



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Adult Services

**At:** Council Chamber - Guildhall, Swansea

**On:** Monday, 17 September 2018

**Time:** 4.00 pm

**Convenor (Acting):** Councillor Chris Holley OBE

#### **Membership:**

Councillors: P M Black (Chair), V M Evans, J A Hale, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris and G J Tanner

Co-opted Members: T Beddow and K Guntrip

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### Agenda

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- 1 Apologies for Absence.**
- 2 Disclosure of Personal and Prejudicial Interests.**  
[www.swansea.gov.uk/disclosuresofinterests](http://www.swansea.gov.uk/disclosuresofinterests)
- 3 (4.05pm) Public Question Time**  
Questions must relate to matters on the Agenda and will be dealt with in a 20 minute period.
- 4 (4.25pm) Outcome of Residential Care and Day Services for Older People Commissioning Reviews** **1 - 314**  
*Councillor Mark Child, Cabinet Member for Care, Health and Ageing Well*  
*Dave Howes, Director of Social Services*  
*Alex Williams, Head of Adult Services*
- 5 (5.25pm) Discussion and Questions**
  - a) Consideration of Cabinet Report and Questions
  - b) Panel's views for Cabinet

**Next Meeting:** Tuesday, 25 September 2018 at 4.00 pm

*Huw Evans*

**Huw Evans**  
**Head of Democratic Services**  
**Tuesday, 11 September 2018**

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**Contact: Liz Jordan, Scrutiny 01792 637314**

# Agenda Item 4



## Report of the Cabinet Member for Care, Health and Ageing Well

Adult Services Scrutiny Performance Panel – 17<sup>th</sup> September 2018

### OUTCOME OF RESIDENTIAL CARE AND DAY SERVICES FOR OLDER PEOPLE COMMISSONING REVIEWS

<b>Purpose</b>	To present final recommendations to Cabinet on the outcomes of Commissioning Reviews in relation to Residential Care and Day Services for Older People.
<b>Content</b>	<p>There are 2 reports due to be considered by Cabinet.</p> <p>The first report provides an outline of the outcome of the Residential Care for Older People Commissioning Review, sets out the results of the consultation and associated equality impact assessments, and puts forward recommendations to Cabinet for the way forward.</p> <p>The second report provides an outline of the outcome of the Day Services for Older People Commissioning Review, sets out the results of the consultation and associated equality impact assessments, and puts forward recommendations to Cabinet for the way forward.</p>
<b>Councillors are being asked to</b>	Consider the report as part of the pre-decision Scrutiny process.
<b>Lead Councillor(s)</b>	Cllr Child, Cabinet Member for Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Dave Howes, Director of Social Services Alex Williams, Head of Adult Services
<b>Report Author</b>	Alex Williams 01792 636245 <a href="mailto:alex.williams2@swansea.gov.uk">alex.williams2@swansea.gov.uk</a>



## Report of the Cabinet Member for Care, Health and Ageing Well

Cabinet – 20 September 2018

### Outcome of Consultation in Relation to the Residential Care Commissioning Review

<b>Purpose:</b>	The report summarises the results of the recent consultation on the preferred options emerging from the Residential Care Commissioning Review. It also provides final recommendations to Cabinet of how to proceed, taking account of these results and the associated Equality Impact Assessments.
<b>Policy Framework:</b>	Social Services and Well-Being (Wales) Act 2014
<b>Consultation:</b>	A 12-week public and staff consultation was conducted from 30 <sup>th</sup> April 2018 to 23 <sup>rd</sup> July 2018.
<b>Recommendation(s):</b>	<p>Cabinet is asked to consider the following recommendations:</p> <ul style="list-style-type: none"><li>• Recommendation 1: Refocus the Council's in-house residential care service to focus on complex needs, residential reablement and respite only.</li><li>• Recommendation 2: Going forward, commission all standard residential care for non-complex needs and nursing care from the independent sector.</li><li>• Recommendation 3: As a consequence of the above, close Parkway Residential Home ensuring that all affected residents are fully supported.</li><li>• Recommendation 4: Agree to pay up to a maximum of £105 per person per week top up fees for all residents at Parkway (including self-funders), subject to individual circumstances and social work assessments, for the duration of their residential care placement in the event that Parkway closes following the final decision taken.</li></ul>
<b>Report Author:</b>	Alex Williams
<b>Finance Officer:</b>	Chris Davies

**Legal Officer:** Debbie Smith

**Access to Services Officer:** Rhian Millar

## **1. Executive Summary**

- 1.1 In line with the corporate process, Adult Services has conducted a Commissioning Review of Residential Care for Older People, and publicly consulted on the preferred options emerging from the Gateway 2 stage of the process.
- 1.2 This paper provides the background to the review, the preferred options and the service specific implications, the findings from the public consultation and the associated Equality Impact Assessments, alongside final recommendations on the way forward for Cabinet.
- 1.3 Swansea Council recognises that it needs to shape the services that it delivers internally and those that it commissions externally to meet 21<sup>st</sup> 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 2016 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 for Older People these principles have been central to reaching a position of a preferred direction of travel.
- 1.6 The preferred options emerging from the review are to shape the Council's internal provision to focus on complex care, short-term 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 should be able to provide better care for people with complex needs such as dementia as staff will have the right skills and knowledge to provide this type of care and our buildings will be set up in such a way to deliver more complex needs. 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 staffing required to meet complex needs.
- 1.10 Refocussing internal provision in this way will allow the Council to strive 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 aim to 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 If the Council proceeds with its proposals to reshape in-house provision, it is estimated that 41 less beds will be needed overall. It is therefore proposed that one home will close and following an evaluation of all of the internal homes, it has been concluded that Parkway Residential Home is the home least fit for purpose to deliver the preferred future model. It would close in the event that the proposals are accepted.
- 1.14 In reaching these proposals, a wide range of options were considered and discounted. These are detailed in Section 7 of Appendix 1 to this report and included maintaining the status quo, and externalising all services including the use of alternative delivery models. Once the preferred options had been identified, the evaluation exercise considered the relative suitability of each of the internal buildings to deliver the preferred future model in order to reach the proposal that Parkway should close. The Council has recently undertaken a 12-week consultation on the proposed future model for residential care and specifically the closure of Parkway Residential Home.
- 1.15 The consultation responses are summarised in this report alongside the Council's response and mitigation where appropriate.

- 1.16 The key themes highlighted in the consultation are as follows:
- Support for the proposals.
  - Some respondents were in support of a model that enabled people to remain living independently for longer.
  - Perception that Council homes are better.
  - A view that the definition of complex care needed to be more specific.
  - A belief that more staffing would be required for residents with more complex needs and buildings would be adapted to accommodate this.
  - Concern that the proposal to only provide residential care for complex needs was discriminatory against those with non-complex needs.
  - A concern that the scoring criteria used to determine that Parkway was least fit for purpose did not take into consideration maintaining the wellbeing of residents and the evaluation exercise itself had also not involved family members/anyone independent of the Council.
  - Concerns were raised surrounding the impact on wellbeing that moves from Parkway would have on residents.
  - Impact on choice of the proposed model.
  - Availability of beds.
  - Belief that the proposal to close Parkway had not taken account of current and future demand.
  - Concern was raised surrounding the cost of independent care homes.
  - Perception that the proposal to close Parkway was being driven by the potential use of the site linked to the land surrounding the Olchfa School site.
  - A concern was raised by one respondent that the proposals may lead to the privatisation/closure of all Council owned care homes.
  - Concern that the proposals were being driven by budget pressures.
  - Family members of residents at Parkway wanted a guarantee that all residents would continue to have good quality care in the event that Parkway closed.
- 1.17 The counter proposals put forward were as follows:
- Proposal to sell off Parkway as a going concern/consider alternative delivery models to allow the residents to remain in Parkway.
  - Make savings in relation to domiciliary care rather than residential care.
  - The Council should find savings elsewhere and not make savings in relation to residential care.
  - Close St Johns and keep Parkway open instead.
  - Move all Parkway residents into other Council-run care homes and maintain Parkway itself as a respite and respite facility.
  - Close Parkway over a longer period of time.
  - Fill all the vacant beds in Parkway, with a belief that this would make it financially viable.
  - All residents in Parkway should be offered a place in a Council run home, in the event that Parkway was to close.
- 1.19 In general whilst there was not majority support for the model or the proposal to close Parkway, no viable alternatives have been put forward which allow us to deliver a model that enables people to maintain independence, remain at home for longer and meet the needs of vulnerable adults in line with the

principles of the Social Services and Wellbeing (Wales) Act whilst at the same time achieving the necessary savings required.

- 1.20 The Council has addressed each of the concerns put forward in the consultation and provided mitigation where possible. These are outlined in detail within the main body of this report.
- 1.21 There were no concerns put forward that could not be mitigated or for which there was no response which alleviated the concerns.
- 1.23 Of paramount importance if the proposals are to go ahead will be to ensure that the wellbeing of current residents at Parkway is maintained and any moves are carefully and thoughtfully planned involving residents, their families where appropriate, and a social worker. If a decision is taken to close Parkway, each resident will have an individual social work assessment to determine their unique needs and determine appropriate move on plans. This assessment will involve family members where appropriate and will ensure that all equality matters have been considered and appropriately mitigated wherever possible. In doing this, the Council will ensure as much as possible that their human rights are maintained and all equalities issues are given due regard.
- 1.24 From the outset, staff were fully engaged in the potential remodelling of service and from the start of the consultation were supported to wherever possible find alternative employment in line with the Council's HR processes. In line with the Council's HR policies, all staff who were potentially affected were given immediate access to the Council's redeployment processes at the beginning of the consultation period as this is standard process where there is an understanding that an employee might be at risk, but a final decision has not been taken. Some employees have already been successful in securing alternative employment. Some employees have already indicated that they would like to be considered for redundancy in line with the Council's Early Retirement Scheme/Voluntary Redundancy, and have been given provisional figures to allow them to consider this option further. In the event that a decision is taken to close Parkway, the staff involved will be given an extended notice period and be formally put at risk. Alternative employment for those that want it will be sought through the Council's redeployment scheme and those who would rather leave the organisation will be supported through the Council's Early Retirement/Voluntary Redundancy Scheme.
- 1.25 If the recommendations are agreed, the Parkway site will be disposed of in line with the Council's normal processes.
- 1.26 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. The proposed model also supports the principles behind the Well Being of Future Generations (Wales) Act, specifically the wellbeing goals of a resilient Wales and a healthier Wales by developing sustainable services for



the future and services which allow an ageing population to maintain their independence for as long as possible.

- 1.27 It should be noted that if these recommendations are agreed, the Commissioning Review in relation to Residential Care for Older People will be complete and it is not envisaged that any further review will take place during this administration.
- 1.28 Remodelling the services in this way should 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. Background:**

- 2.1 In line with the Council's Corporate Commissioning Review approach, a review was undertaken of residential care services for Older People in 2016. This review looked at those services both provided directly by the Council and those services that are commissioned from the independent sector.
- 2.2 The review set out a range of options for the way forward.
- 2.3 A stakeholder workshop took place to ascertain feedback surrounding the advantages/disadvantages of the full range of options on 9<sup>th</sup> June 2016.
- 2.4 Stakeholders included a range of internal and external providers, care managers, support and inter-related services, carers, representative groups and elected Members.
- 2.5 Following the stakeholder workshop, a dedicated session was also held with the Trade Unions on 21<sup>st</sup> June 2016 to talk through their views on the options.
- 2.6 The detailed option appraisal was then held on 24<sup>th</sup> June 2016.
- 2.7 The Panel for the option appraisal comprised the Commissioning Review Lead, the Principal Officer, the Head of Adult Services, Chief Social Services Officer, the then Director of People, the Director of Place, the then Cabinet Member as well as representatives from Legal, Finance, Procurement, HR and Corporate Property.
- 2.8 On carrying out the appraisal, it was concluded that the original set of options were too extensive and complex. The options for the review were therefore refined to make them more straight forward and understandable.
- 2.9 The criteria used to appraise each option focussed on the following:
  - Outcomes
  - Fit with strategic priorities
  - Financial impact
  - Sustainability/viability
  - Deliverability.

2.10 The full criteria are contained in the Gateway 2 report appended as Appendix 1 to this report.

2.11 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

2.12 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.

2.13 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.

2.14 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.

2.15 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.
- 2.16 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 by providing short-term support to allow people to regain skills and independence as well as provide carers a much needed break to ensure that family relationships do not breakdown.
- 2.17 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.
- 2.18 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.
- 2.19 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.
- 2.20 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.

### **3 Implications of the preferred options:**

- 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 was 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. Cabinet agreed to publicly consult on this option at its meeting of 19<sup>th</sup> April 2018.

- 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 was undertaken to determine the potential impact of the proposed options in terms of reduction of internal beds 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 was 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
<b>TOTAL</b>	<b>143</b>	<b>8.7 beds</b>		<b>13.3 beds</b>	

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 Cabinet consequently agreed to publicly consult on Options 2, 3 and 4 at its meeting on 19<sup>th</sup> April 2018. The public consultation centred on the Local Authority refocussing its provision on complex care, short-term residential reablement and respite. The Local Authority would consequently no longer provide standard residential care and one Local Authority run residential home would potentially close.
- 3.8 If this proposal was agreed following the public consultation, it was 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. Each individual would be supported to find an alternative home and it should be noted that some individuals may decide that 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.

#### 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 31<sup>st</sup> 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.

4.4 An evaluation matrix (attached at Appendix 2) 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. The criteria were driven by the suitability of the building itself to deliver the preferred future model.

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

<b>Home</b>	<b>Overall Score</b>
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 was 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 was agreed following the public consultation. At the time of the potential closure, there would be a maximum of 17 residents to relocate as there are currently 17 long-term residents in Parkway and a hold on any new admissions.
- 4.9 In order to mitigate the impact on those residents affected, a hold was 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 this report, there were 3 long-term bed vacancies internally and 73 vacancies in the independent sector which would be immediately available so there would be sufficient vacancies to accommodate those affected. A further 42 beds would become shortly available, but were temporarily unavailable due to issues such as redecoration.
- 4.11 It was 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 were agreed following the public consultation, there would 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.
- 4.14 From a staff perspective, there were 34 employees potentially at risk who worked at Parkway Residential Home.

## **5 Consultation process:**

- 5.1 Cabinet agreed to consult on the preferred model for residential care at its meeting of 19<sup>th</sup> April 2018.

- 5.2 A 12-week public consultation consequently took place from 30<sup>th</sup> April 2018 to 23<sup>rd</sup> July 2018. It was agreed to carry out the staff consultation concurrently to ensure staff directly affected could also effectively have their say on the proposals.
- 5.3 The consultation specifically sought views on the following:
- The proposal to refocus Local Authority provision to focus on more complex needs, short-term residential reablement and respite.
  - The Local Authority consequently no longer delivering standard residential care.
  - The specific proposed closure of Parkway Residential Home.
- 5.4 The consultation was carried out using a questionnaire. The survey was available online and hard copies were also made available at key council venues.
- 5.5 We actively publicised the consultations and used appropriate media and social media platforms as follows:
- Informed all Swansea Councillors and offered face to face meetings
  - Informed all Council staff
  - Informed all local AMs and MPS and offered face to face meetings
  - Informed the Older Person's Commissioner and offered a face to face meeting
  - Informed all independent residential care providers
  - Informed Swansea CVS and offered a face to face meeting
  - Informed Swansea Carers Centre and offered a face to face meeting
  - Informed Age Concern and offered a face to face meeting
  - Face to face meeting held with the Disability Liaison Group
  - Press releases at key stages of the consultation process as well as promotion on appropriate social media
  - Informed the Carers Partnership Board and offered a face to face meeting
  - Informed the Voice Forum and offered a face to face meeting
  - Ensured copies of the consultation documents and questionnaires were available in all Libraries, the Contact Centre and sheltered housing complexes
  - Informed the 50+ Network
  - Informed the Swansea Dementia Forum and offered a face to face meeting
  - Informed the Ageing Well Steering Group and offered a face to face meeting
  - Informed the GP practices who had patients within Parkway.
- 5.6 The consultation was also publicised to current Local Authority residents, either via individual letters or information packs sent to each venue.
- 5.7 In relation to Parkway itself, the following was undertaken:
- A letter was sent to each resident and their families to explain the proposals, timescales for decision, how the closure would be undertaken if agreed and gave opportunities to have their say. This included how their individual needs would be reviewed and any individual move on plans would be agreed.

- Consultation meetings took place on site with residents and families on 8<sup>th</sup> May 2018, 21<sup>st</sup> May 2018, 5<sup>th</sup> June 2018 and 6<sup>th</sup> June 2018. Not all residents attended the meetings, as some had limited mental capacity. However, the families of all but one resident attended at least one meeting and the remaining resident not supported by family members attended all 4 meetings. The majority of families chose to attend each meeting, so discussion continued on from the last meeting.
- There were also offers of meetings/face to face opportunities at the care home.
- During the consultation period, we asked a social worker to work with each individual affected to review their needs to establish whether or not they had complex needs. This allowed them to make a more informed response to the consultation as they would understand better how the proposals might affect them. There was a mixed reaction to this offer, and some individuals/families chose to decline them; however the Council felt it was good practice to offer this.
- Through the social work reviews, there was an offer of an advocate for each care home resident if it was felt that they were unable to take part in the consultation, as it was understood that some older people would not be able to express their own wishes or concerns without the help of an independent advocate. It was also understood that 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.
- The Common Access Point was indicated as the point of contact during the consultation, but residents/families were also able to directly articulate queries to the Cabinet Member and the Head of Adult Services.

5.8 A Section 188 letter was issued to the Trade Unions and they were briefed at the beginning of the consultation and regular liaison meetings were held throughout.

5.9 3 group consultation meetings were held on site with staff and then 1 to 1s held with each member of staff affected.

5.10 All Social Services staff were briefed and given opportunities to have their say on the proposed new models for Residential Care and Day Services.

## **6 Consultation responses and counter proposals put forward:**

### *Summary of responses*

6.1 A total of 50 responses were received to the consultation. This comprised 21 online questionnaires, 21 hardcopy questionnaires, 2 letters, 5 emails and a petition with just over 1,000 signatures included. One online response was received after the consultation deadline, but was accepted on the basis of ensuring that as wide a range of views as possible was considered.

