Commissioning Strategy is aimed at Adults (18+). It will be relevant for citizens who are physically disabled or who have a sensory impairment, their carers and families, providers, partners and care management.

Section 2 - Information about Service Users (See guidance):

Please tick what information you know about your service users and provide details/ evidence of how this information is collected.

Children/young people (0-18)	☐	Carers (inc. young carers)	☒
Any other age group (18+).....	☒	Race.....	☒
Disability	☒	Religion or (non-)belief.....	☒
Gender reassignment	☐	Sex.....	☒

What information do you know about your service users and how is this information collected?

1. Western Bay Population Assessment undertaken in 2017:
http://www.westernbaypopulationassessment.org/en/healthphysical-disability/

http://www.westernbaypopulationassessment.org/en/sensory-impairment/

Calculating numbers of physically disabled people in the population is complicated, since there is no one, definitive source of information and no 'set' population. It is also difficult to accurately predict numbers of people who are likely to become disabled over time, either as a result of a deteriorating condition or as a result of accident. The Population Assessment recently undertaken across Western Bay highlights this area as a gap in our knowledge.

- The largest cause of visual, hearing and dual sensory loss is the ageing process.
- It is estimated that 1 in 10 people over 65 have some degree of age-related macular degeneration.
- 1 in 5 people aged 75 and over are living with sight loss.
- There are more than 11 million people in the UK with some form of hearing loss; one in six of the population.
- By 2035, it is estimated that there will be 15.6 million people with hearing loss in the UK - that's one in five of the population.
- There are approximately 250,000 people in the UK with both hearing loss and sight loss. Of these 220,000 are aged 70 or over.
- As many as 2 in every 1,000 children are estimated to have sight loss

2. We held ongoing conversations with a wide range of citizen groups and developed a set of outcomes from these conversations that the Commissioning Strategy is committed to deliver, e.g. **Wellbeing (*I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it*)**

In Swansea this means:

I receive Information that works for me. It is provided jargon free, in my language and is fully accessible within the Equality Act.

I am equipped with information about services and told about what's on in a timely way

I make a difference by helping to plan, develop and deliver services by passing on what I have learnt

I receive a joint, shared needs assessment that captures my history

- The issues raised are all being addressed within the Commissioning Strategy Action Plan e.g. *Peer led approach to improving access to be developed, making recommendations based on the conversations we have held with citizens*

Marriage & civil partnership	☒	Sexual orientation	☐
Pregnancy and maternity	☐	Welsh language	☒

Any Actions Required?

- Calculating the numbers of physically disabled adults is complicated as there is no one definitive source of information and this is a gap in our knowledge that requires action. This action is being taken forward by the Western Bay Partnership at a regional level.

Section 3 - Impact on Protected Characteristics (See guidance):

Please consider the possible impact on the different protected characteristics. This could be based on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

	Positive	Negative	Neutral	Needs further investigation

Children/young people (0-18) →	☐	☐	☒	☐
Any other age group (18+) →	☒	☐	☐	☐
Disability →	☒	☐	☐	☐
Gender reassignment →	☐	☐	☒	☐
Marriage & civil partnership →	☐	☐	☒	☐
Pregnancy and maternity →	☐	☐	☒	☐
Race →	☐	☐	☐	☒
Religion or (non-)belief →	☐	☐	☒	☐
Sex →	☐	☐	☒	☐
Sexual orientation →	☐	☐	☒	☐
Welsh language →	☐	☐	☒	☐
Carers (inc. young carers) →	☐	☐	☐	☒

Thinking about your answers above, please explain in detail why this is the case.

Positive

We are confident that the strategy will be positive for these protected characteristics as we have co-produced the strategy from a broad range of stakeholder conversations about 'what matters' to people and what actions can support us to promote more of what matters to people. We have also established co-productive commissioning arrangements, which will ensure continued collaboration with citizens throughout the life of the strategy. Many of the actions within the action plan are led by and for physically disabled people. We are also developing co-productive arrangements within service provision to support people who access services to be involved in the design, delivery and review of services.

Neutral

The conversations that we have held with stakeholders have not produced any comments with regard to these protected characteristics.

Needs further investigation

We have not reached carers and people from minority communities through our co-productive approach and this is something which we need to investigate further

What consultation and engagement has been undertaken (e.g. with the public and/or members of protected groups) to support your view? Please provide details below.

Commissioning Review Workshop with citizens, staff, support providers– January 2016. This workshop identified outcomes that physically disabled people and people with sensory impairment want services to deliver, key issues and strengths and weaknesses of current services in delivering those outcomes. This information is incorporated into the Commissioning Strategy

- Increased demand as people are living longer
- More people lives are saved through medical intervention requiring support
  Younger disabled people are not necessary going to want current traditional residential services leading to increased demand for accessible housing provision and more supported living options
- People are becoming more independent and require services that maintain this independence
- More people are living alone
- Families need more support
- Transition to adult services needs improving
- Need to plan services through life stages
- People expect the co-production of services
- People's expectations will continue to change
- Need to increase direct payments

1. Focus Groups from February to March 2016 extended the conversation above to a wider network of citizens, especially the deaf community who prefer not to attend large meetings

2. Discussions with citizen representatives led to a change of approach to the development of the Commissioning Review – taking a co-productive and strategic approach in developing a commissioning strategy – May 2016

3. We employed a co-production development officer to support and develop co-productive approaches within commissioning – September 2016

4. Co-produced our strategic commissioning arrangements which produced a Terms of Reference – October 2016

5. Holding "What Matters" conversations with the range of disability groups in Swansea to develop a set of strategic outcomes that form the basis of the Commissioning Strategy – December 2016 – present

6. Strategic Commissioning Group Workshop – March 2017 –agreed a set of strategic outcomes based on the "What Matters" conversations.

7. A citizen workshop was held in July 2017 to agree and prioritise the Commissioning Strategy action plan and this was attended by approximately 20 citizens, representing a range of disability and sensory impairment groups

A public consultation on the draft commissioning strategy and action plan was held from December 2017 to February 2018 and we will also publicly consult on specific areas of activity that come out of the commissioning strategy as this work progresses e.g. Re-modelling of Supported Living. We asked respondents to complete the corporate 'About You' form, which has enabled us to understand whether there are any unintended consequences of our proposals on any of the protected characteristics by cross-referencing responses to each of the latter where disclosed.

158 online responses were received across the three Draft Commissioning Strategies. We have analysed and themed the responses. The themes are summarised as follows with an associated response to the issues where required.

The responses noted that the draft strategies lacked detail; specifically on what early intervention and prevention looked like for each group. Some wanted assurance that strategies would be joined up with health. Some people were concerned regarding the resource used to develop strategies at the expense of directly providing services and were sceptical about their impact.

Comments on improving transition planning to adult services have led to a specific action relating to this area being included in the action plan.

Some people felt there should be more focus preparing people for work readiness in order to increase income. This was in conjunction with concerns about welfare reform.

There was a call for increased availability for flexible accommodation for vulnerable people.

There was support for more funding to be prioritised to meet need and improve services for vulnerable individuals along with concerns that any cuts would have an impact on these groups

There were a number of comments related to how the Council funds the delivery of services. There was support for internally provided social care services with the perception of reliability and good quality. There were concerns about contracting with a limited number of profit making private providers who some perceived as delivering less reliably with lower quality of service and public funds going to profit.

There was a suggestion of introducing a multi skilled workforce to avoid duplication limiting the number

of staff a person deals with in Social Services. Some commented at the lack of speed of undertaking the improvement work and the cost of the process.

There were some comments on the Adult Service framework and assessments. There was concern that shifting resources away from those with complex needs towards prevention services is creating inequality and that the equality impact assessments should be published to contextualise this plan. There were comments on the current perceived limited access to service unless in crisis which was felt was against the principles of the new Social Services and Wellbeing Act i.e. early intervention and prevention. There was concern that access to services should be needs led. There was a comment that there was too much reliance on family in care plans and there should be more involvement in developing care plans from primary health Services e.g. GPs as they know people best.

There were a range of comments on how the Council works together with stakeholders. There was an expectation that the general public and those who will use services will be involved in coproducing changes.

The protected characteristics of those who responded to consultation:

Gender	Male	63	39%
	Female	89	55%
	Blank	12	7%
Gender	gender the same as assigned from birth	162	99%
	Blank	1	1%
Age	16-25	3	2%
	26-35	29	18%
	36-45	54	33%
	46-55	26	16%
	56-65	30	18%
	66-75	18	11%
	76-85	1	1%
	over 85	1	1%
	Not say	1	1%
Nationality	Would you describe yourself as…..British	89	55%
	Welsh	66	40%
	English	6	4%
	Irish	5	3%
	Scottish	1	1%
	Non British	1	1%
	Other European	1	1%
	Western European	1	1%
Ethnicity			
	White British	23	14%
	Asian or Asian British Bangladesh	5	3%
	Asian or Asian British Indian	5	3%
	Asian or Asian British Pakistan	5	3%
	Mixed White & Caribbean	5	3%
	European	1	1%
	Mixed European	6	4%
	White other European	1	1%

Religion	Christian	67	41%
	Muslim	10	6%
	No Religion	73	45%
	Spiritual	5	3%
	Wiccan	5	3%
Actively Practising	Yes	54	33%
Sexual Orientation	Bisexual	1	1%
	Gay/Lesbian	1	1%
	Heterosexual	141	87%
	Other	5	3%
	Not Say	6	4%
	Transgender	5	3%
	Why do you need to know	6	4%
Welsh	Understand Spoken	10	6%
	Speak Welsh	16	10%
	Read Welsh	11	7%
	Write Welsh	11	7%
	Learning Welsh	10	6%
	None	120	74%
Language	English	151	93%
	Welsh	11	7%
	French	1	1%
	Other European	1	1%
	Spanish/Japanese	1	1%
Do you have a long Standing Illness, Disability or infirmity?	Yes	52	32%
Does this illness/infirmity limit your activities	Yes	42	26%

Any actions required (to mitigate adverse impact or to address identified gaps in knowledge).