6.2 In terms of the 42 questionnaire responses received, 5 core questions were asked.



- 6.3 Question 1 asked “Do you agree or disagree with our proposed changes to residential care for older people?”. 39 out of the 42 respondents replied. Of those 39, 8 strongly agreed, 7 tended to agree, 4 tended to disagree and 20 strongly disagreed. This question related to the overall proposed model for residential care.
- 6.4 Question 2 asked respondents to expand on their answer. 35 out of the 42 respondents answered this question. The key themes emerging will be explored further below.
- 6.5 Question 3 asked “Are there any other options you feel the Council should have looked at in relation to the Residential Care Service for Older People?”. 34 of the 42 respondents replied to this question. The key counter proposals are outlined below.
- 6.6 Question 4 asked respondents “Considering the above, do you agree or disagree that the criteria used to assess each care home were the right ones?”. 36 out of 42 respondents answered this question. 3 strongly agreed, 14 tended to agree, 6 tended to disagree and 13 strongly disagreed.
- 6.7 Question 5 asked respondents “Considering the above, do you agree or disagree with the proposal to close Parkway Residential Home”. Again 36 out of 42 respondents answered this question. 3 strongly agreed, 8 tended to agree, 7 tended to disagree, 17 strongly disagreed.
- 6.8 Respondents were then asked if they disagreed with either the assessment criteria or proposal to close Parkway, to explain why and provide any alternatives. 25 out of the 42 respondents provided a response to this. An analysis of the key themes emerging will be given below.
- 6.9 In terms of the 2 letters and 5 emails received, these were not structured in terms of responses to the consultation questions. They came from family members of residents affected and elected representatives. They either sought clarification on elements of the proposals or gave a general view of not being in support of the proposals. The key themes have been collated alongside the questionnaire responses and a summary will be provided below.
- 6.10 A petition was received with just over a 1,000 signatures. The title of petition was “Say ‘NO’ to the proposed closure of Parkway Residential Care Home, Sketty”. The petition included names, addresses and signatures, but it was unclear what interest the signatories had in relation to Parkway. The petition was acknowledged in line with the Council’s procedures and is being treated as a consultation response.
- 6.11 The majority of the respondents were consequently against the proposed model to change the in-house residential care service to focus on respite, short term residential reablement and more complex needs, as well as the proposal to close Parkway as well as the criteria that had been used to reach the proposal to close Parkway.

- 6.12 Whilst staff consultation meetings took place, and specific 1 to 1 meetings with each member of the 34 staff affected, no formal response was received either from staff or the Trade Unions. Staff were inevitably concerned surrounding the future certainty of their employment; to mitigate this all staff affected were given immediate access to the Council's redeployment policies at the start of the consultation. At the time of writing the report, 3 staff had already been successful in securing alternative employment and 2 were undergoing a trial period. There were sufficient vacancies across Adult Services to give the Council confidence that all the remaining affected staff were likely to be accommodated in alternative employment if they wished to stay with the Council.
- 6.13 A detailed consultation summary document is set out as Appendix 5 report, which summarises the consultation activity that took place, the responses received and the key themes emerging.

*Summary of key themes and responses*

- 6.14 Through the consultation responses and meetings that took place at Parkway, a number of key themes and counter proposals emerged. A full summary is attached as Appendix 5 to this report.
- 6.15 The themes, and the Council's response/mitigation to each one is set out below. The themes are summarised as follows:

<b>Theme</b>	<b>Number of comments relating to theme</b>
Support for the proposals.	7
Some respondents were in support of a model that enabled people to remain living independently for longer.	2
Perception that Council homes are better.	5
The definition of complex care needed to be more specific.	1
More staffing would be required for residents with more complex needs and buildings would be adapted to accommodate this.	1
Concern that the proposal to only provide residential care for complex needs was discriminatory against those with non-complex needs.	1
A concern that the scoring criteria used to determine that Parkway was least fit for purpose did not take into consideration maintaining the wellbeing of residents and the evaluation exercise itself had also not involved family members/anyone independent of the Council.	2
Concerns were raised surrounding the impact on wellbeing that moves from Parkway would have on residents.	5
Impact on choice of the proposed model.	6
Availability of beds.	2

Belief that the proposal to close Parkway had not taken account of current and future demand.	3
Concern was raised surrounding the cost of independent care homes.	2
Perception that the proposal to close Parkway was being driven by the potential use of the site linked to the land surrounding the Olchfa School site.	1
A concern was raised by one respondent that the proposals may lead to the privatisation/closure of all Council owned care homes.	1
Concern that the proposals were being driven by budget pressures.	4
Family members of residents at Parkway wanted a guarantee that all residents would continue to have good quality care in the event that Parkway close.	Family members

- 6.16 7 respondents displayed a level of **support for the proposals**, and displayed a view that the changes were necessary to ensure that services were able to meet people's needs and be sustained into the future.
- 6.17 The next key theme suggested support for the proposed model and that 2 respondents commented that they were **in support of a model that enabled people to remain living independently for longer** and generally supportive of the principle of investing in reablement.
- 6.18 This response was very reassuring to see as an enabling approach which allows people to remain at home for longer is entirely in line with the overarching Adult Services Model which recognises that more people wish to remain in their own home. The proposed changes will help to support this by providing reablement and respite to support people to remain in their own homes for as long as possible and to support their family/carers to help them in their caring role. One respondent had raised why Parkway could not be used to deliver reablement and therefore kept open. As explained earlier in the report, the Council has assessed that less Local Authority beds are required to deliver the proposed model and Parkway is least fit for purpose to deliver the overall model. There was one comment that suggested that the Council should deliver nursing care; the Council has been previously restricted from doing this due to registration requirements and going forward it does not have the expertise or resources to provide this type of care.
- 6.19 There was a **perception that Council homes are better** than those provided by the independent sector from 5 respondents. There was therefore a concern that the Council proposed no longer providing standard residential care for non-complex needs.
- 6.20 In response, independent sector homes are required to provide care to the same legal and regulatory standards as Council homes, and are fully regulated by Care Inspectorate Wales. The Council has robust contracts in place with independent sector homes and monitors against these contractual standards to ensure that services are fit for purpose. The Council is

embedding a quality assurance programme at independent care homes which demonstrates that quality is of a sufficiently good quality. Feedback obtained from residents and families at homes in the independent sector confirms a high level of satisfaction with services. From time to time quality problems do arise. Where this occurs the Council is able use its legal and contractual powers to act quickly and make any improvements required. These arrangements should give people confidence that services received via the independent sector are safe and appropriate to meet their needs and also of a similar or on some occasions better quality than Council-run care homes.

- 6.21 One comment received suggested that ***the definition of complex care needed to be more specific.***
- 6.22 Unfortunately there are no national definitions of complex care, so the Council has had to determine its own definition as set out in paragraph 2.15 of this report. It is very difficult to go into greater detail and cover every eventuality as each individual will present differently with a significant difference in individual circumstances and needs. This definition will therefore be used by the social workers who assess the individuals, informed by discussions with the resident and family members where appropriate to determine whether the individual has complex needs. Social Workers are qualified professionals and will need to use their professional judgement to assess whether the individual does or does not have complex needs in line with the criteria specified.
- 6.23 A concern was expressed by one respondent however that ***more staffing would be required for residents with more complex needs and buildings would need to be adapted to accommodate this.***
- 6.24 The Council does not concur with the view that more staffing would be needed. The model of care will of course be designed to ensure that services can meet the needs of people accommodated. In reality, the Council is already delivering services for more complex needs. A good example is the service offered at Ty Waunarlyydd for people with dementia. Council staff are already highly trained and well equipped to deliver services for people with complex needs, and ongoing training is in place to upskill where needed. The Council is confident that it can deliver the proposed model within existing staffing levels, and will do this by ensuring that those staff continue to be trained appropriately. In relation to the physical layout of the remaining Council homes, homes such as Rose Cross and Ty Waunarlyydd are well suited already to deliver complex needs and few adaptations would be needed. £4million has been identified in the Council's capital programme to maintain our homes, so this could be utilised to carry out any adaptations to other buildings if required.
- 6.25 At one of the Parkway meetings, family members expressed ***a concern that the proposal to only provide residential care for complex needs was discriminatory against those with non-complex needs.***
- 6.26 There is no legal requirement for a Council to provide an in-house standard residential care service. The Council has a duty to ensure that those that need

standard residential care receive it, but it is legitimate to offer this provision in the independent sector.

- 6.27 2 respondents expressed **a concern that the scoring criteria used to determine that Parkway was least fit for purpose did not take into consideration maintaining the wellbeing of residents and the evaluation exercise itself had also not involved family members/anyone independent of the Council.** This view was also expressed at the Parkway meetings.
- 6.28 An objective set of evaluation criteria were used to assess the options. Careful consideration was given as to who should make up the evaluation panel and it was determined that involving family members for each home affected would have not allowed the panel to be objective. Consideration was also given to whether anyone independent of the Council should be involved in the evaluation exercise, but it was not clear how doing this would add value to the exercise and it would have been difficult to identify someone who had a good working knowledge of each care home. The preferred option was achieved by applying the same criteria to each home. Issues of maintaining the wellbeing of residents would have been pertinent to each Council run care home, so would not have altered the outcome of the evaluation exercise.
- 6.29 5 respondents raised concerns surrounding the **impact on wellbeing that moves from Parkway would have on residents.** Some of these concerns related to choice and location impacts as well as equalities and human rights impacts. These concerns were also raised in the Parkway meetings.
- 6.30 This is an entirely valid concern, and it is of paramount importance that if the changes go ahead, the wellbeing of all those affected is maintained. The welfare of people who receive care services is always our primary consideration. The proposed changes are necessary to ensure that we can continue to meet needs in the most effective and sustainable way. Arrangements to move service users to alternative homes will be planned carefully and sensitively with each resident and where appropriate their family. This will involve considering any equalities and human rights impacts and where necessary taking steps to ensure that residents' legal rights and entitlements are respected and not infringed. Specific issues relating to choice and location are addressed below.
- 6.31 A theme emerged surrounding the **impact on choice of the proposed model** if the Council proceeded with no longer offering standard residential care to people with non-complex needs; this was raised by 6 respondents. This concern related to a perception that reliance on the independent sector would restrict choice, particularly in terms of location which is key to maintaining relationships with family and friends. There was also a concern raised about choice of respite provision in the independent sector.
- 6.32 In response, there are a large number of homes in the independent sector offering residential care. The number of homes specialising in residential care for purely personal and social care has increased significantly in recent years;

in fact there is greater supply than demand. The Sketty and surrounding area, which is in close proximity to Parkway Residential Home has a particularly high concentration of beds compared to other parts of Swansea. Details of all other homes in Swansea, and those in the vicinity of Parkway have been shared with all those residents and family members who attended the Parkway meetings. In the event that Parkway were to close and residents consequently had to move, the Council would have a legal duty to carefully consider the equalities and human rights impacts that are affected by moving to another care home. This means working with residents and families to ensure that family relationships and similar factors relating to location can be maintained.

- 6.33 There are a number of providers who have informed us of their intention to develop new residential services in Swansea and the care homes market is expected to continue to grow. The proposed changes to the model for residential care are being undertaken to promote greater independence where possible and less reliance on traditional services where beneficial. This will lead to alternative options and increased choice for citizens. We acknowledge the difficulties finding respite services in the independent sector. The proposed changes will improve and increase respite opportunities for carers via Council homes; this is a key driver for the proposed changes.
- 6.34 2 respondents raised some concerns surrounding the **availability of beds** if the proposed model was adopted, with people having experienced difficulty in finding beds in the independent sector previously and a perception that bed blocking occurred in hospitals due to a lack of availability of residential care beds and the proposals would inadvertently transfer costs to the NHS. This concern was also raised by residents and family members at Parkway, who were concerned that there might not be vacancies to move to in the event that Parkway closed.
- 6.35 Independent sector vacancies average at approximately 8%. This equates to approximately 125 beds at any one time so there is more than enough capacity in the independent sector to meet demand. In addition to this, Parkway has had a high proportion of vacant beds for some time. Delayed transfers of care from hospital do occur, but the reason for this in Swansea is rarely due to availability of residential care provision. It tends to be related to delays in choices made by prospective residents and families, delays in agreement of funding and delays in securing care at home. The change to focus local authority provision on short-term reablement and respite is in part driven by helping to reduce delays from hospital. Availability of this type of provision will enable faster hospital discharge followed by a period of care to enable people to return to independent living where possible.
- 6.36 3 respondents commented that they felt that **the proposal to close Parkway had not taken account of current and future demand**.
- 6.37 As outlined earlier in this report, a detailed modelling exercise was undertaken to determine how many beds would be required to deliver the preferred model. This alongside the oversupply of standard residential care in the independent sector led to a conclusion that there was more than enough capacity in the market to cater for current and future demand.

- 6.38 2 respondents raised significant **concern surrounding the cost of independent care homes** and there were comments that third party charges could mean that residents and their families were not able to afford independent care homes. This theme was dominant in both the consultation responses and the face to face meetings that took place with residents and families at Parkway.
- 6.39 Careful consideration has been taken of this concern, and the Council recognises that this is a significant and legitimate issue for any residents and families affected in the event that Parkway were to close.
- 6.40 Private sector homes are mostly commercial enterprises and will charge what the market will bear. Consequently most independent sector care homes charge top up/third party payments. A recent survey confirmed that only 5 homes out of 41 in the independent sector do not charge top ups. As of May 2018, 724 of the 1074 beds registered to provide residential and nursing care in Swansea attracted third party charges.
- 6.41 Whilst currently most care homes charge top ups, most are also prepared to offer a small number of beds at local authority fee rates. This arrangement is fluid and will depend on factors such as vacancy levels and room type.
- 6.42 The high proportion of beds funded by the local authority which attract a third party top up suggests that meaningful choice is restricted. In practice residents transferring from Parkway are likely to be required to pay a third party charge to reside at a home of their preferred choice.
- 6.43 The median average charge is £105 per week. However the highest proportion of charges for people in residential care homes is between £10 and £20 per week, and in nursing homes is £50 and £70 per week. The median point within the most frequently occurring ranges is £40 per week.
- 6.44 Current contract provisions allow Providers to increase charges at the rate of 25% per annum and there are no contractual or statutory limits to the charges that Providers can apply.
- 6.45 The Local Authority has a legal duty to those that it funds to ensure that the person has a genuine choice and must ensure that more than one option is available within its usual commissioning rate (ie no top ups apply). It is highly likely that there may be limited or no choice for residents if they were to move from Parkway to a home that does not apply third party charges. It should be noted that the same duty does not apply to self-funders.
- 6.46 In light of the above, a recommendation is being put forward in this paper for Cabinet to agree to pay up to a maximum of £105 per person per week top up fees for all residents at Parkway (including self-funders), subject to individual circumstances and up-to-date social work assessments, for the duration of their residential care placement in the event that Parkway closes following the final decision being made. This recommendation is being put forward to mitigate the financial impact of closing on those residents and families

affected, and will allow meaningful choice of alternative homes which meet their specific needs and requirements such as preferred location and ability to maintain family relationships for those individuals affected. In proposing this, it is expected that the majority of residents affected would have adequate choice at the lower end of the third party charges applied, but all residents would have several choices of homes that meet their specific individual requirements in the location of their choice.

- 6.47 There was a **perception that the proposal to close Parkway was being driven by the potential use of the site linked to the land surrounding the Olchfa School site**. This was raised by one respondent and also a key theme emerging from the meetings at Parkway.
- 6.48 The future use or otherwise of the site adjoining the Olchfa School has had no bearing on the proposals put forward. At this stage, there are no clear proposals surrounding the future use of the Parkway site if it is released following a potential closure. If a decision is made to close Parkway, the Council will commence to look at options surrounding the disposal of the site.
- 6.49 **A concern was raised by one respondent that the proposals may lead to the privatisation/closure of all Council owned care homes.**
- 6.50 If the proposals are accepted by Cabinet, there is a commitment that there will be no further changes to Council-run care homes within this administration.
- 6.51 4 respondents were concerned that the **proposals were being driven by budget pressures**. This was also a theme highlighted at the Parkway meetings.
- 6.52 This is undoubtedly a factor. As a consequence all Councils have to make significant savings, but in doing so need to ensure that they can deliver sustainable services to meet the needs of an ageing populations with more complex needs.
- 6.53 However, the budget is not the only factor driving forward these proposals. Re-shaping services is necessary to deliver the overall new adult services model agreed in 2016, and doing so is in line with the principles behind the Well Being of Future Generations (Wales) Act specifically the wellbeing goals of a resilient Wales and a healthier Wales by developing sustainable services for the future and services which allow an ageing population to maintain their independence for as long as possible. The proposed closure and remodelling of existing services will help the Council to target resources where there is greatest demand and help people to remain living independently for longer. By changing the Council's model of residential care to focus on short-term reablement support, respite and more complex needs, people will be helped to maintain independence and remain at home for as long as possible whilst those with more complex needs will be better supported. Nobody will be left without the care they need as there is sufficient standard residential care provision in the independent sector to meet local need.



- 6.54 A concern was raised by the **family members of residents at Parkway that they wanted a guarantee that all residents would continue to have good quality care in the event that Parkway closes.**
- 6.55 In the event that Parkway does close, the Council will do everything in its power to ensure that the wellbeing of all those affected is maintained and they all receive good quality care going forward. This will be achieved through careful planning with social work support into any proposed moving on arrangements as well as ongoing good contract monitoring of all independent sector homes.

#### *Counter proposals and responses*

- 6.56 The counter proposals and the Council's response to them are set out below and can be summarised as follows:
- Proposal to sell off Parkway as a going concern/consider alternative delivery models to allow the residents to remain in Parkway.
  - Make savings in relation to domiciliary care rather than residential care.
  - The Council should find savings elsewhere and not make savings in relation to residential care.
  - Close St Johns and keep Parkway open instead.
  - Move all Parkway residents into other Council-run care homes and maintain Parkway itself as a reablement and respite facility.
  - Close Parkway over a longer period of time
  - Fill all the vacant beds in Parkway, with a belief that this would make it financially viable.
  - All residents in Parkway should be offered a place in a Council run home, in the event that Parkway was to close.
- 6.57 The first counter proposal put forward was surrounding **selling off Parkway as a going concern/consider alternative delivery models to allow the residents to remain in Parkway.** This proposal was put forward through both the consultation responses and the face to face meetings held at Parkway.
- 6.58 A range of alternative options has been considered during a detailed commissioning review process and consideration has been given to a potential sale of Parkway as a going concern and alternative delivery models. These proposals were considered either not financial viable or one that could definitely achieve the outcome of ensuring that residents could remain at Parkway. They have therefore been discounted.
- 6.59 In the event that Parkway does close however, due consideration will be made surrounding what will happen to the vacant site. One option would be to sell off the site with a view to an independent provider coming forward to deliver a residential care proposal that addressed a market gap such as dementia nursing. The Council has speculatively asked the sector whether there would be any appetite for such an option, and several providers have come forward with a positive response. Such an option could meet accommodation needs for older people and could also help meet an identified market gap.