- **Engage with Carers Centre and BME Regional Forum to ensure that we understand the impacts for these groups**

Section 4 - Other Impacts:

Please consider how the initiative might address the following issues.

You could base this on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

Foster good relations between different groups	Advance equality of opportunity between different groups
Elimination of discrimination, harassment and victimisation	Reduction of social exclusion and poverty

(Please see the specific Section 4 Guidance for definitions on the above)

Please explain any possible impact on each of the above.

Foster good relations

People with a physical disability and sensory impairment have told they want to contribute to their community and have good relations within their communities. We hope that this strategy will have a positive impact on this area through supporting people to be involved in the Western Bay work on inclusive and accessible communities.

Advance equality of opportunity

People with a physical disability and/or sensory impairment experience lack of equality of opportunity. This can be as a result of societal attitude, physical barriers and issues around access to information and services. This issue has come through strongly in the conversations we have had with people and through examining research on this subject.

We hope that through this strategy we will tackle this issue through specific actions in the commissioning strategy to improve access generally and support for people who want to work for example, *Peer led approach to improving access to be developed, making recommendations based on the conversations we have held with citizens*

Elimination of discrimination…

Some people with a physical disability and/or sensory impairment do report discrimination and we hope that the strategy will address the issues that matter to people. We will support people to be involved in the Western Bay work on inclusive and accessible communities and we will be working with people to reduce social isolation and discrimination.

Reduction of social exclusion and poverty

People with a physical disability and/or sensory impairment are more likely to be socially excluded and live in poverty than the rest of the population. We hope that we will improve this through our strategy for example, *Consider and report on how social isolation and discrimination can be addressed.*

What work have you already done to improve any of the above?

We have worked with Disability and Sensory Impairment groups to address issues of access and opportunity within the Council and beyond for e.g. *Peer led approach to improving access to be developed, making recommendations based on the conversations we have held with citizens*

Is the initiative likely to impact on Community Cohesion? Please provide details.

The strategy is likely to have a positive impact on community cohesion as it intends to develop more inclusive communities. This element however needs further attention to explore it further.

How will the initiative meet the needs of Welsh speakers and learners?

We need to consider how the needs of Welsh speakers and learners can be addressed via consultation to ensure final strategy is compliant with the Welsh Government Framework 'More than Just Words'

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

- Explore the impact of the Commissioning Strategy on community cohesion
- Explore how the initiative meets the needs of Welsh speakers and learners

Section 5 - United Nations Convention on the Rights of the Child (UNCRC):

In this section, we need to consider whether the initiative has any direct or indirect impact on children. Many initiatives have an indirect impact on children and you will need to consider whether the impact is positive or negative in relation to both children's rights and their best interests

Please visit http://staffnet/eia to read the UNCRC guidance before completing this section.

Will the initiative have any impact (direct or indirect) on children and young people? If not, please briefly explain your answer and proceed to Section 6.

Yes

Is the initiative designed / planned in the best interests of children and young people? Please explain your answer.
This Strategy relates to adults age 18+ however, we have engaged with the parents of young physically disabled children through our co-production arrangements to ensure that the strategy captures the needs of children who will be coming through to adult services in the near future.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

- Engage with younger people and their carers to explore in more detail the types of services they need
-

Section 6 - Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor this initiative:

Monitoring arrangements: the Physical Disability and Sensory Impairment Commissioning Group that meets on a bi-monthly basis will monitor this Strategy and Action Plan.

Actions:
Ensure that the Strategy and Action Plan are monitored through the Commissioning Group

Section 7 – Outcomes:

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to the guidance for further information on this section).

Outcome 1: Continue the initiative – no concern ☒
Outcome 2: Adjust the initiative – low level of concern ☐
Outcome 3:Justify the initiative – moderate level of concern ☐
Outcome 4: Stop and refer the initiative – high level of concern. ☐

For outcome 3, please provide the justification below:

For outcome 4, detail the next steps / areas of concern below and refer to your Head of Service / Director for further advice:

Section 8 - Publication arrangements:

On completion, please follow this 3-step procedure:

1. **Send this EIA report and action plan to the Access to Services Team for feedback and approval – accesstoservices@swansea.gov.uk**
2. **Make any necessary amendments/additions.**
3. **Provide the final version of this report to the team for publication, including email approval of the EIA from your Head of Service. The EIA will be published on the Council's website - this is a legal requirement.**

Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress
• Work with Western Bay colleagues to address this information gap.	Western Bay/Strategic Commissioning Group	March 2019	Our information on the needs of physically disabled adults will be easily accessible	
• Undertake the public consultation	Strategic Commissioning Group for Physical Disability and Sensory Impairment	March 2018	We will have undertaken the public consultation and made relevant changes	Public consultation has taken place and the results included in this document. Changes have been made to the Draft Strategies as a result of the consultation
• Undertake further work with carers centre and BME Regional Forum	Strategic Commissioning Group for Physical Disability and Sensory Impairment	March 2018	We will have an improved knowledge of the impact of the strategy on carers and minority ethnic groups	
• Explore the impact of the Commissioning Strategy on community cohesion	Strategic Commissioning Group for Physical Disability and Sensory Impairment	March 2018	We will have an improved knowledge of the impact of the strategy on community cohesion	
• Explore how the initiative meets the needs of Welsh speakers and learners through direct conversation with welsh	Strategic Commissioning Group for Physical Disability and Sensory Impairment	March 2018	We will have an improved understanding of the needs of Welsh speakers and learners	

speakers				
• Ensure that the Strategy and Action Plan are monitored through the Commissioning Group	Strategic Commissioning Group for Physical Disability and Sensory Impairment	This is an ongoing responsibility for the duration of the strategy. The group meets bi-monthly and this will be a standing agenda item	The actions will have been completed and success measures achieved	
• Engage with younger people and their carers to explore in more detail the types of services they need via established forums	Child Disability Team Family Carers, young people, Commissioning Group	March 2018	Services will be available to support younger people with disabilities in a way which meets their needs	

*** Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**

Equality Impact Assessment (EIA) Report

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to equality.

Please refer to the 'EIA Report Form Guidance' while completing this form. If you need further support please contact accesstoservices@swansea.gov.uk.

Where do you work?
Service Area:Adult Services Mental Health
Directorate:People

(a) This EIA is being completed for a…

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
☐	☐	☐	☒	☒	☐

(b) Please name and describe below…

The Mental Health Commissioning Strategy sets out our strategic commissioning intention based upon the vision for adult social services and the set of coproduced outcomes for people with mental health needs, sitting within the context of Sustainable Swansea.

It seeks to understand the current and future demand for care and support and explores the strengths and weakness of current provision in meeting need and delivering outcomes.

It is strong on user and carer voice and aims to support co-productive approaches. There is an action plan with priority areas for change to deliver outcomes and re-model provision and to make efficiencies.

EIA screening will be completed on each priority areas for change.

(c) It was initially screened for relevance to Equality and Diversity on…January 2016

(d) It was found to be relevant to…

Children/young people (0-18)	☒	Religion or (non-)belief	☒
Any other age group (18+)	☒	Sex	☒
Disability	☒	Sexual orientation	☒
Gender reassignment	☒	Welsh language	☒
Marriage & civil partnership	☒	Poverty/social exclusion	☒
Pregnancy and maternity	☒	Carers (inc. young carers)	☒
Race	☒	Community cohesion	☒

(e) Lead Officer

Name: Anita Evans

Job title: Planning Development & Performance Officer Supporting People Team

Date (19/02/2018):

(f) Approved by Head of Service

Name: Alex Williams

Date (19/02/2018):

Section 1 – Aims (See guidance):

Briefly describe the aims of the initiative:

What are the aims?

To develop a Commissioning Strategy for People with Mental Health Issues to ensure we meet our obligations

Mental Health Act 1983 (revised 2007).

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Mental Health (Wales) Measure 2010.

Social Services and Wellbeing Act 2014

Wellbeing of Future Generations (Wales) Act 2015.

and work alongside citizens to deliver services and support which will deliver wellbeing outcomes whilst, at the same time, delivering the Sustainable Swansea agenda.

The Commissioning Strategy will establish the basis for the delivery of the National Wellbeing Outcomes and it will outline the structures, processes and actions that will support a co-productive approach to service planning and delivery.

It is hoped that this co-productive approach will ensure the Commissioning Strategy works as intended

Who has responsibility?

Head of Adult Services, People Directorate

The implementation of the Commissioning Strategy will be the responsibility of the Mental Health Commissioning Group co-chaired by Mark Campisi, Principal Officer, and Peter Field, Principal Officer, Commissioning, Prevention and Wellbeing.

Who are the stakeholders?

- Members of the public 1 in 4 citizens will have a mental health issue at some point in their life and this will be relevant to citizens and their carer's.
- Key areas of the Local Authority such as Adult Services, Child & Family, Housing, Poverty & Prevention and other areas.
- ABMU Health Board -

Section 2 - Information about Service Users (See guidance):

Please tick what information you know about your service users and provide details/ evidence of how this information is collected.

Children/young people (0-18)	☐	Carers (inc. young carers)	☒
Any other age group (18+)	☒	Race	☒
Disability	☐	Religion or (non-)belief	☒
Gender reassignment	☐	Sex	☒
Marriage & civil partnership	☒	Sexual orientation	☐
Pregnancy and maternity	☐	Welsh language	☒

What information do you know about your service users and how is this information collected?
The Mental Health Strategy contains a summary of the population needs assessment on the projected prevalence of mental health issues in the adult population of Swansea.

The Council has some information on the protected characteristics of those who's care is managed by the Community Mental Health Team with the Paris system reporting for **1320 individuals on the 1.3.2017:**
The average age was 47 year old.
622 female (47%), 698 male (52%).
8 individuals (0.6%) gave a positive response for Welsh as the main language.

Ethnicity 442 (33%) were as not recorded/not known/blank.
878 (66%) had an expressed ethnicity.