- 6.60 The next counter proposal linked to a perception that it would be **more appropriate to make savings in relation to domiciliary care than residential care.**
- 6.61 This is a valid proposal, but ambitious savings proposals of £526,000 over the next 3 years are already in place in relation to domiciliary care. Work is ongoing to recommission domiciliary care provision and there is an overall plan to safely reduce the overall number of domiciliary care hours commissioned. It is therefore not possible to achieve further savings in this area, so this counter proposal is not feasible.
- 6.62 Several respondents commented that **the Council should find savings elsewhere and not make savings in relation to residential care.**
- 6.63 Whilst this is a legitimate view, as previously outlined the Council as a whole is experiencing unprecedented budget pressures and is forecasting a significant overspend this financial year. The Council is consequently exploring all opportunities to ensure services are sustainable in the future and can be delivered within the budget available. Significant savings are being achieved year on year but re-shaping of services is essential for the Council to continue to meet its legal duties to provide care for an aging population with increasing needs.
- 6.64 A counter proposal was put forward by the residents and family members at Parkway to **close St Johns and keep Parkway open instead.** The rationale behind this proposal was that St Johns had achieved the next lowest score following the evaluation exercise.
- 6.65 The Council has considered this proposal and does not feel that this is legitimate on the basis that Parkway scored the lowest following the evaluation exercise. There would be equal impact on residents at St Johns if it were to close, perhaps more so as there are a higher number of residents at St Johns.
- 6.66 An alternative proposal was to **move all Parkway residents into other Council-run care homes and maintain Parkway itself as a respite and facility.**
- 6.67 This proposal was discounted on the basis that whilst it would clearly be a good outcome for those residents affected, no savings would be achieved.
- 6.68 A suggestion was made to **close Parkway over a longer period of time,** and wait until the current residents had moved on or passed away before closing it. In the meantime, the vacant beds could be used for respite.
- 6.69 In an ideal world, the Council would want to support this proposal, but the reality is that doing this would not achieve the move to new model as well as the savings required as quickly as needed. The average length of stay of a resident in a Swansea Council care home is 2.7 years, but some residents have lived at Parkway for significantly longer than this and there is no way to predict how long residents could stay for. In addition, there is a cap of £80 per week enforced by Welsh Government on the charges that can be applied to

respite beds so the running costs of Parkway would significantly increase. It is also not considered in the best interest of residents to slowly decrease the number of residents; eventually only one to two residents would remain which would not be beneficial to their wellbeing as there would be little social interaction and stimulation for them. This counter proposal is therefore not considered feasible on the basis that the preferred future model and necessary savings would not be realised.

- 6.70 A counter proposal was put forward to **fill all the vacant beds in Parkway, with a belief that this would make it financially viable.**
- 6.71 Due to the high overheads involved in running a Council care home, even filling all the vacant beds would not make the home financially viable. The Council significantly subsidises all its internal homes, and in reality residential care is significantly cheaper to deliver in the independent sector. Filling all the beds in Parkway would therefore not be a feasible option to achieve the savings necessary.
- 6.72 The final proposal put forward was that **all residents in Parkway should be offered a place in a Council run home, in the event that Parkway was to close.**
- 6.73 This proposal would be contrary to the preferred overall model to reshape the Council service to focus on short-term residential reablement, respite and standard residential care for those with complex needs only, as it would involve moving those with non-complex needs into the other Council-run care homes. In addition to this, there are insufficient vacancies in the remaining homes to achieve this, which would lead to a potential significant delay in any proposed closure of Parkway. This in turn would impact on the savings achieved and the move to the preferred future model, and there is a risk that they could be not be achieved quickly enough. This proposal is therefore not supported by the Council as it is contrary to the preferred future model and is not financially viable.

#### *Consultation conclusions*

- 6.74 In general whilst there was not majority support for the model or the proposal to close Parkway, the Council has been unable to identify any viable alternatives which would allow us to deliver a model that enabled people to maintain independence, remain at home for longer and meet the needs of vulnerable adults in line with the principles of the Social Services and Wellbeing (Wales) Act whilst at the same time achieving the necessary savings required.
- 6.75 The Council has addressed above each of the concerns put forward in the consultation and provided mitigation where possible.
- 6.76 There were no concerns put forward that could not be mitigated or for which there was no response which alleviated the concerns.

- 6.77 Of paramount importance if the proposals are to go ahead will be to ensure that the wellbeing of current residents at Parkway is maintained and any moves are carefully and thoughtfully planned involving residents, their families where appropriate, and a social worker. If a decision is taken to close Parkway, each resident will have an individual social work assessment to determine their unique needs and determine appropriate move on plans. This assessment will involve family members where appropriate and will ensure that all equality matters have been considered and appropriately mitigated wherever possible. In doing this, the Council will ensure that their human rights are maintained and all equalities issues are given due regard.
- 6.78 It is equally important that all staff affected are supported to wherever possible find alternative employment in line with the Council's HR processes. All 34 staff who were potentially affected were given immediate access to the Council's redeployment processes at the beginning of the consultation period. Some employees have already been successful in securing alternative employment. Some employees have already indicated that they would like to be considered for redundancy in line with the Council's Early Retirement Scheme/Voluntary Redundancy, and have been given provisional figures to allow them to consider this option further. In the event that a decision is taken to close Parkway, the staff involved will be given an extended notice period and be formally put at risk. Alternative employment for those that want it will be sought through the Council's redeployment scheme and those who would rather leave the organisation will be supported through the Council's Early Retirement/Voluntary Redundancy Scheme.

## 7 Financial implications:

- 7.1 In line with the Council's Medium Term Financial Plan, there are significant savings targets against Adult Services.
- 7.2 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
<b>Total Saving</b>	<b>555,608</b>

- 7.3 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 Residential Care 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.

- 7.4 The financial implications of paying third party top up fees is estimated to be approximately £245,000, based on paying up to a maximum of £105 per week for all 17 residents (including self-funders) for 2.7 years, based on average life expectancy. It is therefore proposed that the Council makes this budget available. This will clearly have an impact on the savings achieved in the short-term with an additional revenue cost of approximately £90K per financial year over the next 2.7 years.
- 7.5 **The overall savings in the short term will consequently be £465,608 per annum.**
- 7.6 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 towards this is now accounted for in the Capital Programme.

## **8 Legal implications:**

- 8.1 There was a legal requirement to publicly consult and consult with staff affected by the preferred options.
- 8.2 Any future provision of services will need to be considered in accordance with the Social Services and Well-being (Wales) Act.
- 8.3 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.
- 8.4 The proposed model also supports the principles behind the Well Being of Future Generations (Wales) Act, specifically the wellbeing goals of a resilient Wales and a healthier Wales by developing sustainable services for the future and services which allow an ageing population to maintain their independence for as long as possible.
- 8.5 The recommendations put forward in this report will allow the Council to ensure that going forward it can meet all eligible needs.
- 8.6 Any employment issues that arise as a result of agreement of the recommendations will need to be considered in conjunction with HR, and in accordance with any relevant policies and legislative provisions.
- 8.7 In relation to the issue of third party top up fees, a local authority must ensure that the person has a genuine choice of care home accommodation and must ensure that more than one option is available within its usual commissioning rate for a care home of the type a person has been assessed as requiring. However, a person must also be able to choose alternative options, including a more expensive home. Where a home costs a local authority more than it would usually pay, a person must be able to be placed there if certain conditions are met and where a third party (or in certain circumstances the resident) is willing and able to pay the additional cost.

However, an additional cost payment must always be optional and never as a result of a shortfall in the funding a local authority is providing to a care home to meet a person's assessed care needs. Local authorities must follow the Care and Support (Choice of Accommodation) (Wales) Regulations 2015 in connection with this type of arrangement and Annex C to the Social Services and Well-being (Wales) Act Part 4 and 5 Code of Practice (Charging and Financial Assessment) on choice of accommodation and additional cost payments.

## **9 Equality and Engagement Implications:**

- 9.1 The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
- 9.2 Our Equality Impact Assessment process ensures that we have paid due regard to the above.
- 9.3 Proceeding with the preferred options of the Commissioning Reviews will clearly have an impact on existing home residents. Due to the nature of the client group, there will be a disproportionate impact on older people, people with a range of disabilities and their families/carers.
- 9.4 2 separate EIAs were opened as follows to fully assess the impact of the proposals:
- One for the overarching model for residential care (Appendix 3 to this report).
  - One relating to the potential closure of Parkway Residential Home (Appendix 4 to this report).
- 9.5 These EIAs have been updated throughout the consultation and have informed the final recommendations set out in this report.

### *Overarching model EIA*

- 9.6 The proposals were found to be relevant to older people, people with a disability, people from a range of different races, those that spoke the Welsh language, those experiencing poverty or socially excluded and carers.
- 9.7 The EIA notes that the overall aim of the proposed changes are in line with the Social Services and Wellbeing (Wales) Act, to refocus the Council's in-house residential service on complex care, reablement and respite. The Council would consequently no longer deliver standard residential care and less in-house beds would be required to deliver this aim, so there is a proposal that

Parkway would close as it is least fit for purpose to deliver the preferred future model.

- 9.8 Delivering this model would allow the Council to meet the key principle within the overall Adult Services model of better prevention. It would give 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. It would also offer short-term reablement support to allow people to regain skills and independence to return to their own homes in line with their desired outcomes. It would also allow the Council to provide care for those with more complex needs, which is currently a gap identified that the independent sector do not adequately meet.
- 9.9 The impact on the general population is set out in Section 3 of the EIA. The impact of the overarching model on the wider population is largely positive or neutral, but some further investigation is required in relation to gypsies and travellers inclusion and community cohesion. The EIA will remain open until such time as the model is implemented, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas which is not already being addressed.
- 9.10 The key themes emerging from the consultation responses have been set out in Section 6 of this report. Alongside this, mitigation has been put forward.
- 9.11 The key potential adverse impacts of the overarching model on people with protected characteristics particularly older people and carers are set out in Section 4 of the EIA and are summarised as follows:
- Inadequate staffing and unsuitable buildings could mean that the Council was unable to meet the needs of people with more complex needs; by way of mitigation the Council will ensure that adequate staffing is in place with suitably skilled and trained staff and that buildings are fit for purpose to meet people's needs.
  - There is a risk that the proposed closure of Parkway could lead to insufficient number of beds in the market to deal with current and future demand for residential care for older people. At any given time, Swansea has an average 8% vacancy rate, which is approximately 125 beds. At the time of writing the report, there were 17 residents at Parkway, with a total of 26 beds. Closing Parkway would lead to a reduction of 9 vacant beds in the market reducing the total number of vacancies to 116. The modelling exercise undertaken outlined in section 3.5 suggests that there are sufficient beds to meet current and future demand.
  - All of the above had a potential adverse impact on carers due to the overall stress and worry of the situation, and being concerned about their loved ones. However, mitigating as set out above would also mitigate the impact on carers by alleviating some of the stress and worry involved.
- 9.12 In addition to the above, it was agreed that the overarching model would be phased in gradually. Therefore, there would be no requirement for those with

non-complex needs not resident at Parkway to move. They would be enabled to remain in their current home, until such time as they moved on for natural reasons. This decision was taken to minimise the impact on the wider population and adverse impacts consequently on older people, people with disabilities and their carers.

### *Parkway EIA*

- 9.13 The proposals were found to be relevant to older people, people with a disability, people from a range of different races, those that spoke the Welsh language, those experiencing poverty or socially excluded and carers.
- 9.14 The EIA notes that the overall aim of the proposed changes are in line with the Social Services and Wellbeing (Wales) Act, to refocus the Council's in-house residential service on complex care, reablement and respite. The Council would consequently no longer deliver standard residential care and less in-house beds would be required to deliver this aim, so there is a proposal that Parkway would close as it is least fit for purpose to deliver the preferred future model.
- 9.15 Delivering this model would allow the Council to meet the key principle within the overall Adult Services model of better prevention. It would give 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. It would also offer short-term reablement support to allow people to regain skills and independence to return to their own homes in line with their desired outcomes. It would also allow the Council to provide care for those with more complex needs, which is currently a gap identified that the independent sector do not adequately meet.
- 9.16 The impacts specifically on residents at Parkway is set out in Section 3 of the EIA. The impact of the proposed closure of Parkway clearly has a negative impact on older people, people with disabilities and their families/carers. In relation to the other protected groups, the impact is largely neutral, but further investigation is required in relation to gypsies and travellers, poverty and social inclusion and community cohesion. Again, the EIA will remain open until such time as Parkway is closed, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas as all residents are known to us and any adverse impacts can be mitigated.
- 9.17 The key themes emerging from the consultation responses have been set out in Section 6 of this report. Alongside this, mitigation has been put forward.
- 9.18 The key potential adverse impacts of the overarching model and proposal to close Parkway on people with protected characteristics particularly older people and carers are set out in Section 4 of the EIA and are summarised as follows:
- The wellbeing of older people living at Parkway could be affected if it were to close and they had to move to alternative homes; by way of mitigation the Council will ensure that all residents and their families are properly



supported and prepared for any proposed move. This will involve an individual social work assessment to determine their unique needs and determine appropriate move on plans. This assessment will involve family members where appropriate and will ensure that all equality matters have been considered and appropriately mitigated wherever possible.

- There is potential that there could be inadequate choice of alternative care homes for the older people affected if Parkway were to close. At the time of writing the EIA, there were sufficient vacancies within the Council's own homes and the independent sector to accommodate all 17 residents affected. There were a number of homes in the Sketty and surrounding areas with vacancies available and all those affected had been given information on the other homes across the County. From these vacancies, the Council has a duty to ensure that each resident affected has adequate choice at the time of making the decision. The proposal to fund third-party top up fees will enable this choice as well as careful planning and decision making between those residents affected, their families and the social worker supporting them.
- There is a risk that the proposed closure of Parkway could lead to insufficient number of beds in the market to deal with current and future demand for residential care for older people. At any given time, Swansea has an average 8% vacancy rate, which is approximately 125 beds. At the time of writing the report, there were 17 residents at Parkway, with a total of 26 beds. Closing Parkway would lead to a reduction of 9 vacant beds in the market reducing the total number of vacancies to 116. There are therefore sufficient beds to accommodate all residents at Parkway and the modelling exercise undertaken outlined in section 3.5 suggests that there are sufficient beds to meet current and future demand.
- There was a risk that if residents from Parkway had to move, the quality of care for those older people affected could be adversely affected. In the event that Parkway does close, the Council will ensure that each resident is fully supported during any move to ensure that the wellbeing of all those affected is maintained and they all receive good quality care going forward. This will be achieved through a thorough social work assessment with all relevant parties involved, which will clearly outline move on arrangements and ensure there is appropriate support in place before, during and after any move. As currently, there will also be ongoing good contract monitoring of all independent sector homes to ensure any quality issues are identified at the earliest opportunity.
- All of the above had a potential adverse impact on carers due to the overall stress and worry of the situation, and being concerned about their loved ones. However, mitigating as set out above would also mitigate the impact on carers by alleviating some of the stress and worry involved.
- There is clearly also a potential negative impact on those staff affected, but this can be mitigated through the Council's redeployment policies, and the Council is confident that there are sufficient alternative vacancies elsewhere in Adult Services to accommodate them. There were 34 staff

potentially at risk. At the time of writing the report, 3 of these staff had already secured other employment, whilst 2 were undertaking a trial period in alternative positions. No equalities issues had been raised through the 1 to 1 meetings with each member of staff that needed to be addressed.

- 9.19 Overall, there clearly is a risk of a negative impact on residents at Parkway due to the need to move if it were to close, particularly when some residents have lived there a long time and are elderly and frail. However, the above outlines how wherever possible the Council will seek to mitigate those risks and although there is no way of knowing at this point in some cases a move could be positive as they may find they are happier in any new environment with the ability to develop new relationships which could have a positive impact on their wellbeing. As outlined previously, any move will need to be carefully planned following a thorough social work assessment and each individual supported during and following any actual move.
- 9.20 In addition to the above, the Council put a hold on new admissions to Parkway at the beginning of the consultation to minimise the impact on residents affected. This hold would continue should the proposals go ahead.

#### *EIA conclusions/amendment to proposals*

- 9.21 As stated in Section 5 of this report, a 12-week public consultation took place from 30th April 2018 to 23rd July 2018. The staff consultation was undertaken concurrently to ensure staff directly affected could also effectively have their say on the proposals.
- 9.22 As a result of the comments received, the proposal has been amended to take into account the views received by putting forward a further proposal to fund third-party top up fees.
- 9.23 If the proposals are agreed, the Council will ensure that all residents, carers and staff affected, particularly in relation to the proposed closure of Parkway are properly supported to move on to alternative accommodation of their choosing and find alternative employment wherever possible.

## **10 Summary and Conclusions:**

- 10.1 It has been possible to respond to all concerns raised during the consultation and put forward appropriate mitigation.
- 10.2 The Council has considered all possible alternative options and actively invited alternative options through the consultation, but has not been able to identify any financially sustainable alternatives that allow it to ensure certainty of care for reablement, respite and more complex needs whilst overall enabling independence, helping people to remain at home for as long as possible and ensuring the needs to all vulnerable adults are met.
- 10.3 There is clearly a risk if the proposed model is approved, that there could be a negative impact on those individuals currently resident at Parkway due to the need to move. However, this risk can be mitigated as much as possible by

ensuring robust social work assessment identifies those move on plans and all those affected are supported before, during and after any move. In addition, although there is no way of knowing at this stage, there could be a positive impact on the wellbeing of current residents at Parkway as they may be happier elsewhere and build positive relationships as part of any move.

- 10.4 On balance therefore remodelling as per the proposals in this report will allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act and Well Being of Future Generations (Wales) Act by providing a model of care that is sustainable for the future, and effectively meets the needs of an ageing population with more complex needs. The Council is therefore confident that the recommendations put forward in this report are appropriate despite there not being majority support for the proposals.
- 10.5 Having due regard to the Equality Impact Assessments, Cabinet is therefore being asked to consider the following recommendations:
- Recommendation 1: Refocus Council in-house residential care service to focus on complex needs, residential reablement and respite only.
  - Recommendation 2: Going forward, commission all standard residential care for non-complex needs and nursing care from the independent sector.
  - Recommendation 3: As a consequence of the above, close Parkway Residential Home ensuring that all affected residents are fully supported.
  - Recommendation 4: Agree to pay up to a maximum of £105 per person per week top up fees for all residents at Parkway (including self-funders), subject to individual circumstances and social work assessments,, for the duration of their residential care placement in the event that Parkway closes following the final decision taken.

## **11 Proposed implementation timetable:**

- 11.1 Should Cabinet decide to proceed, the proposed outline timetable for implementation would be as follows:
- October 2018; Redeployment and voluntary redundancy process to commence with staff.
  - October 2018; Commence social work assessments of all affected residents to determine move on plans
  - Early 2019; Closure of Parkway Residential Home.

**Background Papers:** Outcome of Residential Care and Day Services for Older People Commissioning Reviews, Cabinet, 19<sup>th</sup> April 2018.