Of the 878 who had expressed an Ethnicity:
786 expressed as White British.
34 expressed as White, other than White British including 2 White European, 4 White Irish

7 Asian Bangladeshi
2 Asian Indian
2 Asian Pakistani
4 Any other Asian background
2 Arab
1 Chinese
4 Black British African
1 Black British Caribbean
1 Mixed Black White Caribbean
3 Any other black background
7Any other mixed back ground

Of 1320 people 26 expressed a Religion
42 expressed they had "none".

Any Actions Required?
- Ensure the new Adults Service Practice Framework for social care staff has a section about all protected characteristics in the context of person centred support and in relation to informing commissioning decisions.
- Ensure the new Wales Community Care Information System (CCIS) is able to collect monitoring data on all protected characteristics on our services users in a usable format that is GDPR compliant.

Section 3 - Impact on Protected Characteristics (See guidance):

Please consider the possible impact on the different protected characteristics. This could be based on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	☐	☐	☐	☐
Any other age group (18+) →	☒	☐	☐	☐

Disability	→	☒	☐	☐	☐
Gender reassignment	→	☐	☐	☒	☐
Marriage & civil partnership	→	☐	☐	☒	☐
Pregnancy and maternity	→	☐	☐	☒	☐
Race	→	☐	☐	☐	☒
Religion or (non-)belief	→	☐	☐	☒	☐
Sex	→	☐	☐	☐	☒
Sexual orientation	→	☐	☐	☐	☒
Welsh language	→	☒	☐	☒	☐
Carers (inc. young carers)	→	☐	☐	☐	☒

Thinking about your answers above, please explain in detail why this is the case.

<u>Needs Further Investigation:</u>

We know that it is likely that people from **Black and Minority Ethnic groups (BME)** are underrepresented as users of our services. We need to explore how we can improve our knowledge and understanding of the needs of these groups.

Carers
We also know from our engagement that the needs of carers need to be better understood and addressed in light of the Social Services and Wellbeing Act.

Sex & Sexual Orientation
From the population needs assessment males are more likely to commit suicide. Engagement data implies males may be less likely to participate in engagement on mental health issues. Further work needs to be undertaken to create suitable opportunities for males with mental health issues to contribute insight to service development.
Further engagement work needs to be undertaken to ensure the insight of LGBT groups.

Neutral
Services will continue to be provided taking appropriate account of these characteristics protected by the Equality Act, and providing specific responses to ensure that gender, Welsh language and religious beliefs are acknowledged and positively addressed. During the development of this strategy consultation and engagement has not brought up any issues relating to these characteristics.

People with mental health issues may have multiple protected characteristics based on the national static that 1in 4 people will experience a mental health issue at some point in their life.

Positive
Given we have co-produced our strategy directly based on what people have told us we envisage the strategy will have a positive impacts for a range of protected characteristics for those areas for change identified.

For example the coproduction engagement events were attended by a range of carers and carers representative groups who identified the priority areas for change to review our understanding and commissioning of:

- respite in a mental health context
- Support in crisis for people with mental health issues and their carers.

These are now included in the strategy and developing each of these priority areas for change will present a further opportunity for coproduction on implementing change and this will have a further EIA screening.

This demonstrates the development of the strategy will have a positive impact.

What consultation and engagement has been undertaken (e.g. with the public and/or members of protected groups) to support your view? Please provide details below.

The priority areas for change in the strategy were developed through the following coproduction activities:

- January 2016 event at Einon Centre included a wide range of respresentation with approx 150 individuals attending inclusing carers and people using services. The event aims were to gather insight on what mattered to people and what did good look like. It also undertook a Strength Weakness, Opportunities and Threats and their view on what our priorities should be which was summarised as follows and used to inform the strategy:

Emerging Mental Health Priorities

- Address stigma & lack of awareness/understanding of mental health issues amongst universal services and general population
- Focus on how to promote and maintain good mental health.
- Ensure there is a recovery model assessment and practice framework based on the principles of recovery that everyone has agreed to, is embedded and everyone works towards.
- Ensure investment to expand the accessibility and capacity of service in the community to balance the closure of acute beds
- Establish a clear offer of Information Advice and Assistance (IAA) delivering preventative and early interventions services for those not formally care managed via strategic collaboration between ABMUHB and CCS around shared and joint responsibilities within the Act around prevention/universal services
- Ensure transition arrangements from childhood into younger adulthood and into old age are smooth and responses are age appropriate at all stages.
- Eliminate any delays in accessing services due to CCS/ABMU delay in agreeing funding responsibilities.
- Ensure accessible and responsive “Crisis” support services are available that prevent breakdown of caring relationships, suicide & hospitalisation.
- Ensure there is an appropriate model of care & support at home for people with mental health needs which is not dominated by the traditional domiciliary care model.
- Improve awareness of employers of Mental Health and improve support models to assist recovery and getting back to work,
- Develop sustainability supported living models.
- Develop response across all 4 tiers for substance misuse, which co-occurs with mental health.

- A smaller coproduction group was formed of about 25 people who met who use and provide mental health services and their carer’s. The group scrutinised the detail output from the above and considered whether all the issues were covered and was there anything missing on the 9th May 2016. Their additional comments were incorporated into the draft strategy.

- The group also produced a set of mental health specific outcomes on the 12th September 2016. These outcomes are within the strategy.

The above input was used to produce the priority areas for change and some areas of the actions were also developed.

A public consultation on the draft strategy was incorporated with the budget consultation.
A total of 158 online responses to Question 9 were received; "*If you have any comments on the strategies or you think there is anything we have missed".*

The responses were analysed and have been grouped into themes to take into consideration. The themes are summarised as follows with an associated response to the issues where required.

For Mental Health there was a call for more investment in services for young people receiving support, including those with additional learning needs (ALN), and Autistic Spectrum Disorders to support them when they become adults and where applicable require support from Adult Services. Dementia should be a bigger priority. Again, addressing of this will form part of the implementation plan and the Council is working to develop specific strategies for Autism and Dementia.

Some comments were specific to models of care and support. There was some concern about the use of telecare replacing human contact for older people and a need to monitor any introduction carefully. For Direct payments, there was a concern that money was being used as it should not e.g. that is was paying relatives to care and was perceived as fraudulent. However, legally a Direct Payment can be used to employ a relative to deliver assessed care and support needs subject to the required checks and monitoring by the Council.

Some felt there should be more focus preparing people with specific support needs for work readiness in order to increase income. This was in conjunction with concerns about welfare reform and the impact of decisions. The Mental Health Draft strategy already identified this as an area for development specific to the needs of those with Mental Health issues.

The was a call for increased availability for flexible accommodation for vulnerable people.

There was support for more funding to be prioritised to meet need and improve services for vulnerable individuals along with concerns that any cuts would have an impact on these groups including Hospital discharge.

There was a range of comments on how the Council works together with stakeholders. There was an expectation that the general public and those who will use the services will be involved in coproducing changes and outcomes will be better for it. There was a desire to understand the financial constraints to do this. Improvement in working with Health around planning and integrated delivery is needed but there is concern that too many partnership structures are distracting resources from service delivery. There needs to be more cross Council working to achieve Social Service responsibilities, with Housing having a more integrated role in meeting social care needs. There also need to be more work with neighbouring Local Authorities.

There were some comments on how welfare reform and poverty and homelessness were issues not covered in strategies in detail but affected these groups. Some noted homeless people in general were not included as a group or other vulnerable people. By way of response, cross Directorate working does exist in these areas and a specific example is the development of the new Homelessness Strategy in which the needs with physical disabilities and mental ill health will be considered.

There were a range of comments in relation to the accessibility of the public consultation exercise itself.

The protected characteristics of the are listed below:

Area	Detail	Number	%
Gender	Male	63	39%
	Female	89	55%
	Blank	12	7%
Gender	gender the same as assigned from birth	162	99%
	Blank	1	1%
Age	16-25	3	2%
	26-35	29	18%
	36-45	54	33%
	46-55	26	16%
	56-65	30	18%
	66-75	18	11%
	76-85	1	1%
	over 85	1	1%
	Not say	1	1%
Nationality	Would you describe yourself as…..British	89	55%
	Welsh	66	40%
	English	6	4%
	Irish	5	3%
	Scottish	1	1%
	Non British	1	1%
	Other European	1	1%
	Western European	1	1%
Ethicity			
	White British	23	14%
	Asian or Asian British Bangladesh	5	3%
	Asian or Asian British Indian	5	3%
	Asian or Asian British Pakistan	5	3%
	Mixed White & Caribbean	5	3%
	European	1	1%
	Mixed European	6	4%
	White other European	1	1%
Religion	Christian	67	41%
	Muslim	10	6%

	No Religion	73	45%
	Spiritual	5	3%
	Wiccan	5	3%
Actively Practising	Yes	54	33%
Sexual Orientation	Bisexual	1	1%
	Gay/Lesbian	1	1%
	Heterosexual	141	87%
	Other	5	3%
	Not Say	6	4%
	Transgender	5	3%
	Why do you need to know	6	4%
Welsh	Understand Spoken	10	6%
	Speak Welsh	16	10%
	Read Welsh	11	7%
	Write Welsh	11	7%
	Learning Welsh	10	6%
	None	120	74%
Language	English	151	93%
	Welsh	11	7%
	French	1	1%
	Other European	1	1%
	Spanish/Japanese	1	1%
Do you have a long Standing Illness, Disability or infirmity?	Yes	52	32%
Does this illness/infirmity limit your activities	Yes	42	26%

The responses emphasise the importance within Social Services and the wider Council of resourcing the coproduction process with citizens who may require support to participate coproduction activity to shape services going forward to deliver their outcomes.

Some comments identified issues which will need to be incorporated into the EIAs for some of the options appraisal process within certain activity areas within the action plans e.g. for development of Assistive Technology.

Any actions required (to mitigate adverse impact or to address identified gaps in knowledge).

- Ensure younger people, men and LGBT groups with mental health are reached and including in further coproduction work on all priority area for change
- Ensure specific responses highlighted the importance of addressing access issues in Council

consultations such as large print, audio, easy read.

- Social Services and the wider Council to consider the resourcing for effective coproduction with citizens who may require support to participate coproduction activity to shape services going forward to deliver their outcomes.
- Ensure EIAs for Assistive Technology consider age and mental health issues as the view was it might be less appropriate for these groups.
- Future engagement on priority areas for change will be co-productive.

Section 4 - Other Impacts:

Please consider how the initiative might address the following issues.
You could base this on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

Foster good relations between different groups	Advance equality of opportunity between different groups
Elimination of discrimination, harassment and victimisation	Reduction of social exclusion and poverty

(Please see the specific Section 4 Guidance for definitions on the above)

Please explain any possible impact on each of the above.
A number of the strategy and action plan priorities cover the above four areas. E.g.

The strategy and action plan identifies the priority to challenge and eliminate stigma experienced by individuals with mental health issues from the wider community and general professional people deal with in their daily life. We know this from the individuals who took part in the coproduction group with Mental Health stating they still experience this in Swansea. There is substantial feedback nationally the people with mental health feel the impact of stigma and are reluctant to talk about mental health issues.

The strategy and action plan has identified areas where people with mental health issues want action to support them to access opportunities e.g. accessing suitable work opportunities. We know this because this information was given to us though the coproduction exercise. Many related this need because of the impact of welfare reform e.g. Personal Independence Payments review process.

What work have you already done to improve any of the above?
Adults Services, Poverty & Prevention within the People directorate have already starting to make theses links to the Swansea Working Programme looking at how people with mental health needs are supported to become work ready and return to work.

Is the initiative likely to impact on Community Cohesion? Please provide details.
Success in delivering the action plan areas for improvement are likely to have a positive impact on community cohesion e.g. eliminating stigma, providing recovery focused care & support and improve mental wellbeing.

How will the initiative meet the needs of Welsh speakers and learners?
We will comply with the strategic framework for Welsh Language services in Health and Social Care “More than Just words” where patients should be offered a service in Welsh without having to ask for it. (The active offer). Existing commissioned services will be reviewed against these standards and the active offer will be built into procurement of services.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).
As priority areas for action are taken forward we will ensure further work is undertaken to ensure representation from

- Carers of people with mental health issues
- BME communities
- LGBT community
- Men
- Younger people under 25
- People with physical and sensory access issues

Section 5 - United Nations Convention on the Rights of the Child (UNCRC):

In this section, we need to consider whether the initiative has any direct or indirect impact on children. Many initiatives have an indirect impact on children and you will need to consider whether the impact is positive or negative in relation to both children's rights and their best interests

Please visit http://staffnet/eia to read the UNCRC guidance before completing this section.

Will the initiative have any impact (direct or indirect) on children and young people? If not, please briefly explain your answer and proceed to Section 6.
s an issue. The action plan seeks to address this in conjunction with key partners in health.

This strategy is for Adults but improving outcomes for adults should have a positive impact on children. Estimates suggest that between 50% and 66% of parents with a serious mental health issue live with one or more children under 18. That amounts to about 17,000 children and young people in the UK. For instance, parents with a serious mental health issue are more likely to live in poverty.

Is the initiative designed / planned in the best interests of children and young people? Please explain your answer.
Best interests of the child (Article 3): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

Transition from Child Mental Health Services was identified as an area to improve. The issues being that eligibilitiy critieria in Child MH does not equate to continued eligibility in adult services. Smother transition and age appropriate services was an issue. The action plan seeks to address this in conjunction with key partners in health.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

- Improving the use of information to inform commissioning is an area identified in the strategy with colleagues in the People Directorate and Health

Section 6 - Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor this initiative:

Monitoring arrangements: • Monitoring responsibility will be assigned to the Swansea Mental Health Commissioning Group which will advise the Head of Adults Services. • The Head of Adult Services and the Principal Officer of Mental Health & Commissioning Prevention & Wellbeing will be the links to the Western Bay Mental Health Commissioning Board. • Evaluation of the implementation of the strategy is an area, which can possibly be co-produced, and this will be explored with the coproduction group.
Actions: • Monitoring strategy implementation and EIA impacts will be a standard agenda item for the MH Commissioning Group.

Section 7 – Outcomes:

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to the guidance for further information on this section).

Outcome 1: Continue the initiative – no concern	☒
Outcome 2: Adjust the initiative – low level of concern	☐
Outcome 3:Justify the initiative – moderate level of concern	☐
Outcome 4: Stop and refer the initiative – high level of concern.	☐

For outcome 3, please provide the justification below:
For outcome 4, detail the next steps / areas of concern below and refer to your Head of Service / Director for further advice:

Section 8 - Publication arrangements:

On completion, please follow this 3-step procedure:

1. **Send this EIA report and action plan to the Access to Services Team for feedback and approval – accesstoservices@swansea.gov.uk**
2. **Make any necessary amendments/additions.**
3. **Provide the final version of this report to the team for publication, including email approval of the EIA from your Head of Service. The EIA will be published on the Council's website - this is a legal requirement.**

Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress
Public consultation on the draft strategy is completed.	Head of Adult Services	February 2018	Further insight and comment are received and amendments are made to the draft	Completed.
Improvements in the collection of data collection and collations to report on the protected characteristics of people with mental health issues. This would be improved by raising awareness of the purpose of gathering information from citizens.	Head of Adult Services through the leads for Adult Services Framework development and performance and information.	In line with the development of the Adult services practice framework and development to the WCCIS	Gaps in insight from groups with protected characteristic are no longer present. All required reports are easily available about the protected characteristic of Social Care Service users.	
Improving the gathering and use of information on Mental Health of parents and young people to inform commissioning is an area identified in the strategy and the impact on children & young people.	Head of Adult Services through the leads for Adult Services Framework development and performance and information. Mental Health Commissioning Group liaison with Child & Family Services.		The Mental Health Strategy implementation demonstrates a close working relationship with child & family services around prevention and early intervention work.	

Undertake specific engagement with following groups for priority action areas: • Carers • BME • LGBT group • Men • Young People under 25	Planning & Coproduction role	June 2018	Insight from and specific needs of LGBT/BME/Carers/Men & Young People groups are reflected in the development of the priority areas for action	
Monitoring strategy implementation and EIA impacts will be a standard agenda item for the MH Commissioning Group.	Mental Health Commissioning Group Jointly chaired by Principle Officer Mental Health & Principal Officer Prevention Wellbeing & Commissioning.	Ongoing quarterly meetings receive progress updates	Any impacts are identified to governance structure as draft priority areas are developed. .	
Include review of the More than Just Words - Active offer will be in place in all service provision as part of the service assessment and procurement of services.		March 2019	Active Offer is in place in all mental health services	

*** Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**

Report of the Cabinet Member of Housing, Energy & Building Services

Cabinet - 19 April 2018

FPR7 - Disabled Facilities & Improvement Grant Programme 2018/19

Purpose:	To provide details of the Disabled Facilities & Improvement Grant Programme and to seek approval to include schemes in the 2018/19 Capital Programme. To comply with Financial Procedure Rule No.7 (Capital Programming and Appraisals) - to commit and authorise schemes as per the Capital Programme.
Policy Framework:	1. Local Housing Strategy. 2. Private Sector Housing Renewal and Disabled Adaptations: Policy to Provide Assistance 2017-2022. 3. Statutory declaration of the Sandfields Renewal Area approved by Cabinet on the 14th January 2014.
Consultation:	Legal, Finance, Access to Services.
Recommendation(s):	It is recommended that:
1. The Disabled Facilities and Improvement Grant Programme as detailed, including its financial implications, is approved and included in the 2018/19 capital budget.	
Report Author:	Darren Williams
Finance Officers:	Jayne James/Aimee Dyer
Legal Officer:	Debbie Smith
Access to Services Officer:	Sherill Hopkins

1.0 Introduction

1.1 The current Private Sector Housing Renewal and Disabled Adaptations Policy was approved by Council on 22nd June 2017.

2.0 Capital Programme Process

2.1 The Disabled Facilities Grants and Improvement Grant Budget for 2018/19 of £5.2m was agreed by Council on 6th March 2018.

3.0 The Scheme

3.1 The current Policy for Private Sector Housing Renewal and Disabled Adaptations sets out the detail of various types of assistance aimed at helping home owners and tenants to carry out essential adaptations and repairs. Assistance is provided on the basis of helping residents, who are often on low incomes and/or vulnerable, carry out essential repairs and maintain independence at home. The Policy also describes the Council's approach to area based housing renewal, bringing empty homes back into use and offering loans for home repairs. In summary, types of assistance include:

- Disabled Facilities Grant (DFG) – Mandatory large scale adaptations for private home owners and tenants of private rented accommodation, for example, level access showers.
- Council House Adaptations – small and large scale adaptations for Council tenants.
- Homefix Loans – Recyclable loans for homeowners needing large repairs, for example, roof repairs and damp proofing.
- Emergency Repair Fund – Small repairs of an emergency nature, for example, dangerous electrics.
- Grants for Nominations – For works to bring long term empty properties back into use. Grant is provided in exchange for nomination rights.
- Care & Repair Western Bay Mini Adaptation Grants– Small, rapid adaptations provided for elderly and disabled residents.
- Care & Repair Western Bay Comfort, Safety, and Security Grants – Low cost, rapid repairs provided for elderly and disabled residents.
- Houses to Homes Loan Scheme – Welsh Government (WG) interest free loans to tackle empty homes. To renovate and improve properties or convert empty properties into a number of units suitable for residential accommodation. Loans to be repaid and recycled as further loans.
- National Home Improvement Loan Scheme – WG interest free loans for the repair or conversion of properties to make them safe, warm and/or secure. Loans to be repaid and recycled as further loans.

- Renewal Areas – Renewal Area funding to deliver an agreed programme of property repair and environmental improvement works in designated Renewal Areas.

4.0 Financial Implications

4.1 The programme for 2018/19 is shown at table 1 below and is fully funded by the General Fund and the Housing Revenue Account (HRA) with the exception of the Sandfields Renewal Area which is funded by WG Grant when available, Utility Company funding and the General Fund. The Houses to Homes and National Home Improvement Loan schemes are funded by WG and have been reported separately to Cabinet on 12th November 2013 and the 18th of November 2014 respectively. The Houses to Homes and National Home Improvement Loan schemes are subject to proposals for non-financial changes nationally. These changes will be reported separately.