### **Appendices:**

- Appendix 1: Residential Care for Older People Gateway 2 Report
- Appendix 2: Evaluation Matrix
- Appendix 3: Equality Impact Assessment for overarching model
- Appendix 4: Equality Impact Assessment for proposed closure of Parkway Residential Home
- Appendix 5: Consultation summary document



# Appendix 1: Commissioning Gateway Review Report Stage 4

Draft v2.1

## Residential Care for Older People

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### Contains:-

Review Overview and Details  
Stages review summary  
Gateway Approval

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### Gateway Review Approval

Budget and Performance Review Group 12<sup>th</sup> 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:-

RAG	Gateway Decision	Definition
<b>Red</b>	<b>Stop</b>	The Gateway identified significant issues that require immediate action before the Review can proceed onto the next stage.
<b>Amber</b>	<b>Conditional Approval</b>	The Gateway identified issues that must be actioned before next Gateway Review.
<b>Green</b>	<b>Approved</b>	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.
<b>Recommendations (if applicable)</b>		<b>Overall RAG</b>
		Red <input type="checkbox"/> Amber <input type="checkbox"/> Green <input type="checkbox"/>
<b>Sign off</b>		
Chief Executive :		
Lead Director/Sponsor:		
Review Cabinet Member:		
<b>Date:</b>		

### REVIEW OVERVIEW

<b>Commissioning Strand Lead:</b>	Alex Williams
<b>Service Review Lead:</b>	Alex Williams
<b>Service Review Title:</b>	Residential Care for Older People

## 2. BACKGROUND

### 2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change<sup>1</sup>, 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”<sup>2</sup> 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”*<sup>3</sup>. 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”.*

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<sup>1</sup> [file:///C:/Users/User/Downloads/The\\_One\\_Swansea\\_Plan\\_2015\\_final\\_version\\_august.pdf](file:///C:/Users/User/Downloads/The_One_Swansea_Plan_2015_final_version_august.pdf)

<sup>2</sup> <http://www.swansea.gov.uk/corporateimprovementplan>

<sup>3</sup> 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<sup>4</sup>:

- 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.

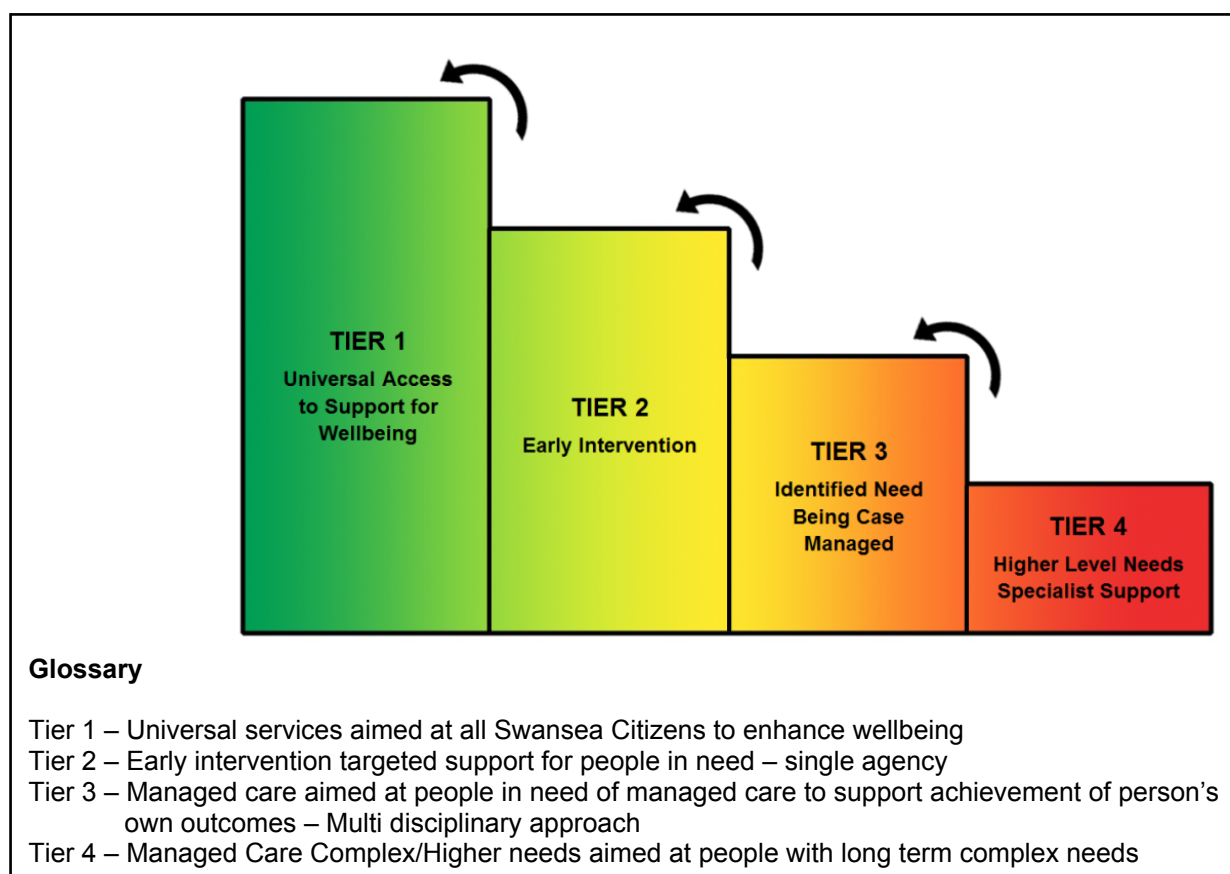
The service model comprises 4 levels of health, wellbeing and social care support for our population. We think it will help us to deliver “better support at lower cost”.

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<sup>4</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/375431/ASCOF\\_15-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf)



The service model can be illustrated diagrammatically below:



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<sup>5</sup> 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

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<sup>5</sup> 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.”<sup>6</sup>

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.

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<sup>6</sup> <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.

### 3.5 Outcomes

A initial scoping workshop was held on 11<sup>th</sup> 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.

### 3.6 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.

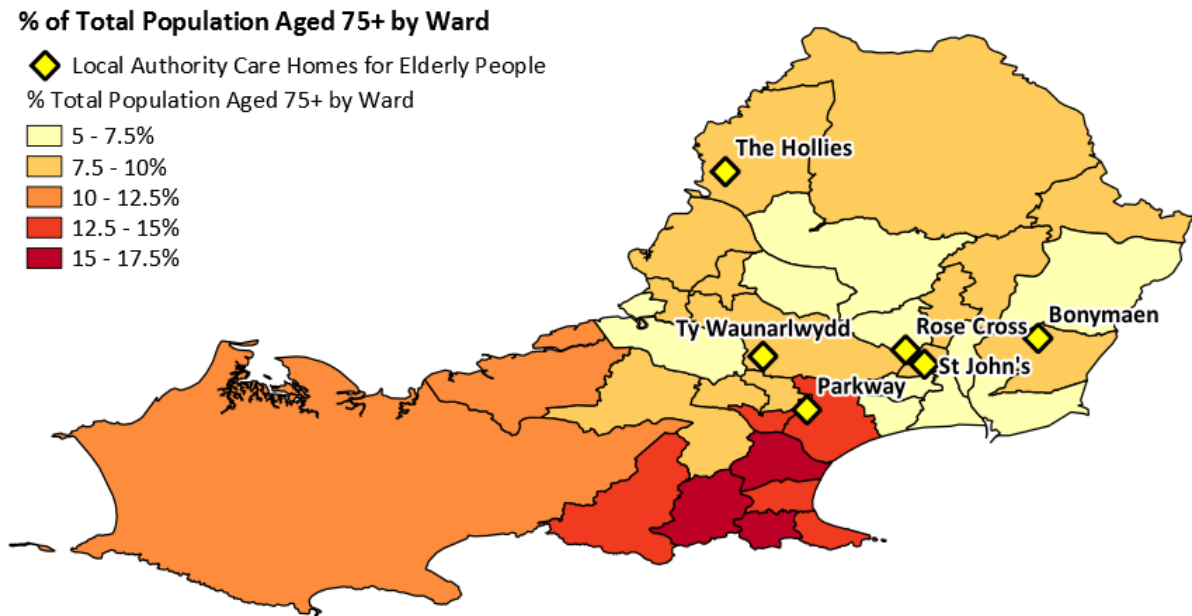
The average capacity within a care home is shown below (table 1).

**Table 1 – Average Care Home Capacity**

	<b>Independent Res Care Home</b>	<b>Local Authority ResCare Home</b>
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

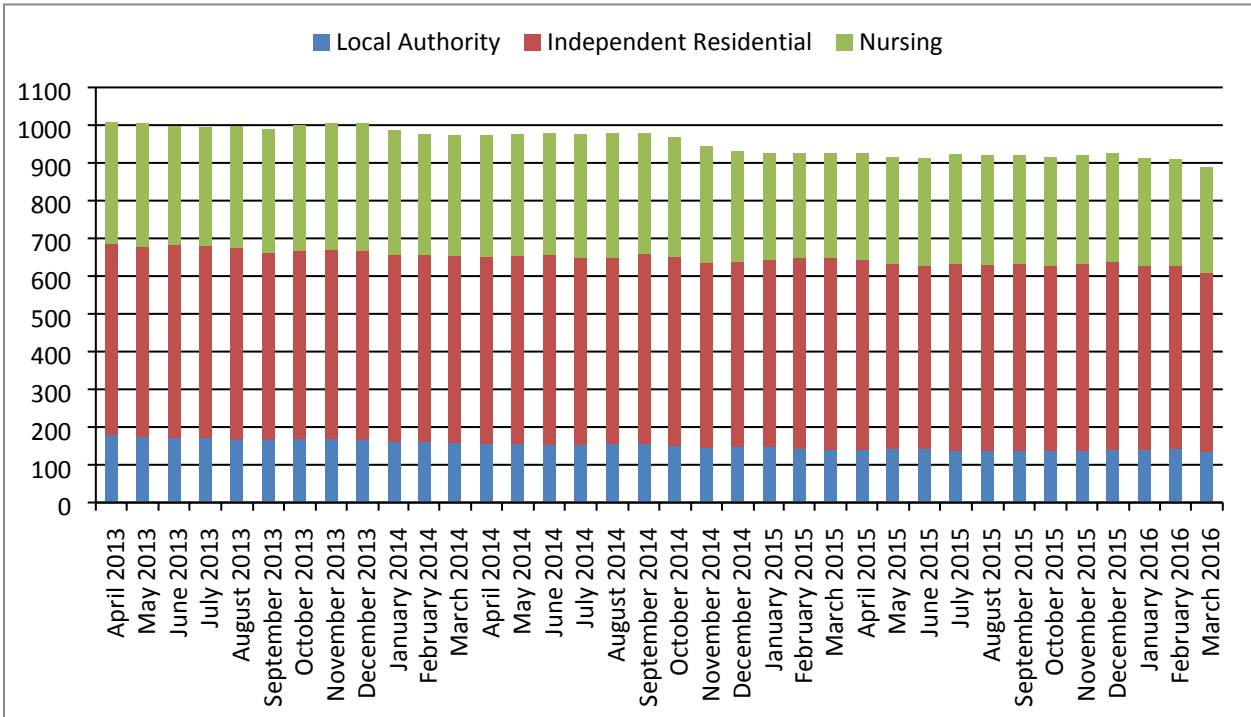
The stage 2 review report indicates that within the local authority provision there is one care home (Ty Waunarlwydd) with 48 beds that specialises in dementia. 3 Local Authority homes currently provide beds which are dedicated for people who require respite and short term care. Ty Waunarlwydd and The 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.

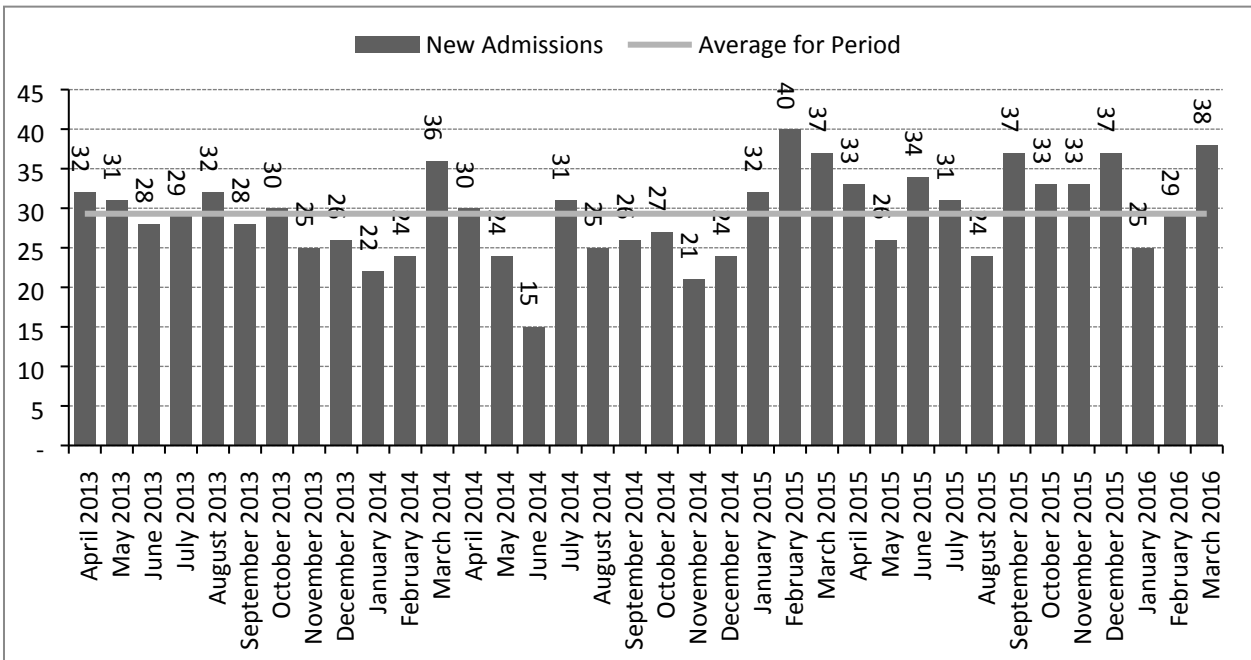


**Figure 2 - People in residential/nursing placements at month end**



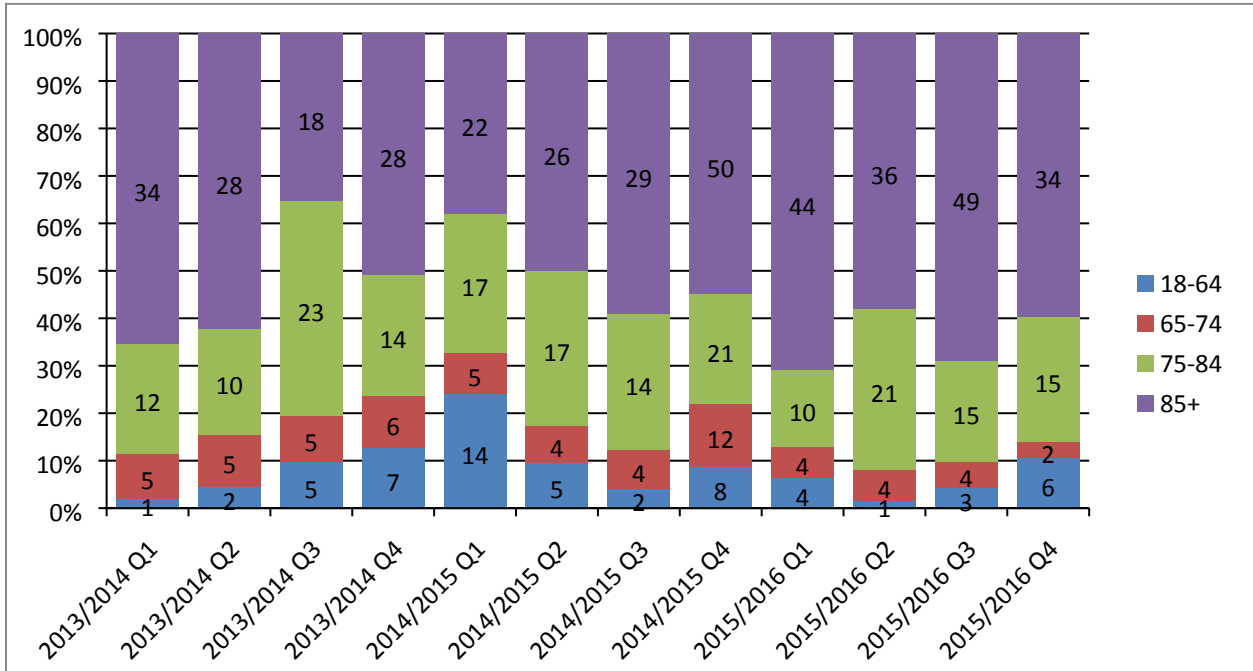
New admissions by month show wide variation from 15 to 40 where highest numbers do not necessarily reflect winter pressures (figure 3).

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

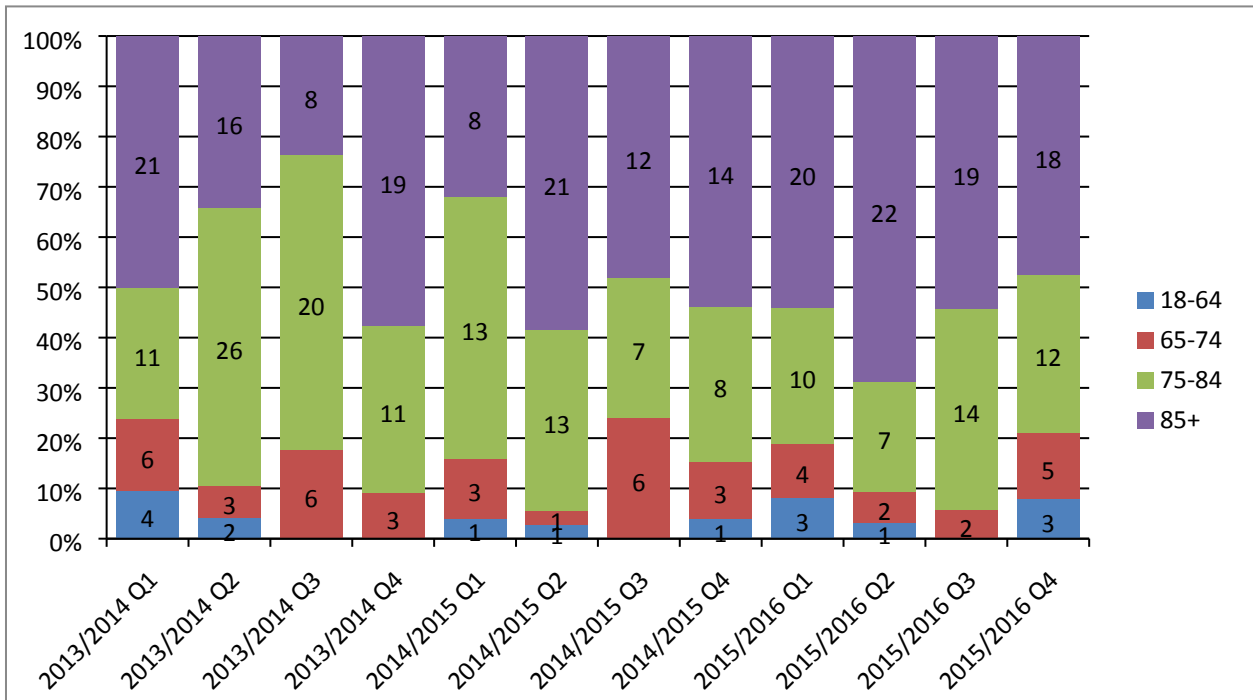


The demand for residential and nursing care is greatest from older people 75 years and over, which is different than the profile of residents in local authority care homes (figures 4, 5 & 6).