4.2 Ring fenced WG grant funding for Renewal Areas in Wales ended in 2016/17. Bids for future funding for the Sandfields Renewal Area for 2018/19 and beyond will be made when appropriate and will be reported separately.

Table 1 details proposed 2018/19 programme and draft programme for 2019/20.

Table 1

SCHEMES	**2017/18**	**Proposed 2018/19**	**Draft 2019/20**
DFG, mini and fast track adaptations	£4,300,000	£4,300,000	£4,300,000
Tenant adaptations (HRA funded)	£2,750,000	£2,750,000	£2,750,000
Homefix Loans	£420,000	£420,000	£420,000
Grants for nominations	£ 80,000	£ 80,000	£ 80,000
Care and Repair Mini Adaptation Grant	£370,000	£370,000	£370,000
Care and Repair Comfort, Safety, Security	£ 30,000	£ 30,000	£ 30,000
Sandfields Renewal Area	£2,161,229	£0	£0
TOTAL PROGRAMME	**£10,111,229**	**£7,950,000**	**£7,950,000**
Funded as follows:			
Total general funded	£5,200,000	£5,200,000	£5,200,000
Total HRA funded	£2,750,000	£2,750,000	£2,750,000
Renewal Area funds (grant receipts, contributions, general fund)	£2,161,229	£0	£0
Total funding	£10,111,229	£7,950,000	£7,950,000

4.3 Revenue running costs for 2018/19 are estimated at £1,300,100 and are met from fees of £1,083,600 generated from administering grants. The balance is met from a contribution of £216,500 from the General fund. There are no asset rent charges.

5.0 Equality and Engagement Implications

5.1 The Access to Services Team has advised that an equality impact assessment (EIA) is not required for the purposes of this report as there is no change to the policy or to the process involved in assessing eligibility for receiving assistance.

6.0 IT/Systems Implications

None

7.0 Legal Implications

7.1 The schemes detailed are in line with local authority powers to provide assistance, contained in the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 and the Councils published Policy.

7.2 The Council will need to ensure that it complies with any terms and conditions attached to any Welsh Government grant funding.

7.3 All works and services undertaken to deliver any scheme will need to be procured in accordance with the Council's Contract Procedure Rules and European procurement legislation as appropriate.

Background Papers: Private Sector Housing Renewal and Disabled Adaptations Policy to Provide Assistance 2017-2022

Appendices: None

Report of the Cabinet Member for Health & Wellbeing

Cabinet – 19 April 2018

Western Bay Pooled Fund for Care Homes Options Paper

Purpose:	To highlight legal duty to achieve pooled fund arrangements for care homes and make recommendations for implementation.
Policy Framework:	Part 9 Social Services and Wellbeing Act
Consultation:	Access to Services, Finance, Legal, Regional Pooled Fund Task and Finish Group, Regional Community Services Board. Regional Legal and Finance Officers Group.
Recommendation(s):	It is recommended that: -
1)	Option 1 as outlined in the report be implemented.
Report Author:	Peter Field
Finance Officer:	Chris Davies
Legal Officer:	Caritas Adere
Access to Services Officer:	Sherill Hopkins

1. Introduction

1.1 This report explains the context for Regional Pooled Funds for Care Homes. It highlights the legal duty to achieve pooled fund arrangements; proposes options for implementing pooled funds, highlights risks and benefits associated with each option and makes a recommendation for implementation

2. Legal context

2.1 The legal duty to develop pooled fund arrangements arises under Part 9 of the Social Services and Well-being (Wales) Act. The Partnership Arrangements (Wales) Regulations 2015 require “partnership bodies for

each of the partnership arrangements to establish and maintain pooled funds" including in relation to "the exercise of their care home accommodation functions."

2.2 Section 9 of the Part 9 statutory guidance (Partnership Arrangements) states that these duties will take effect from **6th April 2018**. Section 9 states that Local Health Boards and local authorities will be expected to:

- Undertake a population needs assessment and market analysis to include the needs of self-funders.
- Agree an appropriate integrated market position statement and commissioning strategy which specifies the outcomes required of care homes; range of services required and methods of commissioning.
- Agree a common contract and specification.
- Develop an integrated approach to quality assurance.
- Adopt transparent use of resources, with aligned budgets, identifiable expenditure and shared financial commitments.

2.3 Paragraph 62 of the statutory guidance makes it clear that these arrangements will need to be subject to a formal written agreement.

2.4 Rebecca Evans AM, in her ministerial statement of the 10.10.17 has acknowledged the difficulties of achieving full implementation by April '18 and has confirmed she will allow commissioning bodies until the end of the forthcoming financial year (April '19) to deliver pooled fund requirements before considering intervention. In a meeting with representatives of the 7 Regional Partnership Boards across Wales, including Western Bay, the Minister for Children and Social Care Huw Irranca-Davies, AM indicated that pooled fund arrangements are an extension of joint working and noted an expectation that these should be in place by April 2018 (a non risk sharing arrangement initially) and that a full pooled fund arrangement should be in place quickly after that.

3. Scope of the pooled fund

3.1 The pooled fund will include care and accommodation for adults who need long term care in registered residential settings because they have complex health and social care needs that require supported interventions on a 24 hour basis that cannot be delivered in their own home or alternative settings.

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

3.3 It will apply regardless of the cost of placement and will therefore include some specialist provision; for example care for people who have acquired brain injury or a degenerative neurological disorder.

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

3.5 Initially the pooled fund will not apply to placements made under s117 or in relation to care home services specialising in functional mental health where older persons may reside. Neither will it apply to Local Authority owned and managed homes.

3.6 Welsh Government have indicated that Pooled Fund arrangements should eventually apply to all adult care homes but have not specified timescales for achieving this.

4. Current expenditure

4.1 The most up to date figures confirming annual gross expenditure on care home services for older people confirms regional spend of circa £64m. See table below for breakdown:

Regional Partner	Gross Annual Expenditure at YR End 16/17	
NPT		£ 12.7 m
BCBC		£ 8.1 m
CCOS		£ 19.6 m
ABMU HB	FNC	£ 8.3 m
	CHC	£ 15.9 m
Total Regional Spend		**£ 64.6 m**

5. Purpose of pooled funds

5.1 Pooled funds are a mechanism for achieving integrated systems of care that are more person centred and improve outcomes for people. Currently commissioning arrangements across the Western Bay region are divided across three local authorities and one health board and further subdivided into separate narrowly defined service area budgets. This fragmentation can make it more difficult to commission integrated care and may lead to impediments or inefficiencies. Pooling budgets between commissioners is seen by Welsh Government as the most practical and efficient way to overcome fragmentation and jointly commission as a whole system. Examples of intended benefits include:

- Less duplication by eliminating or reducing similar processes undertaken and funded by different commissioners.

- Fewer gaps as more integrated commissioning maximises the opportunity to target resources where they are needed. For example by creating combined integrated services to meet complex needs.

- Reduced silo working where separate budget pressures and processes can lead to different priorities or unilateral decision making which can have destabilising impacts (in relation to fee rates for example).

- More efficient process with fewer coordination problems which can occur when separate organisations have differing processes, timescales for delivery and capacity levels for different roles and functions.

- Reduced delays which occur when decision-making involves more than one commissioner, requiring multiple agreements.

5.2 Integration through pooled funds is intended to create better quality and more efficient services, and encourage partners to collaborate in a way that maximises their capacity to shape the market.

5.3 The private sector care homes market is perceived to be in a weak position. Citizens' right to choose care home accommodation has led to systems for purchasing placements which lean more towards passive procurement than active commissioning. Like other social care markets, the care homes sector is under considerable pressure and is characterised by certain features. Workforce pressures, recruitment and retention of staff, financial difficulties, regulatory change, population change and increasing needs are combining to impact service delivery and sector stability.

5.4 Pooled funds are an opportunity for partners to work together to understand issues affecting quality and stability of services. Shared understanding and common goals can help to develop more strategic, collaborative solutions for improving care and providing more relevant, sustainable services. This does not mean homogenising all services and practices. Rather it means creating opportunities for mutual gain. Local differences in contracting and commissioning arrangements which are necessary to maintain effective services should be accommodated where appropriate.

6. Progress to date

6.1 Much of the work needed to establish pooled fund arrangements has already commenced:

6.2 Western Bay region has undertaken a population needs assessment with input from the 3 LAs, ABMU HB and the third sector with engagement and consultation from service users/ citizens.

6.3 A regional care homes commissioning strategy has been created and endorsed by each of the LAs and the Health Board.

6.4 Each local authority has created a Market Position Statement (MPS) which has enabled the development of a regional integrated MPS document.

6.5 An integrated approach to quality assurance has been developed via the Regional Quality Framework (RQF)

6.6 Template s33 agreements for legally binding partnership agreements have been created.

6.7 Work to create a common contract across the region commenced on 11.10.17. This will standardise contract terms and conditions across the four organisations and is scheduled for completion by April 2018.

6.8 A common process for setting fee rates is being explored. It is intended that this will lead to a shared methodology but not a shared rate.

6.9 Work to develop a common data set and information management system is also being developed with support from the National Commissioning Board using the soon to be implemented shared WCCIS health and social services database. This will enhance market understanding. A shorter term solution may be needed to share information between the partners in the interim.

7. Support from an independent organisation

7.1 Support from an independent organisation may be required to support partners to overcome barriers to implementation. The nature of pooled fund arrangements is complex. Achieving full implementation may require independent support to facilitate a detailed evaluation of problems and solutions in relation to the following factors:

- Financial risks
- Commissioning process compatibility
- Organisational and workforce capacity
- Political and organisational acceptability
- Impact on market stability

7.2 Risks associated with each of these issues is described further at 9. Independent support to assess the magnitude of change required and the responses needed to achieve acceptable change may be essential given the degree of work involved, capacity of commissioning teams to take on additional workloads, and need for bipartisan solutions.