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

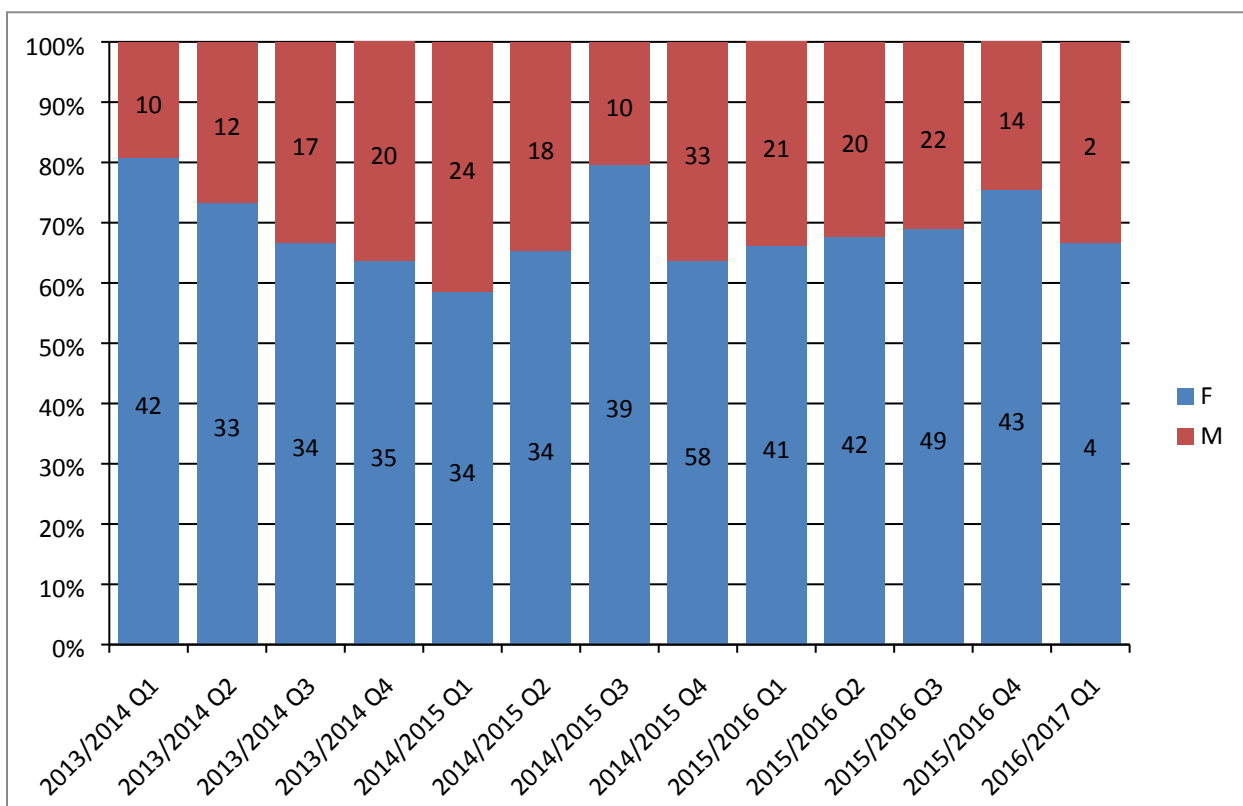


**Figure 5 - Nursing Care - Admissions by Age Group 2013-16**

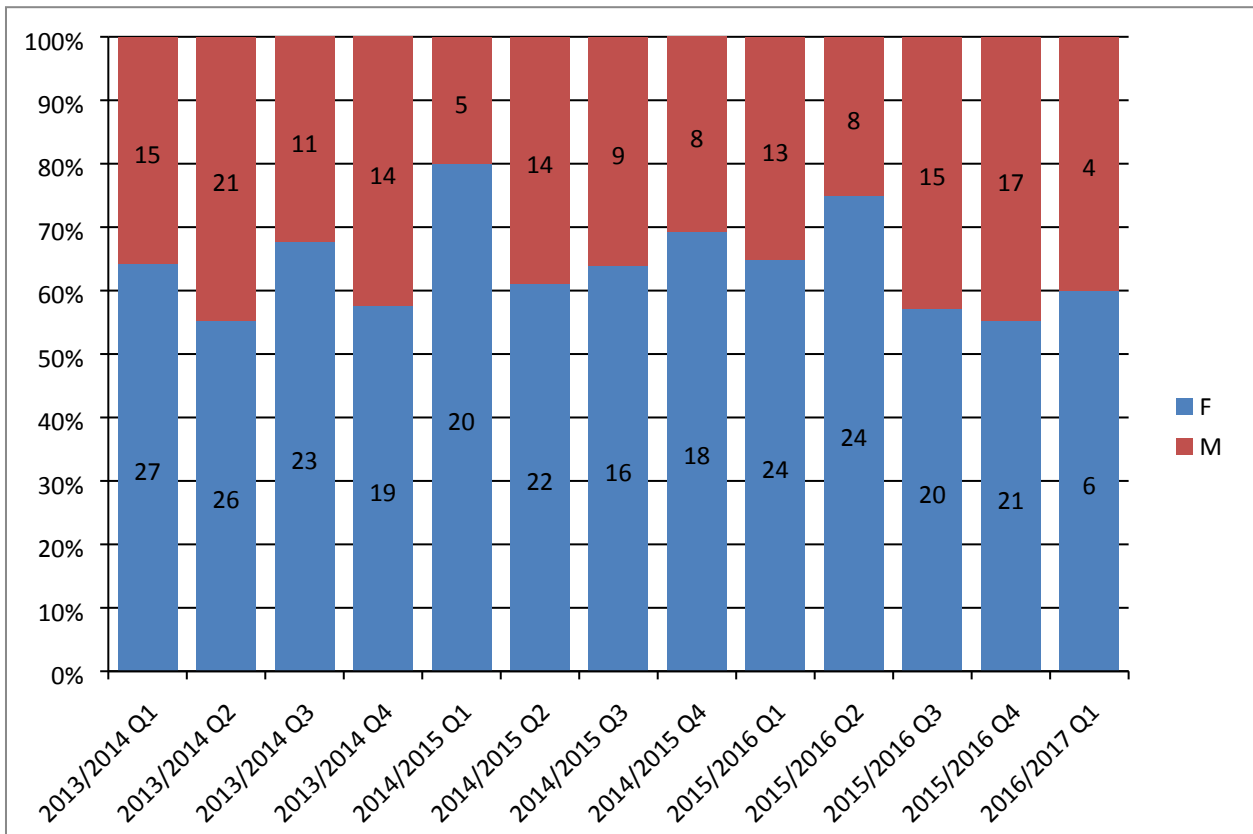


Overall there are more women than men in residential and nursing care, though the overall number of men in nursing care has seen an increase over the last year or so (figures 6&7).

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



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

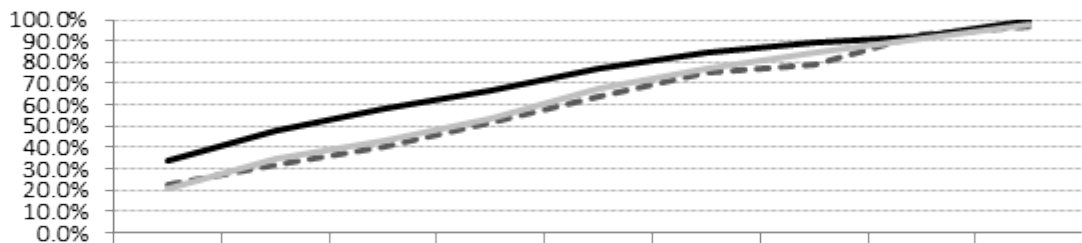


The attrition rates across local authority, nursing and independent residential care are similar (figure 8) and demonstrate that time spent in care is associated with complexity of need. The more complex people's needs are the less time they remain in care: nearly 60% of people with nursing care only 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)

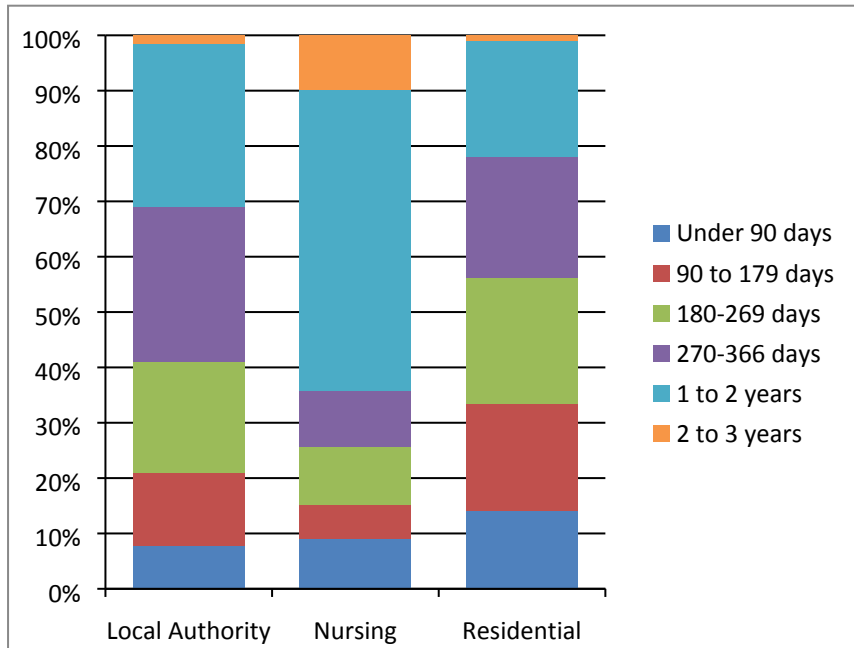
--- Local Authority    — Nursing    — Independent Residential



	% 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%

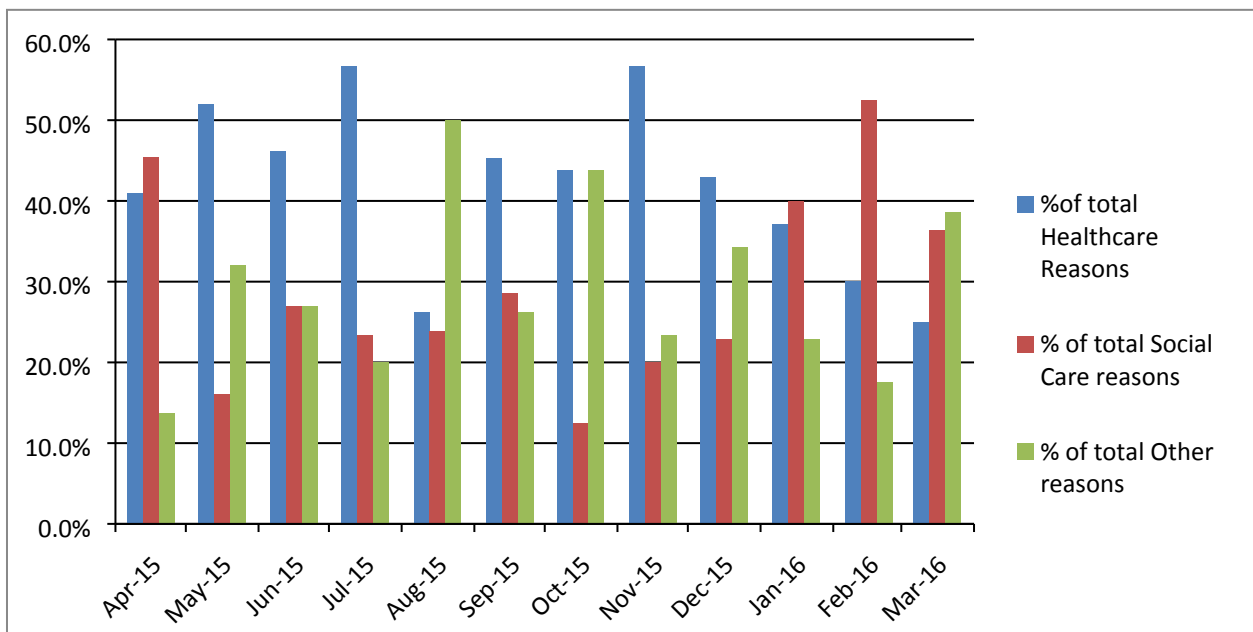
There is no data on outcomes for people in residential care although regular reviews will indicate that judgements have been made that an individual is receiving an appropriate level of care to meet their needs. Nearly 2/3rds of people in local authority and residential homes were reviewed in the last 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**

	<b>External Residential</b>	<b>Nursing</b>	<b>Dementia Nursing</b>	<b>Internal Service</b>
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

Direct Costs Only	Non Specialised				Rehab	Dementia
	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
Capacity	3	2	2	3	2	4
2014/15 Bed Days Available*	12,045	10,58	8,39	13,14	10,58	17,52
2014/15 Bed Days Vacant*	461	1,72	2,21	2,11	38	42
2014/15 Occupancy	96.2%	83.7%	73.7%	83.9%	96.4%	97.6%
<b>2014/15 Actual</b>						
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%
<b>2014/15 Actual</b>		
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 ethnic 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 known 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

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 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	<b>35</b>	<b>104</b>
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**

<b>Local authority</b>	<b>% increase in number of people aged 65 years and over with dementia by 2035</b>
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?**

<b>Local authority</b>	<b>Rate per 1,000 older people supported to live in residential care during the year 2014-15</b>
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).

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

<b>Local authority</b>	<b>Total number of local authority residents (aged 18+) experiencing a delayed transfer of care during the year for social care reasons</b>
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**

<b>2014-15</b>	<b>Nights of respite care provided in Local Authority care homes</b>	<b>Nights of respite care provided in Independent sector care homes under contract</b>	<b>Nights of respite care provided in Independent sector care homes under contract, receiving nursing care</b>
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.

## 5.3 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 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. <sup>7</sup>

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<sup>7</sup> 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.<sup>8</sup>

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<sup>9</sup>. 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.

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<sup>8</sup> LGA Adult Social Care Efficiency Programme – The final report 2014

<sup>9</sup> 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 - Hogewey 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.<sup>10</sup>

#### 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

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<sup>10</sup> <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, new 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.<sup>11</sup> 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

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<sup>11</sup> 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.

Willow Housing and Care<sup>12</sup>, 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.

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<sup>12</sup> Found at [www.housinglin.org.uk//Housing/H2Hshelteredandextracare](http://www.housinglin.org.uk//Housing/H2Hshelteredandextracare)

### 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.<sup>13</sup>

#### 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.

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<sup>13</sup> 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, new 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 11<sup>th</sup> 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 28<sup>th</sup> 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 10<sup>th</sup> 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

- Maintain current strategy in relation to pattern of supported Living/Extra Care Housing/Residential/ Nursing Care
- 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

- Maintain current service arrangements
- 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 9<sup>th</sup> June, 2016.

Category	Criteria Questions	Weighting
<b>1. Outcomes</b>		
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
<b>2. Fit with Priorities</b>		
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
<b>3. Financial Impact</b>		
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
<b>4. Sustainability/Viability</b>		
4.1	Promotes positive workforce	H
4.2	Shown to work elsewhere	L
4.3	Supports positive market development	M
<b>5. Deliverability</b>		
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.

### **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
5. Appendix 1 - Feedback on Options from Stakeholder Workshop 09.06.16
6. Appendix 2 - Options Appraisal

**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
<b>BUILDING CONDITION</b>														
	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

		BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
<b>LOCATION</b>													
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
<b>Total</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>10</b>
<b>Score</b>			<b>1.0</b>		<b>1.0</b>		<b>1.0</b>		<b>1.0</b>		<b>1.0</b>		<b>2.0</b>

		BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
<b>CURRENT LEVEL OF USE</b>													
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
<b>Total</b>	<b>8</b>	<b>10</b>	<b>40</b>	<b>6</b>	<b>27</b>	<b>6</b>	<b>24</b>	<b>9</b>	<b>36</b>	<b>10</b>	<b>40</b>	<b>8</b>	<b>32</b>
<b>Score</b>			<b>5.0</b>		<b>3.4</b>		<b>3.0</b>		<b>4.5</b>		<b>5.0</b>		<b>4.0</b>

		BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
<b>DEPENDENCIES</b>													
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
<b>Total</b>	<b>5</b>	<b>5</b>	<b>25</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>25</b>	<b>1</b>	<b>5</b>
<b>Score</b>			<b>5.0</b>		<b>1.0</b>		<b>1.0</b>		<b>1.0</b>		<b>5.0</b>		<b>1.0</b>

200

132

139

171

190

162

## **Appendix 3: 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 [acesstoservices@swansea.gov.uk](mailto:acesstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
Service Area: Adult Services
Directorate: People

**(a) This EIA is being completed for a:**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(b) Please name and describe here: Proposed Model for Residential Care**

Following the commissioning review of Residential care for older people (2016), the preferred option is now progressing for decision – in summary the proposal is to shape the internal provision of residential care to focus on complex care needs, short-term residential respite and respite care. To achieve this change resources will need to be focused upon specialisms and as a result 'standard' / non-complex residential care provision will no longer be provided by the Council. Standard /non-complex residential care will be provided via our externally commissioned services only. The change would also mean a concentration of staff resources and skills to ensure the necessary specialists and the right environment are in place to achieve our resident's 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 identified area of need that the independent sector struggles to meet.

Refocussing internal provision in this way will hopefully 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 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.

By concentrating its resources on these specialisms, the Council will work towards providing an improved service for residents in Swansea, but will need less in-house beds to provide these specialisms.

This consolidation of resources can be achieved through the closure of one residential care home identified as Parkway Residential care home following an evaluation exercise to determine the Council home least fit for purpose to deliver the preferred future model (a separate EIA has been completed for the specifics surrounding this).