7.3 The role of the independent organisation is to act as “honest broker.” This may involve:

7.4 Review and make recommendations regarding the operational model, including the workforce components, that are required for effective fund management in the context of the Western Bay Care Homes Commissioning Strategy

7.5 Make recommendations regarding the processes that will be needed to ensure that eligibility decisions are made appropriately

7.6 Ensure there is a comprehensive engagement process to ensure ownership across all partner organisations including developing a common language and common objectives and outcomes for the use of the pooled fund

7.7 Use local data including the population assessments to inform the creation of the fund and make recommendations for a Resource Contribution Model that considers the current levels of expenditure.

7.8 Recommend a process for ongoing future review and alignment of Partner Contributions.

7.9 Make recommendations concerning the opportunities to develop a fair and consistent approach to fee setting

7.10 Develop a communications plan for informing and engaging all relevant staff, stakeholders in particular independent sector providers, care home residents and their carers.

8. Outcomes to be achieved via pooled funds

8.1 Pooled funds are merely a means to an end. Ultimately pooled funds must be used to create commissioning models which will:

a. Improve the experience of residents and their families;
b. Address local and regional commissioning priorities;
c. Create positive financial impacts or improved efficiency for each partner;
d. Deliver more sustainable and resilient services;
e. Be manageable and deliverable.

8.2 Achieving these changes will mean doing things differently. It may mean commissioning different models of care, improving pathways into care, reducing process problems that impede timely and flexible solutions for residents, improving information sharing between partners and creating more congruent and more efficient commissioning processes.

8.3 The suggested options available for implementation have been considered against the high level criteria at 11.1

9. Perceived risks which may impact deliverability

9.1 Pooled funds on such a large scale are new territory for all partners. Understandably there is some degree of nervousness about the complexity and level of risk that these arrangements will present. Examples of risk issues raised by partners include:

9.2 Financial Risks. Underestimating the contribution of partners. Managing resource shortages where contributions of partners are insufficient perhaps due to unforeseen levels of demand or problems controlling

types of placement. The potential for cross subsidisation. The loss of control over treasury management rights. Difficulty committing future resources without knowing settlement figures and in the context of reduced budgets. VAT complications which could arise when purchasing services from a pooled fund (given different rules which apply for LA's and Health Boards).

9.3 Deliverability due to complexity. Establishing a regional pooled fund may have implications for all processes which operate to enable care home placements. This could include "pathway" processes from initial assessment, authorisation, placement options, contracting, performance management, payment of providers and termination. It could also include planning and commissioning functions such as demand analysis, service model development, strategy design, contract development and fee rate negotiations. Assessing the implication of regional pooled funds on these functions may require a whole systems review.

9.4 Organisational and workforce capacity. Reengineering processes may have big implications. If a one partner is asked to take a host or lead role this could significantly impact workloads. For example, if one finance team were to make payments to all Providers across the region on behalf of all partners, this could triple the current workload. This is just one of the functions that may need to be redesigned.

9.5 Political and organisational acceptability. Underpinning part 9 is the principle that doing things 22 different ways is not sustainable. This position, though not explicit, is one which encourages greater centralisation or standardisation as a way to achieve improved efficiency. This has obvious workforce connotations that carry legal and political acceptability risks and may pose democratic accountability problems where one authority commissions on behalf of another.

9.6 The Welsh Government led consultation regarding the Bridgend CBC separation from Western Bay and alignment with the Cwm Taf region will have political and practical implications. Bridgend CBC and the Western Bay Programme Office officers have been working closely with Cwm Taff region to ensure minimum duplication of approach. Welsh Government senior officials have indicated that Bridgend's participation in the pooled fund arrangement may be delayed until April 2019. The section 33 agreement binding the partners to the pooled fund arrangement has been drafted to allow one party to the agreement to terminate without impacting on arrangements for the remaining partners. This is possible on the basis that preferred options favour a phased approach to achieving pooled funds which starts with aligning activity and spend in the first year. No actual financial risk sharing is intended until 19/20. By this time the position regarding Bridgend CBC's future will be known.

9.7 Impact on market stability. Systems changes may need to be carefully planned to avoid negative market impacts. Any proposed changes to systems which affect ability to make placements, ensure quality or pay

providers should be assessed carefully. Changes to commissioning processes or structures must be capable of responding to market volatility. Process for achieving political approval across several organisations may well lead to a delay in decision making and responsiveness. Pooled fund arrangements will need to ensure that commissioners (or the lead commissioner if appropriate) can respond quickly to sudden market changes such as closure or crisis affecting continuity of services.

9.8 Risks to Service Users. Rushing to achieve change could lead to problems described and may negatively affect services and people who use them.

9.9 At this stage, the extent to which these issues are a genuine threat is not clear. Further work is needed to explore the impacts of options for delivering pooled arrangements.

10. The options

10.1 Having regard to the risks and benefits referred to, the following options are suggested. These options are presented as examples of possible solutions. There are elements of each which in a sense are transferrable and this allows for other permutations:

Option 1 – Aligning Expenditure to avoid financial risk sharing with a phased approach to pooled fund

10.2 Creation of a S33 agreement between all of the parties to define the scope and high level aims and objectives of pooled fund arrangements. Allow for a termination clause which enables one party to exit without impacting on the validity of the agreement for the remaining parties.

10.3 Creation of a mechanism for capturing a detailed understanding of each partners expenditure on care home placements for 2018/19.

10.4 Generate a regional view of all activity and placement data, including CHC spend, 1:1 expenditure and other high cost placements and areas of unmet need.

10.5 Generate a plan during 18/19 to undertake small scale targeted pooled fund commissioning to address to common areas of unmet need for 19/20. This could include:

- Development of additional dementia nursing services, perhaps with more detailed service specifications that are clearer about service level requirements such as staffing levels, training expectations, environmental standards and outcomes requirements, as examples.

- Development of Bariatric services to provide specialist care for people with severe obesity. This could involve developing a single unit within an existing service or encouraging development of a small number of specialist beds across a number of settings.

- Development of assessment and reablement services which enable temporary step up to care home accommodation in response to illness or crisis and prevent avoidable hospital admissions; or which enable more timely transfer of care from hospital, followed by a period of care that enables a return home and prevents an avoidable long term care home placement.

- Development of dedicated respite beds to provide greater support for carers which enhances potential for people to remain living independently and potentially delays or avoids long term care home admission. This could include developing respite services for people with more complex dementia and nursing needs.

- Development of enhanced residential personal care services which offer some level of nursing provision, or access to additional community nursing and associated wrap around services. This has potential to enable people to remain in their preferred care home for longer, and is consistent with regulatory changes which encourage more flexible services. It could prevent escalation of need and avoid the need to transfer residents to more intensive and costly services, and could contribute to more effective use of nursing resources across the sector.

  (These options are offered as examples only. A more detailed evaluation of options and objectives will be agreed by the pooled fund task and finish group).

10.6 Use learning from targeted pooled fund arrangements to develop detailed full pooled proposals with shared responsibility for agreeing liability for costs for 20/21.

10.7 Create a mechanism for aligning expenditure which will enable each party to contribute revenue at quarterly or monthly intervals based on planned expenditure for 2018/19, and receive an equivalent sum back from the pooled fund prior to the start of each period; or each partner to invoice the pool fund for expenditure incurred against their contribution at the end of the period, (an in and out arrangement). This method would prevent any financial risk sharing for the first year and would avoid the possibility of any cross subsidisation.

Option 2 – Pooled Fund with limited hosting responsibilities

10.8 Creation of s33 as per option 1.

10.9 Create hosting and governance arrangements to allow 1 party to receive and manage funds at fixed intervals (monthly or quarterly).

10.10 Introduce contract variations to allow Providers from across the region to receive monthly payment from the host organisation.

10.11 Create mechanisms to reconcile monthly over / underspend for each partner and minimise financial risks.

10.12 Except for payment arrangements, maintain all other functions, processes and workforce arrangements at a local level (e.g. separate contracts, commissioning teams, social work, access to care and quality assurance arrangements etc).

10.13 Develop arrangements as per 10.4 to assess opportunities for further developing pooled fund arrangements from 19/20 (targeted joint commissioning to address gaps in services or reshaping commissioning process / structures to achieve efficiencies, as examples).

Option 3 – full pooled fund for 2018/19

10.14 A whole systems regional approach to commissioning care home placements from point of assessment of need to payment of Providers and termination of contracts.

10.15 Requires full financial risk sharing with systems for calculating contributions, reconciling over and underspends at frequent intervals and timely adjustments to maintain manageable cash flow for host partner.

10.16 This option suggests either standardisation of commissioning processes to ensure compatibility, or centralisation to achieve efficiencies and avoid duplication (otherwise why create pooled resources?).

10.17 A pooled fund may involve developing lead commissioning arrangements so that one party can coordinate the development of overarching strategies and processes for making placements, or, shared arrangements whereby partners accept responsibility for leading on certain aspects.

10.18 Ultimately this option must lead to better outcomes for people and achieve efficiencies. It should lead to doing things differently so that commissioning strengthens the resilience of the market; achieves a level of equilibrium between demand and supply; improves access, promotes choice and reduces delayed transfers of care; optimises value for money

by improving understanding of provider costs and combining resources to add value and achieve savings. This option will need to be evaluated carefully to determine how processes and services can be changed to achieve these objectives.

11. Assessment of each option (Against high level outcome criteria)

11.1 The table below offers an initial assessment of each of the proposed options against the suggested outcomes criteria (including risk factors) and assumes that each outcome is weighted equally.

Outcomes		Option 1 Phased approach Align budgets yr 1 Targeted pf yr 2 Full PF yr 3-5	Option 2 Phased approach Align budgets yr 1 PF with limited hosting responsibilities Yr 2	Option 3 Full PF year 1
Improve outcomes for residents and families	A	4	3	1
Address local and regional commissioning priorities	B	4	3	1
Create positive financial impacts or improved efficiency for each partner	C	4	4	1
Deliver more sustainable and resilient services	D	4	2	1
Be manageable and deliverable (having regard to the risks)	E	3	3	1
Total Scores		19	15	5

Score	**Description**
4 or 5	Meets criteria. Major improvement likely. Potential for substantial advantages. Best Outcome
2 or 3	Partially meets the criteria. Some improvements. Potential advantages outweigh potential disadvantages. Acceptable Outcome.
0 or 1	Does not meet the criteria. No improvement is likely or could be worse off. Potential disadvantages outweigh any potential advantages. Worst Outcome.