**(c) It was initially screened for relevance to Equality and Diversity on: 25/01/15, December 2016 & March 2017. This EIA has been continually updated alongside the consultation process. The report outlines the final impact taking into account the outcomes of the consultation.**

**(d) It was found to be relevant to...**

- |                                    |                                     |                                      |                                     |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input type="checkbox"/>            | Sexual orientation .....             | <input type="checkbox"/>            |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment .....            | <input type="checkbox"/>            |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                 | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion.....        | <input checked="" type="checkbox"/> |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers)..... | <input checked="" type="checkbox"/> |
| Asylum seekers .....               | <input type="checkbox"/>            | Community cohesion .....             | <input type="checkbox"/>            |
| Gypsies & Travellers.....          | <input type="checkbox"/>            | Marriage & civil partnership .....   | <input type="checkbox"/>            |
| Religion or (non-)belief .....     | <input type="checkbox"/>            | Pregnancy and maternity .....        | <input type="checkbox"/>            |
| Sex.....                           | <input type="checkbox"/>            |                                      |                                     |

**(e) Lead Officer**

**Name:** Cathy Murray

**Job title:** Principal Officer Service Provision

**Date:** 17<sup>th</sup> August 2018

**(f) Approved by Head of Service**

**Name:** Alex Williams

**Date:** 17<sup>th</sup> August 2018

## Section 1 – Aims (See guidance):

### Briefly describe the aims of the initiative:

#### What are the aims?

In line with the principles of the Social Services and Wellbeing (Wales) Act, the model agreed for Adult Services in 2016 had the following principles at its core:

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

It was agreed through an options appraisal and consultation that in order to best meet these strategic priorities a remodelling of our internal provision was needed with a focus on complex care, short-term residential reablement and respite. The focus of the service would be about aiming to achieve better outcomes for people with reablement and greater independence for both residents and carers at its core.

In line with the key principle of better prevention, if the proposed model for Residential Care is implemented 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 within Residential Care will also be further 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.

To achieve these objectives, if the Residential Care Model is approved by Cabinet, following public consultation the changes would be as listed below

- The closure of Parkway Residential Home.
- Gradual phase out of standard residential care in the remaining five Swansea Council Residential Care homes. (Ty Waunarlwydd, Bonymaen House, St Johns, Rose Cross House and The Hollies)
- Some residents at Parkway would need to relocate to independent sector homes.
- No 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

#### Who has responsibility?

Head of Adult Services – Alex Williams

#### Who are the stakeholders?

- Service users
- Carers / Families
- ABMU Health Board representatives (including Older People Mental Health and Therapies)
- Cabinet and Elected Members (including political and opposition majority, representing areas across Swansea)
- Provider Staff (including, Managers, Care Officers and Drivers)

- External Day Care providers (Gwalia, Swansea Carers Centre and Red Cafe)
- Future Day Care Service Users representatives (Network 50+, Age Cymru, Alzheimer's Society, SCVS Swansea Dementia Friendly Forum, Advocacy Officer and Minority Ethnic Elders - SBREC)
- Integrated Community Services staff (Social Work Team Leaders, Social Workers and Care Management Officers)
- Officers from Social Services (including key Budget Holders, Commissioning, Safeguarding, Direct Payments, Local Area Coordinator).
- Officers from Corporate departments (accountancy, human resources, legal, commercial & commissioning unit, health & safety, housing, scrutiny and property)
- Union representation (GMB, UCATT and Unison)
- Older Peoples Commissioner
- Council Sheltered Housing complexes
- Other organisations e.g SCVS, Carers centre, Age concern, Disability Liason Group, Contracted independent providers , Swansea Dementia Forum , 50+ Network , Ageing Well Steering group

## Section 2 - Information about Service Users (See guidance):

Please tick which areas you have information on, in terms of service users:

- |                                    |                                     |                                      |                                     |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input type="checkbox"/>            | Sexual orientation .....             | <input type="checkbox"/>            |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment .....            | <input type="checkbox"/>            |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                 | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion.....        | <input type="checkbox"/>            |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers)..... | <input checked="" type="checkbox"/> |
| Asylum seekers .....               | <input type="checkbox"/>            | Community cohesion .....             | <input type="checkbox"/>            |
| Gypsies & Travellers.....          | <input type="checkbox"/>            | Marriage & civil partnership .....   | <input checked="" type="checkbox"/> |
| Religion or (non-)belief .....     | <input checked="" type="checkbox"/> | Pregnancy and maternity .....        | <input type="checkbox"/>            |
| Sex.....                           | <input checked="" type="checkbox"/> |                                      |                                     |

**Please provide a snapshot of the information you hold in relation to the protected groups above:**

There are 6 in-house residential care homes with a total of 198 beds. 180 of those beds are currently registered with CIW; 135 are used for long-term care, with the remaining 45 used for residential reablement or respite.

Taking a snapshot in time, the following table shows the number with complex needs at each site.

Care Home	Total beds	Beds used for Long Term care	Total no of residents with complex care needs	Complex due to dementia
Bonymaen House	29	6	3	0
Parkway NB 26 beds are registered.	36	22	30*	7
Rose Cross	33	23	17	7
St Johns	29	29	6	0
The Hollies	23	15	14	0
Ty Waunarwydd NB 40 beds are registered.	48	40	13	13
<b>TOTAL</b>	<b>198</b>	<b>135</b>	<b>83</b>	<b>27</b>

*\*indicates use for respite where appropriate – i.e not permanent residents so multiple residents would have used the same bed at differing times.*

At the snapshot taken, the total number of residents using the beds in line with the preferred model of residential reablement, complex care and respite were as follows:

Service Type	Current usage
Complex Care (not inc dementia)	86
Dementia Care as a subset of Complex Care	48
Assessment and rehab Services	34
Respite services	23
<b>TOTAL</b>	<b>143</b>

Within Adult services we hold client records for all service users on the PARIS client management system which provides greater detail around all of the protected groups. Unfortunately these records do not capture all of the service user information as a mandatory requirement nor can it easily disaggregate records to specific services i.e we cannot pull information on clients based on the services they use.

Therefore, Residential Care Services staff capture information on their clients manually on site. This information has been collated as part of the Impact Assessment report for the identified site for potential closure

In support of the proposed model for Residential Care, future service user demand and level / complexity of need has also been considered to ensure we propose a model which is fit for purpose and sustainable.

A regional population assessment was conducted by Western Bay (covering Neath Port Talbot, Bridgend and Swansea Localities) which has helped to better understand the future need in our locality amongst older people and carers, key extracts include:

- By 2041 the number of people over 65 is expected to increase by 37%
- By 2035 the number of people over 85 is expected to increase by 119%

Projection tools used this information to predict the following around the level of need of our regional population:

- By 2020 the population aged over 65 would exceed 111,070 in the region with around 45% of this group living alone. Of that group it is predicted 18.5% would be unable to manage at least one mobility activity on their own (including going outdoors).
- The number of people with dementia is also predicted to significantly increase across the region due to the increased life expectancy and ongoing improvement of diagnosis of the condition. People with dementia are likely to have complex needs
- It is estimated that one in four people in a general hospital bed have dementia  
Many experience delays in discharge and an estimated third of people with dementia die in hospital

The population assessment does not break down the data into individual protected groups. We know however that very few people from BME communities access our services. The main reason for this is that people from BME communities tend to be cared for at home by extended family networks and are less likely to approach us for statutory support.

**Any actions required, e.g. to fill information gaps?**

Continued monitoring of those who access the Residential Care system/ Social Services by protected group.

As described manual records need to be maintained in relation to service user details on site at Residential Care Homes.

Swansea Council alongside regional partners including the Local Health Board are progressing with the implementation of the Welsh Community Care Information System – this will hold client records for all local authority and Health services and replace the current PARIS client management system used within Adult Social Services. The new system will be developed to better capture and easily extract information around our service users and protected characteristics.

**Section 3 - Impact on Protected Characteristics (See guidance):**  
**Please consider the possible impact on the different protected characteristics.**

**Current & future Service Users & Carers**

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people (50+) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asylum seekers →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh Language →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage & civil partnership →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Thinking about your answers above, please explain in detail why this is the case.**

Positive Impact:

- Children and young people
- Older people
- All age groups
- Disability
- Carers (incl. young carers)
- Race
- Religion or (non) belief
- Sex
- Sexual Orientation
- Gender Reassignment

The model has been developed to provide the necessary resource and capacity to deliver the best possible Residential Care Services to those most in need across Swansea. The principle is that in line with population projections there is an increased and increasing level of complex needs, particularly with older people with dementia in Swansea. Likewise, reablement and the capacity to support individuals to fulfil their personal outcomes and increase independence and the likelihood of returning home to their communities is crucial to the wellbeing of older people in Swansea.

This demand, alongside other complex health issues, will only continue to grow in the years to come – realigning Residential Care Services now will provide Swansea Council the opportunity to upskill staff and create the necessary Residential Care Service environment which will support the outcomes of service users and carers. This is a positive impact on current service users, their carers and future clients alike by ensuring the service is fit for purpose and sustainable at that level for future years.

In addition the proposed model will continue to provide Residential Care Services to all those where it is the only means of support to meet their outcomes including older people with learning disabilities, mental health problems, sensory impairment or physical disabilities, regardless of their protected characteristic.

For these clients services will be improved with more specialist support which will better meet their needs.

The model also accommodates an increase in respite care beds – offering carers including young carers a necessary break from care duties, when needed. This will be positive, supports the preventative model and recognises the importance of the health and well being of both the individual and their support network

We do however recognise that although the proposed model is positive for the future of Swansea residential care the impact on those affected by the closure of Parkway residential home must be acknowledged – this detail and actions to minimise disruption are detailed in the specific equality impact assessment report related to Parkway.

In addition for future non-complex clients residential care will be managed via our externally provided / commissioned services. Whilst this could be perceived as negative, all external services are registered with Care Inspectorate Wales and effective contract monitoring is in place by Swansea Council to provide assurance over quality. Any quality issues are addressed at the earliest opportunity. There is also an oversupply of standard residential care in the independent sector. As of August 2018, there were 73 vacancies immediately available in the sector with a further 42 due to come up shortly but currently unavailable due to issues such as refurbishment. Swansea Council is keen to see the sector thrive and develop which greater demand into their residential homes will facilitate.

#### Neutral Impact:

- Poverty/social inclusion
- Welsh Language
- Asylum Seekers
- Marriage and civil partnership
- Pregnancy and maternity.

The current provision of Residential Care Services will remain unchanged in relation to the above areas. Impact will only be attributable to assessment of need as detailed above. As the proposed model describes we will continue to provide services to those with complex health needs and those older people with learning disabilities, mental health problems, sensory impairment or physical disabilities where these services are the only means of support to meet their outcomes.

The proposed model will have no impact on poverty and social inclusion as all individuals will have their needs met, if they are eligible for support, regardless of their financial circumstances.

Asylum seekers with no recourse to public funds would not be eligible for social care services, unless their human rights were breached.

There will be a neutral impact in relation to Welsh Language. As part of the wider Swansea Council objectives, Adult services will continue to develop and review its Welsh Language strategy focusing on the wider implementation of the 'active offer' as defined within 'More than just words' guidance. This is an ongoing area of development which will continue to improve but is unaffected by the proposed model of delivery. For the purposes of future consultation, information on language is held for service users and all correspondence and consultation materials will be available in Welsh Language format.

### Needs Further investigation:

- Gypsies & Travellers
- Community Cohesion

It is recognised that not enough information is held in relation to the areas listed above to fully understand the impact of the revised model for Residential Care. However the principles of the overall proposed model maintain the objectives of building a sustainable service which will be best able to meet the needs of those with most complex support requirements throughout Swansea. Improved information gathering on these areas across Social Services and partner organisations will assist with this learning.

In relation to gypsies and travellers we currently do not capture information on this in relation to our residents, but the numbers are likely to be low or negligible as gypsy and traveller communities would generally care for family members within their communities rather than access the formal care system, unless circumstances meant that they were unable to manage.

Community Cohesion has been recognised and evaluated as part of the criteria when assessing the options for Residential service closures (detailed in the separate Equality Impact Assessment relating to Parkway). This assessment included a wider discussion around Residential Service's community links and active engagement of staff, premises and service users with the wider community via partner and voluntary organisations. There have been excellent examples of this work in practice with a number of Residential services which potentially have a positive impact on community cohesion. However, impact outside of service user engagement and impact on achievement of personal outcomes has not been formally expanded to fully understand wider implications and benefits. The Model and proposed reduction in Residential Services may or may not have a positive impact on community cohesion. This will be taken forward for review as part of the wider implementation if approved.

The EIA will remain open until such time as the model is implemented, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas which isn't already being addressed.

## **Section 4 - Engagement:**

### **What engagement has been undertaken to support your view? How did you ensure this was accessible to all?**

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18.

Documents were provided in English and Welsh and were available in large print on request. We identified the preferred language of the affected Services Users when communicating with them during the consultation

Consultation information was provided to staff, and details were available on the Council website and intranet, through the Media, Facebook and Twitter.

A Stakeholder Map was created with the service which identified stakeholders and has been used by the service to evidence engagement with the stakeholders.

### **Consultation with stakeholders was as follows:**

- All Councillors were briefed regarding the proposals



- Ward Councillors - Cllr Child, the Cabinet Member, spoke to or offered to speak to relevant Ward Councillors
- AM/MPs - letter issued to raise awareness of consultation
- Older Peoples Commissioner - letter issued to raise awareness of consultation
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings were held on an ongoing basis as necessary
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries
- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in CC and Guildhall reception
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required
- All external residential homes were made aware of the consultation.
- The Head of Adult Services met with the Disability Liaison Group to raise awareness of consultation.
- Swansea Council sheltered complexes – hardcopy questionnaires issued.

The following was also undertaken with those service users directly affected and their families and carers:

1. Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.
2. Consultation meetings took place at Parkway with residents and families on 8th May 2018, 21st May 2018, 5th June 2018 and 6th June 2018. The details of who attended the meetings is included in the specific Equality Impact Assessment in relation to Parkway.
3. 1 to 1s arranged as necessary at various times.
4. Social Workers met with relevant affected Service Users to complete review to help determine if had complex or non-complex needs to help inform their response to the consultation.
5. Other Council-run home residents were made aware of consultation by management and Welsh/English hardcopy questionnaires provided

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation. It was identified that 34 staff were potentially affected at the start of the Consultation.

### **What did your engagement activities tell you? What feedback have you received?**

Regarding the whole Residential Care Model and proposed closure the following number of responses were received:

Info received	No. rec'd
Online Questionnaire	42

Hardcopy Questionnaires	21 Included in the 42 above
Letters	2
Emails	5
Petition with 1000 names	1
TOTAL	50

42 respondents completed the questionnaire either online or on paper. The responses to both the paper and online questionnaire are amalgamated below.

(NB: numbers for each question differ as do the stats as some people choose not to answer all questions)

In relation to the Residential Care services model the following summarised responses were recorded:

- **Question 1. Do you agree or disagree with our proposed changes to residential care for older people? 39/42.**

Strongly agree 8, Tend to agree 7, Tend to disagree 4, Strongly disagree 20

- **Question 2. Please expand your answer below: 35/42 respondents commented (included in survey themes below).**

Key Themes	Responses Nos
Council Homes are better - the Council provides better care than services in the private sector	5 (14%)
In favour or enabling people to remain living independently for longer	2 (5%)
Impact on Choice (and Location) - reliance on independent sector for non-complex care reduces choice. Particularly in terms of location which is key to maintaining relationships. 1 comment that there is not enough choice for respite in the independent sector.	6 (17%)
Cost of Private Care Homes - third party charges mean that residents and their families will not be able to afford private care home fees.	3 (8%)
Definition of complex care - that the definition of complex care needs to be more specific.	1 (2%)
	Page 98
Concerns about privatisation of all	1 (2%)

council owned care homes.- this proposal may lead to closure / privatisation of all homes.	
Financial concerns. - concerned about decisions being driven by budget pressures.	2 (5%)
Financial Concerns Cont... concerned about private sector profit motives	2 (5%)
Support for Proposals. 4 comments were in support of proposals. 2 of these were very positive, 2 were neutral accepting that changes were necessary. 1 comment (from ABMU HB) was neutral on grounds that the proposal makes sense if care is available elsewhere (but commenting that calculations are not clear and assurances of alternatives have not been provided in the consultation.	4 (11%)
Multiple - This response highlights concerns relating to impact on residents, cost to families, quality of care in private sector, reduced choice and availability of respite care.	1 (2%)
Availability of beds - comments about difficulty finding care homes beds in independent sector.  1 Comment that beds at LA homes are always full. 1 comment that hospital bed blocking occurs because of lack of beds.	2 (5%)
Staffing  Extra staffing will be needed for residents with complex needs.	1 (2%)
Wellbeing - comments received related to the impact that moves will have on residents' wellbeing. Some of these concerns relate to choice and location impacts and equalities and human rights impacts.	5 (12%)
Reablement - asked why can't Parkway be used for reablement services.	1 (2%)

- **Question 3. Are there any other options you feel the Council should have looked at in relation to the Residential Care Service for Older People?** - 34/42 responded (included

in survey themes below).

Key Themes	Responses Nos
Alternative Suggestions - respondents proposed alternative suggestions regarding use of building or type of service / ownership at location of Parkway.	6 (17%)
Care at Home - people commented that dom care services could lead to savings, or could be more appropriate than residential care	5 (14%)
Save Money Elsewhere - commented that the council should prevent closure by saving money elsewhere.	4 (11%)
Budget Pressures - comments that proposals are purely driven by budget pressures and do not show sufficient regard for resident welfare.	2 (5%)

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

**The criteria used to access each care home were the right ones. 36/42 responded.**

- Strongly agree 3, Tend to agree 14, Tend to disagree 6, Strongly disagree 13

**The proposal to close Parkway Residential care 36/42 responded.**

- Strongly agree 3, Tend to agree 8, Tend to disagree 7, Strongly disagree 17

**How have you changed your initiative as a result?**

The key potential adverse impacts of the overarching model for residential care on people with protected characteristics particularly older people are set out below, alongside appropriate mitigation:

- Inadequate staffing and unsuitable buildings could mean that the Council was unable to meet the needs of people with more complex needs; by way of mitigation the Council will ensure that adequate staffing is in place with suitably skilled and trained staff and that buildings are fit for purpose to meet people’s needs.
- There is a risk that the proposed closure of Parkway could lead to insufficient number of beds in the market to deal with current and future demand for residential care for older people. At any given time, Swansea has an average 8% vacancy rate, which is approximately 125 beds. At the time of finalising the proposals there were 17 residents at Parkway, with a total of 26 beds. Closing Parkway would lead to a reduction of 9 vacant beds in the market reducing the total number of vacancies to 116. The modelling exercise undertaken during the review which took account of population projections would suggest that there are sufficient beds to meet current and future demand.
- All of the above had a potential adverse impact on carers due to the overall stress and worry of the situation, and being concerned about their loved ones. However, mitigating as set out above and in the separate EIA relating to Parkway would also mitigate the impact on carers by alleviating some of the stress and worry involved.

In addition to the above, it had already been agreed that the overarching model would be phased in gradually. Therefore, there would be no requirement for those with non-complex needs not resident at Parkway to move. They would be enabled to remain in their current home,

until such time as they moved on for natural reasons. This decision was taken to minimise the impact on the wider population and adverse impacts consequently on older people, people with disabilities and their carers.

In general, there was not majority support for the model or the proposal to close Parkway. However, the Council has considered all possible alternative options, but has not been able to identify any financially sustainable alternatives that allow it to ensure certainty of care for reablement, respite and more complex needs whilst overall enabling independence, helping people to remain at home for as long as possible and ensuring the needs to all vulnerable adults are met.