12. Preferred options with rationale

12.1 The table at 11.1 suggests that option 1 scores highest against the proposed criteria for evaluation and is therefore the preferred option. This

conclusion has been presented to partners as the basis for further discussion. All stakeholders have been asked to fully consider the options and evaluation criteria before assessing the implications and deciding whether one of the proposed options or some other variation is preferred. A completed template for evaluating the options against the proposed outcomes criteria has been provided (Appendix A).

13. Further considerations

13.1 A Pooled Fund meeting with Welsh Government officials and representatives from the 7 health and social care regions occurred on 20th November. The following position emerged;

- Welsh Government assumption and expectation that a pooled fund arrangement will be in place by 1 April 2018 in each region, or significant progress towards it.
- WG wishes to provide a coherent package of support to achieve this (discussed what this might look like in terms of back fill capacity but nothing specific beyond that but we were invited to consider what it could look like)
- Policy officials have made the case to Ministers that the deadline will be challenging and the position ultimately is that we need to show progress towards a pooled fund arrangement.
- Several regions are progressing a 'non risk sharing pooled budget' arrangement.
- Strong representations have been made concerning the potential boundary change of Bridgend / part ABMU HB to Cwm Taff region but nothing confirmed by WG to date in terms of timings (consultation may close in February 2018), except acknowledgement that any work undertaken should allow for the simple disaggregation of Bridgend from Western Bay to Cwm Taff. There is an expectation that Bridgend will have a pooled fund in place.
- Some regions have agreed the host for the pooled fund, some have not.
- Expectation that the pooled fund would be progressed for care home accommodation for older people by April 2018 and potentially for Learning Disability and Mental Health by April 2019 but further advice was sought on this and in a timely way.
- Emphasis from several regions that the requirement for the pooled fund as a tool to evidence a commitment to joint working was distracting from the progress being made in integrated working between health and social care.
- Discussion about cross subsidisation and clarity on legality sought by some regions.
- WG have sought a high level description of progress to date and what the commitment looks like to the pooled fund arrangements. It was noted that until decisions are taken through Cabinets and HBs, that level of commitment cannot be confirmed. WG keen to support the regions achieve the requirement.

- Discussion about either, the National Commissioning Board, ADSS and WLGA looking to call people together to discuss the issues, or seeking assurance from leads regionally of the position by April 2018.

13.2 WG have acknowledged the challenges associated with establishing pooled fund arrangements and during the initial implementation phase are content with non-risk sharing arrangements. However WG have created a clear expectation that proper full pooled fund arrangements are implemented for 2019/20.

14. Recommendations

14.1 The options outlined have been considered at the Community Services Board on the 14th December which concluded:

- Western Bay are unable to commit to a completely regional Pooled Fund due to the proposed boundary change of the Health Board that, if agreed, will affect Bridgend.

- Western Bay will need to manage messages to Welsh Government in a more constructive and positive way to best reflect the progress already made.

- It would be most realistic to progress the transactional approach with suggested pilots as outlined in Option 1.

- Action is needed to ensure all Western Bay colleagues across all organisations are invested in developing the Pooled Fund and have the same understanding of what the pooled fund aims to achieve for services.

14.2 A task and finish group comprising legal, finance and senior managers from each partner organisation met on the 11th of January to decide which option or combination of options is preferred. Having regard to the issues set out in this paper and giving consideration to the strengths, weaknesses, risks and benefits outlined, the following decisions were reached.

Recommendation 1: It is recommended that each partner organisation commits to the creation of a pooled fund which involves implementing options with the City and County of Swansea acting as host organisation during 2018 / 19. Under option 1 the costs incurred by each of the four organisations during each quarter will be charged to the pooled budget held by CCOS and offset by the contributions made by each partner. Contributions will be based on the actual costs incurred in that quarter and will be timed to coincide with the charges so that no adverse cash flow implications are incurred by any of the Partners. The mechanism as described would mean there is no financial risk sharing in the first year of this new arrangement and no possibility of cross subsidisation between the parties.

Recommendation 2: Option 2 offers little value to citizens and should be disregarded.

Recommendation 3: Option 3 is too complex to achieve in the short term. Further work is required to evaluate obstacles and propose solutions.

14.3 The options described have been considered by the Western Bay Leadership Group on 12/01/2018 who supported the decision of the Pooled Fund Task and Finish group to recommend Option 1.

15. Next steps

15.1 Further work is required to progress joint commissioning arrangements and fully implement requirements outlined under Part 9 of SSWBA. This work will be coordinated by the Pooled Fund Task and Finish Group and overseen by the Care Homes Sub Group of the Community Services Board. Immediate actions identified by the task and finish group to progress arrangements are as follows:

	Action	**Timescale**
1.	Finalise amendments to S33 legal agreement and share for comment / sign off	28.02.18
2.	Update IPC on likely future requirements	Completed
3.	Care Home Sub Grp / Pooled Fund Task and Finish group to agree detailed arrangements for progressing option 1	Ongoing
4.	Develop detail of method for capturing spend / aligning expenditure during 2018	Initial draft completed
5.	CCOS to confirm hosting and governance arrangements for 18/19	01.04.18
6.	Pooled Fund Task and Finish Group / Care Homes Sub Grp to agree detailed arrangements/timescales for progressing fee setting process.	01.04.18
7.	Contracts working group to complete regional care homes contract terms and conditions.	01.04.18
8.	Undertake further evaluation of obstacles and risks which prevent full pooled fund implementation.	20.04.18

16. Equality and Engagement Implications

16.1 Pooled Fund objectives are intended to create more integrated services which improve services. An EIA screening form has been completed with the agreed outcome that a full EIA report is not required at this stage. Some consultation may occur as more detailed proposals are developed but we are not yet at that stage. Proposals will continue to be screened

for equality impacts as work progresses and full EIA reports will be completed if required.

17. Financial Implications

17.1 The recommendations have no financial implications for 18/19. Pursuing Option 1 and jointly commissioning a small number of specialist beds to meet shared areas of unmet need during 19/20 could have cost implications. This would depend on the models commissioned and arrangements for hosting and governing the pooled funds. These details are to be determined. Implementing Option 1 in the way described would mean there is no risk sharing in the first year of this new arrangement and no possibility of cross subsidisation between the parties.

18. Legal Implications

18.1 Legal implications have been referred to more broadly in the body of the report. In summary, recommendation 1 will enable the Partners to achieve their statutory duty of establishing pooled fund arrangements for care homes within the required timescales. It would offer a phased approach of meeting the desired outcomes, at a manageable and deliverable pace having regard to the risks involved with such arrangements. The scope, aim and objectives of the pooled fund will be covered within a S33 agreement.

Background Papers: None.

Appendices:
Appendix A Evaluation of strengths and weakness of respective options.

Appendix A – Completed template evaluating the options against the proposed outcomes criteria

Option	Strengths	Weaknesses
1	Targeted commissioning addresses unmet need / increases choice / potential to improve outcomes and address blockages. Could address each partners commissioning priorities (dementia nursing, reablement or respite as examples) Potential for positive financial impacts in short term if nursing services can be re-shaped. May depend on FNC / CHC arrangements and funding formulas. Possibility of savings to LAs (less likely for Health). Where savings are achievable more likely to occur in longer term via process/structure changes required to achieve full pooled fund (e.g. via specialised or centralised commissioning functions). Gradual approach allows time to develop solutions to sustainability and resilience problems. May allow for re-investment of any efficiency savings. May allow reshaping of nursing services to address nursing shortfalls. A staged approach is more practical to achieve. It allows for planning needed to achieve incremental change. Staged approach minimises financial risks and allows time to	May create extra work without satisfying WG. Does not lead to any other systems /process, structure or service changes – no commissioning benefits in the short term. Less opportunity to plan to realise benefits potentially available from full pooled funds. Delaying full pooled fund may not be acceptable to WG. Delaying may not achieve financial savings quickly enough. Delaying will reduce opportunity for faster change to systems/processes, structure and services. Detailed analysis of expenditure and placement patterns may highlight need for additional financial contributions from individual parties.

	develop governance arrangements designed to manage risks associated with full pooled fund Creates trust between partners by developing arrangements slowly / requiring commitments gradually Is more deliverable in this sense. Transactional approach is seen by some as more likely to meet WG requirements (e.g. West Wales and Cardiff and Vale)	
2	Leads to actual pooled budget during 2nd year (meets requirements of Part 9 and acceptable to WG) Opportunity for efficiency savings as soon as 2nd year. Stepped approach to achieving services changes. Enables each partner to maintain autonomy over all other systems, processes, functions, structures etc.	No service improvements initially. Some opportunity costs associated with new payment arrangements (project management / other start-up costs). Information management systems required to reconcile payments with placements. Possible workforce impacts (legal and political issues?)
3	Achieves part 9 obligations. If funding formulas could be agreed quickly may lead to financial contributions which more accurately reflect each partner's liabilities. Radical change may offer potential for biggest gains.	Radical change poses biggest risks (financial, political, workforce, deliverability, market stability etc.). Radical change will generate most resistance. Timescales allow for very little preparation. At this stage partners do not have a full understanding of the nature and magnitude of change that is required.