There is clearly a risk if the proposed model is approved, that there could be a negative impact on those individuals currently resident at Parkway due to the need to move. However, this risk can be mitigated as much as possible by ensuring robust social work assessment identifies those move on plans and all those affected are supported before, during and after any move. In addition, there could be a positive impact on the wellbeing of current residents at Parkway as they may be happier elsewhere and build positive relationships as part of any move. This is explored further in the Equality Impact Assessment specific to Parkway.

On balance therefore remodelling as per the proposals will allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act and Well Being of Future Generations (Wales) Act by providing a model of care that is sustainable for the future, and effectively meets the needs of an ageing population with more complex needs. The Council is therefore confident that the recommendations put forward are appropriate despite there not being majority support for the proposals.

There were no proposed changes to the model as a consequence of the consultation responses as the impact would be minimised by restricting any potential moves to those resident at Parkway (a maximum of 17 residents), and all remaining adverse effects could be effectively mitigated.

**Please consider all of your engagement activities here, e.g. participation, consultation, involvement, co-productive approaches, etc.**

**Any actions required (e.g. further engagement activities, mitigation to address any adverse impact, etc.):**

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions. This communication plan will form a key part of the overall project plan should the proposals proceed.

Individual social work assessments will need to take place with all those affected at Parkway; full details of this will be included in the specific Equality Impact Assessment relating to Parkway.

**Please consider how the initiative might address the following issues - see the specific Section 5 Guidance**

<b>Foster good relations between different groups</b>	<b>Advance equality of opportunity between different groups</b>
<b>Elimination of discrimination, harassment and victimisation</b>	<b>Reduction of social exclusion and poverty</b>

**Please explain any possible impact on each of the above.**

The service model for Adult Services aims to impact on all of the above.

In general terms The Social Services and Wellbeing (Wales) Act 2014 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 an increased focus on prevention and early help. Local Authorities and health boards have come together in new statutory Regional Partnership Boards 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 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, 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 need to make sure 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.

Local Authorities also need to ensure a 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.

There will be stronger powers to keep people safe from abuse and neglect.

The Adult services model has interpreted this requirement and embedded into all service development, including the proposed model around Residential Care.

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 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 proposed new model for Residential Care supports this vision and the overarching Swansea Council model for Adult Social Care agreed in 2016.

**What work have you already done to improve any of the above?**

Using this vision as our cornerstone a number of positive steps have been taken to address the 4 priorities listed. These include the development of integrated community Hubs which offer community based services staffed by Social Workers, Nursing staff, Occupational Therapists, Physiotherapists and other community support resources from both the Local Health Board and Local Authority – their purpose is to offer a consistency of approach regardless of the individual’s geographical location, staff member providing contact and services which are offered.

It also promotes a service around the individual ensuring that everyone who needs to be involved is available to offer a timely intervention if needed

This model also provides greater consistency in our approach to safeguarding – ensuring that the vulnerable have the most robust processes and professional framework in place to keep them safe from abuse.

It has also enabled us to develop alternative models to traditionally managed care like Residential Care Services – the investment and development of Bonymaen House and Ty Waunarwydd to focus services on reablement and complex care demonstrated improved outcomes for residents. Equipment, the right facilities and environment combined with the necessary skilled integrated resources (both Swansea Council and Local Health board employees) working together have helped to assist individuals in achieving their personal outcomes

The remodelling of Residential Care Services alongside the other commissioning reviews of services allows us to refocus our limited resources into the most complex of needs and shift investment into the more sustainable and long term investment of building on those assets which already exist within the community.

**Is the initiative likely to impact on Community Cohesion? Please provide details.**

The principle of maximising on people’s strengths and supporting the identified wellbeing outcome of improved independence and the ability to remain within our own homes and communities for longer will assist with the maximisation of existing schemes and development/potential investment in expansion of these available community based services. This forms part of the wider Prevention Strategy and overall service model for Adult Services in Swansea. It is also a corporate priority across Swansea Council. Community cohesion is consequently impacted on positively by encouraging people to maximise their networks and supports in communities rather than be reliant on statutory support.

**How does the initiative support Welsh speakers and encourage use of Welsh?**

Across all adult services the ‘Active offer’ is in place - at its heart is the idea that being able to use your own language must be a core component of care – not an optional extra.

In an aim to achieve this Adult Services alongside the whole council are working towards mainstreaming welsh language services as an integral part of service planning and delivery. This continues to be a priority regardless of outcomes tied to this proposal.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

Not applicable.

## Section 6 - United Nations Convention on the Rights of the Child (UNCRC):

Many initiatives have an indirect impact on children and you need to consider whether the impact is positive or negative in relation to both children's rights and their best interests. Please read the UNCRC guidance before completing this section.

**Will the initiative have any impact (direct or indirect) on children and young people (think about this age group holistically e.g. disabled children, those living in poverty or from BME communities)? If not, please briefly explain your answer here and proceed to Section 7.**

**All initiatives must be designed / planned in the best interests of children and young people.**

*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.*

**Please explain how you meet this requirement:**

We recognise that we need to ensure that all carers (regardless of age) are supported. For this reason, we have joint commissioning arrangements for Adult Services and Child & Family Services for those which support young carers. This proposal will ensure much needed respite for those carers supporting individuals with complex needs will continue to be provided.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

Impact on this group will continue to be monitored if the proposal is approved. Communication and engagement with alternative provisions for non-complex clients will be managed as part of the social work support if the proposal is approved.

## Section 7 - Monitoring arrangements:

**Please explain the monitoring arrangements for this initiative:**

**Monitoring arrangements:**

EIAs to be continually updated in line with decision making and further consultation

Corporate communications team and Access to Services team will continue to be engaged in process with key updates provided as and when possible

Social work assessments for residents at Parkway to manage impact of change (if approved)

Ongoing project monitoring of overarching project plan to ensure project is delivered in line with objective and any adverse impacts are mitigated.

Implementation of model and affected processes to be mapped and planned appropriately (if approved)



**Actions:**

Ongoing update of EIA.

(Dependent on decision) commencement of social work assessments for those residents directly affected at Parkway.

(Dependent on decision) finalisation of revised project plan.

(Dependent on decision) implementation of proposed model and associated home closure.

(Dependent on decision) monitoring of outcomes and impact on non-eligible clients to be developed and produced.

**Section 8 – 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 9 - 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 – [acesstoservices@swansea.gov.uk](mailto:acesstoservices@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.

## EIA 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
Inform Parkway Residents and their families, and staff of outcome of Cabinet Decision	Head of Service	Post Cabinet on 20/09/18	Letters issued	
Inform key stakeholders of outcome	Head of Service	Post Cabinet on 20/09/18	Letters/emails issued	
Inform other Council Residential service users	Head of Service	Post Cabinet on 20/09/18	Letters issued	
Revise overall project plan (if approved)	Project Management Support	Post Cabinet on 20/09/18	Project plan completed	
Stop all new admissions for standard residential care for non-complex needs (if approved)	Principal Officer for Service Provision	Post Cabinet on 20/09/18	No new admissions	
Commencement of Social Work Assessments to manage impact of change (if approved)	Principal Officer for Service Provision	Post Cabinet on 20/09/18	Monitoring that all assessments are taken	
Support before, during and after moves from Parkway (if approved)	Allocated Social Workers	Post Cabinet on 20/09/18	Ongoing monitoring by social workers	
Closure of Parkway (if approved)	Head of Service	Early 2019	Parkway closes	

Remodelling of remaining services in line with preferred model	Principal Officer for Service Provision	Early 2019	Revised model to deliver residential reablement, respite and complex care	
Ongoing revision to EIA	Project Management Support	Ongoing	Evidence of EIA being updated.	

**\* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**

## **Appendix 4: 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 [acesstoservices@swansea.gov.uk](mailto:acesstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
Service Area: Adult Services
Directorate: People

**(a) This EIA is being completed for a:**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(b) Please name and describe here: **Proposed Closure of Parkway Residential Care****

Following the commissioning review of Residential care for older people (2016), the preferred option is now progressing for decision – in summary the proposal is to shape the internal provision of residential care to focus on complex care needs, short-term residential reablement and respite care. To achieve this change resources will need to be focused upon specialisms and as a result 'standard' / non-complex residential care provision will no longer be provided by the Council. Standard /non-complex residential care will be provided via our externally commissioned services only. The change would also mean a concentration of staff resources and skills to ensure the necessary specialists and the right environment are in place to achieve our resident's 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 identified area of need that the independent sector struggles to meet.

Refocussing internal provision in this way will hopefully 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 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.

By concentrating its resources on these specialisms, the Council will work towards providing an improved service for residents in Swansea, but will need less in-house beds to provide these specialisms.

This consolidation of resources can be achieved through the closure of one residential care home identified as Parkway Residential care home following an evaluation exercise to determine the Council home least fit for purpose to deliver the preferred future model

**(c) It was initially screened for relevance to Equality and Diversity on: 25/01/15, December 2016 & March 2017. This EIA has been continually updated alongside the consultation process. The report outlines the final impact taking into account the outcomes of the consultation.**

**(d) It was found to be relevant to...**

- |                                    |                                     |                                      |                                     |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input type="checkbox"/>            | Sexual orientation .....             | <input type="checkbox"/>            |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment .....            | <input type="checkbox"/>            |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                 | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion.....        | <input checked="" type="checkbox"/> |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers)..... | <input checked="" type="checkbox"/> |
| Asylum seekers .....               | <input type="checkbox"/>            | Community cohesion .....             | <input type="checkbox"/>            |
| Gypsies & Travellers.....          | <input type="checkbox"/>            | Marriage & civil partnership .....   | <input type="checkbox"/>            |
| Religion or (non-)belief .....     | <input type="checkbox"/>            | Pregnancy and maternity .....        | <input type="checkbox"/>            |
| Sex.....                           | <input type="checkbox"/>            |                                      |                                     |

**(e) Lead Officer**

**Name:** Cathy Murray

**Job title:** Principal Officer Service Provision

**Date:** 17<sup>th</sup> August 2018

**(f) Approved by Head of Service**

**Name:** Alex Williams

**Date:** 17<sup>th</sup> August 2018

## Section 1 – Aims (See guidance):

### Briefly describe the aims of the initiative:

#### What are the aims?

In line with the principles of the Social Services and Wellbeing (Wales) Act, the model agreed for Adult Services in 2016 had the following principles at its core:

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

It was agreed through an options appraisal and consultation that in order to best meet these strategic priorities a remodelling of our internal provision was needed with a focus on complex care, short-term residential reablement and respite. The focus of the service would be about aiming to achieve better outcomes for people with reablement and greater independence for both residents and carers at its core.

In line with the key principle of better prevention, if the proposed model for Residential Care is implemented 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 within Residential Care will also be further 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.

To achieve these objectives, if the Residential Care Model is approved by Cabinet, following public consultation the changes would be as listed below

- The closure of Parkway Residential Home.
- Gradual phase out of standard residential care in the remaining five Swansea Council Residential Care homes. (Ty Waunarlwydd, Bonymaen House, St Johns, Rose Cross House and The Hollies)
- Some residents at Parkway would need to relocate to independent sector homes.
- No 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

#### Who has responsibility?

Head of Adult Services – Alex Williams

#### Who are the stakeholders?

- Current residents
- Carers / Families
- ABMU Health Board representatives (including Older People Mental Health and Therapies)

- Cabinet and Elected Members (including political and opposition majority, representing areas across Swansea)
- Provider Staff (including, Managers, Care Officers and Drivers)
- External Residential Care providers
- Future Residents
- Integrated Community Services staff (Social Work Team Leaders, Social Workers and Care Management Officers)
- Officers from Social Services (including key Budget Holders, Commissioning, Safeguarding, Direct Payments, Local Area Coordinator).
- Officers from Corporate departments (accountancy, human resources, legal, commercial & commissioning unit, health & safety, housing, scrutiny and property)
- Union representation (GMB, UCATT and Unison)
- Older Peoples Commissioner
- Council Sheltered Housing complexes
- Other organisations e.g SCVS, Carers centre, Age concern, Disability Liason Group, Contracted independent providers , Swansea Dementia Forum , 50+ Network , Ageing Well Steering group

## Section 2 - Information about Service Users (See guidance):

Please tick which areas you have information on, in terms of service users:

- |                                    |                                     |                                      |                                     |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input type="checkbox"/>            | Sexual orientation .....             | <input type="checkbox"/>            |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment .....            | <input type="checkbox"/>            |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                 | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion.....        | <input type="checkbox"/>            |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers)..... | <input checked="" type="checkbox"/> |
| Asylum seekers .....               | <input type="checkbox"/>            | Community cohesion .....             | <input type="checkbox"/>            |
| Gypsies & Travellers.....          | <input type="checkbox"/>            | Marriage & civil partnership .....   | <input checked="" type="checkbox"/> |
| Religion or (non-)belief .....     | <input checked="" type="checkbox"/> | Pregnancy and maternity .....        | <input type="checkbox"/>            |
| Sex.....                           | <input checked="" type="checkbox"/> |                                      |                                     |

## Information about Parkway Residential Care staff (See guidance):

Please tick which areas you have information on, in terms of affected staff members:

- |                                    |                                     |                                      |                                     |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input type="checkbox"/>            | Sexual orientation .....             | <input type="checkbox"/>            |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment .....            | <input type="checkbox"/>            |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                 | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion.....        | <input type="checkbox"/>            |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers)..... | <input checked="" type="checkbox"/> |

Asylum seekers .....   
Gypsies & Travellers.....   
Religion or (non-)belief .....   
Sex.....

Community cohesion .....   
Marriage & civil partnership .....   
Pregnancy and maternity .....



**Please provide a snapshot of the information you hold in relation to the protected groups above:**

**Information held on Service Users:**

Within Adult services we hold client records for all service users on the PARIS client management system which provides greater detail around all of the protected groups. Unfortunately these records do not capture all of the service user information as a mandatory requirement nor can it easily disaggregate records to specific services i.e we cannot pull information on clients based on the services they use.

Therefore, Residential Care Services staff capture information on their clients manually on site. This information has been collated as part of the Impact Assessment report for the identified site for potential closure.

There are currently 17 residents in Parkway Residential Care home and we know the following in relation to them:

Age	Gender	Nationality	Disability	Religion	Marital Status
86yrs	Female	British	Yes	N/K	Single (never married)
78yrs	Female	British	Yes	N/K	Widowed
96yrs	Female	British	Yes	N/K	Widowed
89yrs	Female	Welsh	Yes	N/K	Widowed
80yrs	Female	British	Yes	N/K	Widowed
88yrs	Male	British	Yes	Catholic	Widowed
89yrs	Male	Scottish	Yes	Scotland	Widowed
98yrs	Female	British	Yes	N/K	Widowed
89yrs	Female	British	Yes	N/K	Widowed
95yrs	Female	British	Yes	N/K	Widowed
81yrs	Female	British	Yes	N/K	Widowed
89yrs	Female	British	Yes	Welsh Church	Widowed
88yrs	Female	British	Yes	N/K	Widowed
97yrs	Male	British	Yes	N/K	Widowed
89yrs	Female	British	Yes	N/K	Widowed
87yrs	Female	British	Yes	N/K	Single (never married)
88yrs	Female	British	Yes	N/K	Widowed

We have not captured information on ethnicity, but knowledge of the residents means that we know that none come from BME groups.

There were 34 staff potentially affected by the proposals. Information held on Staff at Parkway Residential Care Home is as follows (NULL indicates where the information has not been recorded):

Gender	Age	Marital Status	Nationality	Registered Disabled	Sexual Orientation	Religion	Carer	Welsh
Female	44	Married	NULL	NULL	NULL	NULL	NULL	NULL
Female	62	Married	NULL	NULL	NULL	NULL	NULL	NULL
Female	27	Single	British	NULL	NULL	NULL	NULL	NULL
Female	49	Divorced	Welsh	NULL	NULL	NULL	NULL	NULL
Female	42	Married	British	NULL	NULL	NULL	NULL	NULL
Female	41	Single	Welsh	NULL	Hetrosexual/ Straight	No Religion	Yes	NULL

						or Belief		
Female	32	Single	Welsh	NULL	NULL	NULL	NULL	NULL
Male	48	Divorced	NULL	NULL	NULL	NULL	NULL	NULL
Female	42	Living with Partner (Not Married)	Welsh	NULL	NULL	NULL	NULL	NULL
Female	63	Widowed	NULL	NULL	Hetrosexual/ Straight	NULL	No	NULL
Female	32	Married	Welsh	NULL	NULL	NULL	NULL	NULL
Male	31	Married	British	NULL	Hetrosexual/ Straight	No Religion or Belief	No	NULL
Female	52	Divorced	NULL	NULL	NULL	NULL	NULL	NULL
Female	43	Single	British	NULL	NULL	No Religion or Belief	Yes	NULL
Female	52	Separated but still legally married	British	NULL	NULL	NULL	NULL	NULL
Female	52	Single	British	NULL	NULL	NULL	NULL	NULL
Female	49	Living with Partner (Not Married)	British	NULL	NULL	NULL	NULL	NULL
Female	49	Married	NULL	NULL	NULL	NULL	NULL	NULL
Female	43	Married	NULL	NULL	NULL	NULL	NULL	NULL
Female	28	Living with Partner (Not Married)	Welsh	NULL	NULL	NULL	NULL	NULL
Female	47	Married	British	NULL	Hetrosexual/ Straight	NULL	Yes	NULL
Female	59	Married	Zimbabwean/ Refugee	NULL	Hetrosexual/ Straight	Christian	Yes	NULL
Female	59	Divorced	NULL	NULL	NULL	NULL	NULL	NULL
Female	33	Single	British	NULL	NULL	NULL	NULL	NULL
Male	26	Single	Welsh	NULL	NULL	NULL	NULL	NULL
Female	28	Single	Welsh	NULL	Gay/Lesbian	NULL	Yes	Yes
Female	44	Single	NULL	NULL	NULL	NULL	NULL	NULL
Female	46	Single	British	NULL	Hetrosexual/Straight	Prefer Not To Say	NULL	NULL
Female	51	Married	British	NULL	Hetrosexual/Straight	Christian	NULL	NULL
Female	58	Single	Welsh	NULL	Hetrosexual/Straight	Christian	NULL	NULL
Female	48	Married	NULL	NULL	NULL	NULL	NULL	NULL
Female	49	Single	Portuguese	NULL	Hetrosexual/ Straight	NULL	Yes	NULL
Female	25	Single	British	NULL	NULL	NULL	NULL	NULL
Female	44	Single	NULL	NULL	NULL	NULL	NULL	NULL
Female	49	Single	NULL	NULL	NULL	NULL	NULL	NULL
Female	53	Single	British	NULL	Hetrosexual/ Straight	Prefer Not To Say	NULL	NULL
Female	63	Married	NULL	NULL	NULL	NULL	NULL	NULL
Female	22	Welsh	British	NULL	Hetrosexual/ Straight	Christian	NULL	NULL
Male	51	Single	British	NULL	NULL	NULL	NULL	NULL
Female	46	Divorced	British	NULL	Hetrosexual/ Straight	Christian	No	NULL

Male	32	Single	British	NULL	NULL	NULL	NULL	NULL
Female	40	Single	Welsh	NULL	NULL	NULL	NULL	NULL
Female	61	Married	NULL	NULL	NULL	NULL	NULL	NULL

### Any actions required, e.g. to fill information gaps?

As described manual records need to be maintained in relation to service user details on site at Parkway.