Report of the Cabinet Member for Environment Services

Cabinet – 19 April 2018

FPR 7 - Mumbles Coastal Protection
Flood and Coastal Erosion Risk Management Grant 2018/19

Purpose:	To confirm the Flood and Coastal Risk Management (Capital) grant from Welsh Government and include the expenditure in the capital programme for 2018/19.
Policy Framework:	Flood and Water Management Act 2010
Consultation:	Legal, Finance & Access to Services.
Recommendation(s):	It is recommended that:

1) the Flood and Coastal Risk Management (Capital) grant of £682,500 is confirmed and 25% match funding for this scheme is included in the capital programme for years 2018 to 2020. The total cost for the initial phase of the scheme is £910,000

Report Author:	David Hughes
Finance Officers:	Jayne James/Ben Smith
Legal Officer:	Caritas Adere
Access to Services Officer:	Ann Smith

1 Introduction / Background

1.1 The following report has been prepared to advise on the success of the Council in bidding for grant funding from Welsh Government to develop Coastal protection measures at Mumbles. The bid was prepared with the support of Welsh Government Funding, through the development of an outline business case prepared by Arup Consulting. This evidenced that a number of properties are at risk from flooding due to sea level rise by 2118.

1.2 The funding allocation is to develop a detailed scheme design along with a programme for implementation.

1.3 The Welsh Governments Flood and Coastal Erosion Risk Management Programme (FCERM) presents the City and County of Swansea with a significant opportunity to implement a sustainable solution to the current issues of the condition of the Mumbles' seawall, and address long term flood risk affecting the community. It will also support the potential of future development and regeneration of the area whilst secure improvements to the amenity and recreation value of the promenade and its use as an important visitor attraction.

2 Capital Programme Process

2.1 The Welsh Government Coastal and Risk Management Board considered the Mumbles Outline Business Case at a meeting on the 22nd of September and confirmed their support for the scheme to progress to detailed design stage. Welsh Government will provide 75% of the project costs with grant funding. The City and County of Swansea are expected to provide 25% match funding to take the scheme forward to design and in due course construction.

2.2 The scheme study area extends from Knab Rock slipway in the southwest to Mumbles Road to Oystermouth Square and the Dairy Car Park in the north. Mumbles is currently protected by two types of coastal defences; a 0.5km long mass concrete vertical sea wall and a 0.7 km long sloping revetment. The responsibility for maintaining or addressing any repairs following any failure in these defences lies with the City and County of Swansea.

2.3 The options available for improved sea defences are determined in the light of prevailing policies set out in the Shoreline Management Plan to 'Hold the Line' (not extending new infrastructure or development seaward) and in the context of a range of adopted planning policies. The foreshore area of Mumbles lies immediately adjacent to the Blackpill Site of Special Scientific Interest (SSSI), and lies partly within the Mumbles Conservation area. Significant Welsh Water infrastructure also lies in close proximity to the promenade structure. The constrained and sensitive nature of the site impacts on the scope and design of sea defence structure and the methodology for construction.

2.4 The Welsh Government Coastal protection funding proposal was tabled and endorsed at the City and County of Swansea's European and External Funding Panel on October 2017.

3 Objectives of Scheme

3.1 The foreshore revetment, seawall and parapet is in poor condition with significant cracks and an exposed toe footing. The undermining and failure of the existing structure is a possibility during a storm event. A trunk sewer

rising main runs beneath the promenade, retained by the defences, and the consequences of failure of the seawall adjacent to the SSSI could be significant. Maintenance of the revetment is currently carried out by the City and County of Swansea on a purely reactive basis and costs can vary annually from £6k to £10k.

3.2 The promenade is relatively low with wave and still tidal water overtopping relatively common. CCS deploy stop logs across openings in the car park 'set back' walls during periods of high tides. The average costs of installing and removing the stop logs which provide an informal secondary flood prevention measure, costs approximately £10k annually. Despite these measures, some 79 properties have more than a 1 in 10 chance of tidal flooding each year. Through the modelling of sea level rise, this is predicted to increase to 122 properties by 2118, with predicted depths and the likelihood of flooding increasing significantly. This inundation would also sever vital primary access to parts of Mumbles and Mumbles Head including the lifeboat station.

3.3 The promenade is a key element of the Mumbles destination, and is a popular visitor attraction and amenity for residents. However, it has a restricted width in many areas, and the removal of the 'pinch-points' will make it safer, more attractive and accessible for pedestrians and cyclists particularly during peak periods. Access to the foreshore for pedestrians and boat use is limited to two narrow steep steps and two slipways.

3.4 The Swansea Bay Strategy (2008) highlights the potential for the regeneration of Mumbles waterfront, focused around key nodes such as Knab Rock, Southend gardens and Oystermouth Square. Developments in this area will need to be safe from flooding and erosion for their lifetime. Also the seafront public realm has developed on an ad-hoc basis over many years, and a lack of car parking for residents and visitors is a challenge, along with competing uses for storage of boats

3.5 The Outline Business Case (OBC) was structured around the Welsh Government criteria for a five case business model. It considered the case for change, and established a preferred solution to address the issues which represent value for money and which is deliverable and affordable. The OBC included an assessment of the condition of existing coastal structures, expected coastal flooding and erosion, regeneration and amenity, environmental issues and mitigation, constructability, an evaluation of a series of options and costs. The suggested approach is to develop a scheme for a 1 in 200 year standard of flood risk protection, to withstand climate change sea level rises to 2118.

3.6 The project will seek to combine enhanced coastal defences with improvements to the promenade and reduce the burden of maintenance on the Authority. It further supports the creation of an attractive and sustainable waterfront, and provides an asset to the local community and an attraction for visitors. An assessment of benefits has been undertaken in accordance with the Flood and Coastal Erosion Risk Management appraisal guidance,

the Multi-Coloured Manual and the 'Green Book'. The value of flood damages avoided are estimated at £7,765k. The Outline Business Case also identifies calculations and broad estimates of present value benefits at between £10m and £35m

4 Financial Implications

4.1 The design and planning stage for this scheme will cost £910k, with £682.5K of grant funding from WG and £227.5k of match funding from CCS which will be funded from unsupported borrowing. The capital budget 2018 approved £2 million of match funding to support CCS contributions to this scheme.

Details of the proposed expenditure are shown in the Financial Implications summary which is included as Appendix A to this report.

4.2 The funding programme for the 18 month development of a detailed design solution is to be progressed over the financial periods of 2018/19 and 2019/20. Subject to a further review by Welsh Government on completion of the detailed design, it is proposed that the construction works will be carried out between 2019 and 2022. Authorisation to support the additional funding required to construct the works will be subject to a further FPR7.

5 Legal Implications

5.1 The Council will need to ensure that all necessary planning consents are obtained. Cabinet approval is required for the submission of an application for planning permission on Council owned land.

5.2 The Council will need to ensure that it complies with its Contract Procedure Rules and any relevant EU procurement legislation when procuring any of the works and related contracts referred to above.

5.3 The Council will need to comply with the terms and conditions of any grant funding.

By implementing the recommendations of this report and undertaking, the works as outlined above, the Council will be discharging its statutory duty under the Flood and Water Management Act 2010.

Background Papers: None

Appendices: Appendix A - Financial Implications

FINANCIAL IMPLICATIONS : SUMMARY

Portfolio: **PLACE**

Service : **HIGHWAYS**

Mumbles Coastal Protection

Scheme : **Flood and Coastal Erosion Risk Management Grant 2018/19**

1. CAPITAL COSTS	**2018/19**	**2019/20**	**2019/20**	**TOTAL**
£'000	**£'000**	**£'000**	**£'000**	**£'000**
Expenditure				
Fees	535	375		910
EXPENDITURE	**535**	**375**	**0**	**910**
Financing				
Flood and Coastal Erosion Risk Management Grant 2018/19	400	282.5		**682.5**
CCS Capital Budget (part of £2m match approved in the 2018 capital budget)	135	92.5		**227.5**
FINANCING	**535**	**375**	**0**	**910**

2. REVENUE COSTS	**2018/19**	**2019/20**	**2020/21**	**FULL YEAR**
£'000	**£'000**	**£'000**	**£'000**	**£'000**
Service Controlled - Expenditure				
Administration				0
NET EXPENDITURE		0	0	0

Report of the Local Authority Governors Appointment Group

Cabinet – 19 April 2018

Local Authority Governor Appointments

Purpose:	To approve the nominations submitted to fill Local Authority Governor vacancies in School Governing Bodies
Policy Framework:	Local Authority (LA) Governor Appointments Procedure (Adopted by Council on 26 October 2017)
Consultation:	Access to Services, Finance, Legal
Recommendation(s):	It is recommended that:
1)	The nominations recommended by the Chief Education Officer in conjunction with the Cabinet Member for Children, Education and Lifelong Learning be approved.
Report Author:	James Craven
Finance Officer:	Chris Davies
Legal Officer:	Stephanie Williams
Access to Services Officer:	Sherill Hopkins

1. 0 The nominations referred for approval

1.1 The nominations are recommended for approval as follows:

1. Bishopston Primary School	Cllr Lyndon James
2. Brynmill Primary School	Mrs Diane Ford Cllr Mary Sherwood
3. Cadle Primary School	Cllr Elliot King
4. Cila Primary School	Mrs Yvonne Brenton
5. Dunvant Primary School	Mr David Maclaughland

6. Gendros Primary School	Mrs Ann Cook
7. Glais Primary School	Mr Stuart Page
8. Glyncollen Primary School	Mr Michael Hedges
9. Gors Primary School	Mr John Morrissey
10. Gwyrosydd Primary School	Cllr Samuel Pritchard
11. Llanrhidian Primary School	Mr Christopher Abbott
12. Oystermouth Primary School	Cllr Myles Langstone
13. Penllergaer Primary School	Mrs Faith McCready
14. Talycopa Primary School	Mr Edwyn Davies
15. Tre Uchaf Primary School	Mr Alan Hodges
16. Bishop Vaughan Catholic Comprehensive	Mr Joe Blackburn
17. Cefn Hengoed Comprehensive School	Mrs Finola Wilson
18. Gowerton Comprehensive School	Mrs Christine Hughes
19. Penyrheol Comprehensive School	Cllr Andrew Stevens

2.0 Financial Implications

2.1 There are no financial implications for the appointments; all costs will be met from existing budgets.

3.0 Legal Implications

3.1 There are no legal implications associated with this report.

4.0 Equality and Engagement implications

4.1 There are no equality and engagement implications associated with this report.

Background Papers: None

Appendices: None