Swansea council alongside regional partners including the Local Health Board are progressing with the implementation of the Welsh Community Care Information System – this will hold client records for all local authority and Health services and replace the current PARIS client management system used within Adult Social Services. The new system will be developed to better capture and easily extract information around our service users and protected characteristics.

Staff are encouraged to provide their profile details on our IT system, however this is not mandatory. We will continue to publicise and encourage all our staff to complete.

### Section 3 - Impact on Protected Characteristics (See guidance): Please consider the possible impact on the different protected characteristics.

#### Current & future Service Users & Carers

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older people (50+) →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees) →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asylum seekers →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh Language →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carers (inc. young carers) →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage & civil partnership →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Thinking about your answers above, please explain in detail why this is the case.**

**Negative Impacts:**

- Older people
- Disability
- Carers

We recognise that the proposed closure of Parkway Residential Home specifically cannot be viewed as having a positive impact on current residents (many of whom have a disability) and carers. With this in mind of paramount importance is how move on arrangements for residents is managed to ensure all current residents with complex experience minimal impact to their wellbeing.

The key potential adverse impacts of the proposal to close Parkway on people with protected characteristics particularly older people and carers are as follows:

- The wellbeing of older people living at Parkway could be affected if it were to close and they had to move to alternative homes.
- There is potential that there could be inadequate choice of alternative care homes for the older people affected if Parkway were to close.
- There may also be a potential financial impact on service users and families of Parkway Residential Care Home if people have to move to the independent sector as third party top up fees might apply.
- There is a risk that if residents from Parkway had to move, the quality of care for those older people affected could be adversely affected.
- All of the above had a potential adverse impact on carers due to the overall stress and worry of the situation, and being concerned about their loved ones.

We have demonstrated in Section 4 of this EIA how we have mitigated each of the above.

**Neutral Impact:**

- Children and young people
- Any other age group
- Race
- Religion or (non) belief
- Sex
- Sexual Orientation
- Gender Reassignment
- Welsh Language
- Asylum seekers
- Marriage and civil partnership
- Pregnancy and maternity

Although we have limited information on the individual protected characteristics of residents, all eligible needs of current residents at Parkway will be met, regardless of protected characteristic. All residents will be supported to find an alternative placement which meets their needs. There will be a disproportionate impact on females, as the majority of the residents are female; however again all needs to be will be met regardless of gender.

Asylum seekers with no recourse to public funds would not be eligible for social care services,

unless their human rights were breached.

**Needs Further investigation:**

- Gypsies & Travellers
- Poverty/Social Exclusion
- Community Cohesion

It is recognised that not enough information is held in relation to the areas listed above to fully understand the impact of the proposals relating to Parkway. However, the impact on gypsies and travellers is likely to be limited, but we don't know for certain whether any resident has come from a gypsy and traveller community.

In terms of community cohesion If a decision is made to close Parkway, the Council will ensure that the Parkway site is released to 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.

The EIA will remain open until such time as Parkway is closed, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas as all residents are known to us and any adverse impacts can be mitigated.

**Staff Impacts:**

There are 34 staff that currently work at Parkway Residential home who would be impacted on if a decision is made to close this home.

The majority of staff are female, so there is a disproportionate impact on females.

Staff have attended meetings and have been kept informed throughout the consultation and encouraged to take part in the 12 week staff consultation process. One to One meetings have also been offered to staff with management, HR and Unions to explain how the proposal will affect them and the redeployment process. Monthly meetings have been held by management/HR with Unions.

Staff have been offered to attend relevant training courses e.g. Selling You.

Swansea Council is committed to minimising compulsory redundancies. All staff at risk have been given access to the Redeployment list (our normal procedure for staff at risk. They have also been provided with a list of vacancies within the service area and advised that anything advertised will now be a temporary contract so vacancies will be made available to these staff at risk.

If a decision is made to close Parkway staff will be issued with formal notice, with Parkway likely to close by January 2019.

Mitigation in relation to staff is included within Section 4 of this EIA.

## Section 4 - Engagement:

Please consider all of your engagement activities here, e.g. participation, consultation, involvement, co-productive approaches, etc.

### **What engagement has been undertaken to support your view? How did you ensure this was accessible to all?**

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18.

Documents were provided in English and Welsh and were available in large print on request. Staff also helped with explanations of the proposals to residents and family as necessary. We identified the preferred language of the affected Services Users when communicating with them during the consultation

Consultation information was provided via Corporate communications to staff, details were put on intranet and Council's website and the consultation was promoted through the Media, Facebook and Twitter.

A Stakeholder Map was created with the service which identified stakeholders and has been used by the service to evidence engagement with the stakeholders: -.

Consultation with stakeholders was as follows:

- All Councillors were briefed regarding the proposals
- Ward Councillors - Cllr Child, the Cabinet Member, spoke to or offered to speak to relevant Ward Councillors
- AM/MPs - letter issued to raise awareness of consultation
- Older Peoples Commissioner - letter issued to raise awareness of consultation
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings were held on an ongoing basis as necessary
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries
- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in CC and Guildhall reception
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required
- All external residential homes were made aware of the consultation.
- The Head of Adult Services met with the Disability Liaison Group to raise awareness of consultation.
- Swansea Council sheltered complexes – hardcopy questionnaires issued.

The following was also undertaken with those residents directly affected at Parkway and their families and carers:

1. Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.

2. Consultation meetings took place at Parkway with residents and families on 8th May 2018, 21st May 2018, 5th June 2018 and 6th June 2018. Parkway staff also attended to provide any necessary support to the residents. A total of 7 Residents and 25 family members/carers attended these meetings. Not all residents attended the meetings, as some had limited mental capacity. However, the families of all but one resident attended at least one meeting and the remaining resident not supported by family members attended all 4

meetings. The majority of families chose to attend each meeting, so discussion continued on from the last meeting.

3. 1 to 1s arranged as necessary at various times.

4. Social Workers met with relevant affected Service Users to complete reviews to help determine if had complex or non-complex needs to help inform their response to the consultation.

5. Other Council-run home residents were made aware of consultation by management and Welsh/English hardcopy questionnaires provided

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation. It was identified that 34 staff were potentially affected at the start of the Consultation.

### What did your engagement activities tell you? What feedback have you received?

Regarding the whole Residential Care Model and proposed closure the following response figures were received:

Info received	No. rec'd
Online Questionnaire	42
Hardcopy Questionnaires	21 Included in the 42 above
Letters	2
Emails	5
Petition with 1000 names	1
<b>TOTAL</b>	<b>50</b>

42 respondents completed the questionnaire either online or on paper. The responses to both the paper and online questionnaire are amalgamated below.

(NB: numbers for each question differ as do the stats as some people choose not to answer all questions)

In relation to the Residential Care services model the following summarised responses were recorded:

- **Question 1. Do you agree or disagree with our proposed changes to residential care for older people?** 39/42.

Strongly agree 8, Tend to agree 7, Tend to disagree 4, Strongly disagree 20

- **Question 2. Please expand your answer below:** 35/42 respondents commented (included in survey themes below).

Key Themes	Responses Nos
Council Homes are better - the Council provides better care than services in the	5 Page 109

private sector	
In favour or enabling people to remain living independently for longer	2
Impact on Choice (and Location) - reliance on independent sector for non-complex care reduces choice. Particularly in terms of location which is key to maintaining relationships. 1 comment that there is not enough choice for respite in the independent sector.	6
Cost of Private Care Homes - third party charges mean that residents and their families will not be able to afford private care home fees.	3
Definition of complex care - that the definition of complex care needs to be more specific.	1
Concerns about privatisation of all council owned care homes.- this proposal may lead to closure / privatisation of all homes.	1
Financial concerns. - concerned about decisions being driven by budget pressures.	2
Financial Concerns Cont... concerned about private sector profit motives	2
Support for Proposals. 4 comments were in support of proposals. 2 of these were very positive, 2 were neutral accepting that changes were necessary. 1 comment (from ABMU HB) was neutral on grounds that the proposal makes sense if care is available elsewhere (but commenting that calculations are not clear and assurances of alternatives have not been provided in the consultation.	4
Multiple - This response highlights concerns relating to impact on residents, cost to families, quality of care in private sector, reduced choice and availability of respite care.	1
Availability of beds - comments about difficulty finding care homes beds in independent sector.	2 Page 110



1 Comment that beds at LA homes are always full. 1 comment that hospital bed blocking occurs because of lack of beds.	
Staffing  Extra staffing will be needed for residents with complex needs.	1
Wellbeing - comments received related to the impact that moves will have on residents' wellbeing. Some of these concerns relate to choice and location impacts and equalities and human rights impacts.	5
Reablement - asked why can't Parkway be used for reablement services.	1

- **Question 3. Are there any other options you feel the Council should have looked at in relation to the Residential Care Service for Older People?** - 34/42 responded (included in survey themes below).

Key Themes	Responses Nos
Alternative Suggestions - respondents proposed alternative suggestions regarding use of building or type of service / ownership at location of Parkway.	6
Care at Home - people commented that dom care services could lead to savings, or could be more appropriate than residential care	5
Save Money Elsewhere - commented that the council should prevent closure by saving money elsewhere.	4
Budget Pressures - comments that proposals are purely driven by budget pressures and do not show sufficient regard for resident welfare.	2

- **Question 4. Considering the above, do you agree or disagree with the following...**  
**The criteria used to assess each care home were the right ones. 36/42 responded.**
- Strongly agree 3, Tend to agree 14, Tend to disagree 6, Strongly disagree 13
- **The proposal to close Parkway Residential care. 36/42 responded.**
- Strongly agree 3, Tend to agree 8, Tend to disagree 7, Strongly disagree 17

- **Question 5. If you disagree with either of the above please explain why and give any alternatives (25/42 responded). Key Themes were : -**

<b>Key Themes</b>	<b>Response Nos</b>
<b>Closing Parkway does not reflect demand</b> - commented that the proposal does recognise current or anticipate future demand	3 (12%)
<b>Choice, Location and cost / quality of private sector homes</b> - comments that the location of other homes is problematic, and that private homes are more expensive or lesser quality.	2 (8%)
<b>Convert to specialist complex – addressed above</b>	1 (4%)
<b>Cost shunting to NHS</b>	1 (4%)
<b>The council should provide nursing care</b>	1 (4%)
<b>Hidden agenda re development of land. Hospital discharge or respite should be promoted.</b> - comment that the LA has been influenced by sale / development of local land.	1 (4%)
<b>All attempts should have been made to keep Parkway open</b>	1 (4%)
<b>Location</b> - comments relating to suitability of location	2 (8%)
<b>Make Parkway more effective</b>	1 (4%)
<b>Options evaluation scoring / welfare of residents</b> - comments that the scoring of the options is not clear and that the residents welfare has not been shown due regard	2 (8%)
<b>Privatise Parkway</b>	1 (4%)
<b>Promote independent living</b>	1 (4%)
<b>Recognition for staff</b>	1 (4%)
<b>Services / Facilities are good</b>	1 (4%)
<b>The proposal is about managing</b>	1 (4%)

<b>decline</b>	
<b>Under investment in Parkway and Hidden agenda re development of land.</b>	1 (4%)
<b>Welfare of residents will be impacted</b>	3 (12%)

Face to Face meetings at Parkway Residential Care Home recorded the following feedback and themes:

<b>Date of meeting</b>	<b>Points raised</b>
<b>Theme 1. Alternative Solutions</b>	
05/06/2018	Family members suggested savings could be made in sheltered housing or that the service could be delivered in the independent sector.
05/06/2018	A suggestion was made to fill the vacant beds in parkway from St Johns and close this service instead. This could be a counter proposal but it would still mean a closure and there are more residents in St Johns to move to other homes.
05/06/2018	Another suggestion was to sell off Parkway as a going concern for someone else to run.
05/06/2018	A suggestion was made to use Parkway as respite and gradually phase out. Family member suggested this could be a compromise in the short term and will propose this in the consultation.
21/05/2018	Carer - Use the beds for Fairwood Hospital to avoid people having to travel
23/05/2018	What about social enterprises / community co-operatives? Have they been considered as an option?
08/05/2018	Why not keep Parkway and staff it properly so it can be filled. Need to spend money and to upgrade and could use for reablement as well. As this is the only local authority home in the west, it could be enhanced. Feel the decision is about money.
08/05/2018	Why not fill the beds in Parkway for reablement.
05/06/2018	A family member suggested a 3-5 year plan would be a better approach as changing models of care take time. They understood that money has to be saved and appreciate where the Council is coming from, but this would be a kinder way than suddenly closing a

	care home. Closing a home naturally over time would be more compassionate.
<b>2. Care Needs</b>	
05/06/2018	Social workers will work with residents and families to asses if complex or not.
05/06/2018	Finally one family member requested that if the home closes, a guarantee that all residents will continue to have quality care. This is the residents' life and they will lose friends and relationships and it is hard for the families
21/05/2018	There will be no services going forward.
21/05/2018	Carer - If individual wanted to go home will there be 24/7 care provided?
21/05/2018	Carer - Private Dom Care poor, won't get the same care. Private disgrace, broken society. Parkway is a lovely home.
23/05/2018	How do we achieve prevention for those older people living at home?
23/05/2018	How can continuity of carers be achieved within domiciliary care?
23/05/2018	What will be the impact on younger adults using domiciliary care as a result of changes to older people services?
08/05/2018	What is the definition of complex needs?
08/05/2018	If only supporting people with complex needs, it is discriminatory as not providing care to others or supporting other carers.
05/06/2018	Dom Care also a worry as not get the hours paid for.
<b>3. Financial</b>	
05/06/2018	It was questioned if the consultation was meaningful in considering any views, which was confirmed e.g. funding top up fees if residents moved to a private care home will now be considered as part of the final report which will inform the Cabinet decision.
05/06/2018	A query was raised on how much money would be saved if the home closed in January 19?
21/05/2018	Private sector – not very good. LA home more expensive. More individuals are self-funding.
21/05/2018	Can you guarantee the LA will pay top up fees.
21/05/2018	Value of site / Alternative in facilities/My figures are different/current occupancy/Current usage to proposed/New model

21/05/2018	Chain capital limit. Self-funding weekly fee will go up. 'Swings and roundabouts'.
21/05/2018	Self-funder have found LA could pay top up fees.
21/05/2018	Carer - One extreme to another. Hope it's not about money. Exercise to tick a box. Concerns about Mums and Dads. 'NPT no council Homes decommissioned'.
21/05/2018	Carer - Are we going to be the same?
21/05/2018	Carer - Why can't you sell off building?
21/05/2018	Carer - Why can't we have discussion around making it financially viable?
21/05/2018	Carer - No money. What happens, limit under Welsh Government. Small number internal majority private sector care.
23/05/2018	Will the buildings be sold if proposals go ahead? - Hollies
23/05/2018	Will the buildings be sold if proposals go ahead? - Rose Cross
23/05/2018	Will the buildings be sold if proposals go ahead? - Parkway
08/05/2018	Top up fees if residents have to move to the independent sector.
08/05/2018	Will the building be knocked down and sold to private developers? Heard it will go to Coastal Housing?
08/05/2018	Concerned that access to new houses (on Olchfa site) is being put above residents.
08/05/2018	There is money wasted, for example, the Kingsway. Couldn't this be used for social care where it is needed? The priorities are wrong.
08/05/2018	Has the cost of the land been considered if Parkway closes?
05/06/2018	It was felt that the Cabinet had not looked hard enough to find savings elsewhere.
21/05/2018	We should not pay top up fees
<b>4.Location</b>	
21/05/2018	Can't understand building is good, contradictory to complex need info.
21/05/2018	Service User - I want to stay here!
21/05/2018	We made a right choice placing here
21/05/2018	What are you doing with building?
21/05/2018	B.M.H no parking, crazy selling this off (Parkway).
21/05/2018	Carer - People here already? If they find a new home, currently looked at Private sector. Could individuals be moved in house? To avoid top up fees? People would be happier to

	be moved in house.
21/05/2018	Carer - Comparing to BMH Comparative on buildings, they look the same.
08/05/2018	Don't want to travel halfway across Swansea, Parkway is close to where I live.
08/05/2018	Why close Parkway when Rose Cross and St Johns are close to each other?
08/05/2018	We choose council run homes because they are purpose built whereas they are not in the independent sector.
<b>5. Placements</b>	
21/05/2018	Carer - If respite care - where would you place?
21/05/2018	Carer - Respite – we were told we have to do it privately.
05/06/2018	A family member did have concern that if Parkway was kept open how long would this be for and would they be going through the same exercise in 3 years' time?
05/06/2018	It was recognised by family members that the Council are transparent in the consultation and proposals but felt there was no clear plan going forward and it was about the money and that it was inevitable that `Parkway would close. It was a done deal and we are only going through the process.
21/05/2018	Typical exercise nonsense. Mum 97. You have been running this down. Staff are overworked .
21/05/2018	What's a self-funder
21/05/2018	Carer - Council funding Commissioned homes are all the homes on this list from Head of Service ?
21/05/2018	Carer - Older people – if complex we are avoiding too many moves. Anxious, worry and traumatic time. 'Think outside of box'. Accommodate this more, but not new referrals coming in. Council Services are heavily regulated.
21/05/2018	Carer - Scoring exercise – you have not involved families. Score 6 properties – 1 would like to have been included in this piece of work. Massive piece of work? Why you didn't you involve us?
21/05/2018	Carer/SU - Care home closures came up before to close all homes?
21/05/2018	Carer - Going on 3 years ago
23/05/2018	Group queried whether a co-productive approach was being taken –
23/05/2018	What about the Equality Impact Assessment process?
08/05/2018	The SSWB Act states people have a choice and this proposal will not give this choice.
08/05/2018	In regards to the survey, why does it ask for sexual orientation?

08/05/2018	If NPT and Swansea merge will more homes go?
<b>6. Staffing</b>	
05/06/2018	Comments were made that the process to close had already started and that staff had been redeployed.
08/05/2018	What will happen to the staff.
08/05/2018	Bed blocking shows there is a demand for residential care and not enough beds.
08/05/2018	How many vacancies are there in the other in-house care homes?
21/05/2018	Carer - Why aren't you running to full capacity. 10 beds available. CIW – no demand or staffing. There has been no interest in beds.
<b>7. Vacancies</b>	
05/06/2018	There was concern that if residents had to move, there were not enough vacancies in the Council homes and the private homes were not as a good a standard.
21/05/2018	Carer - Insufficient beds
21/05/2018	Carer - Place ad in Evening Post to advertise vacant beds I am sure you will get a take up of beds.
08/05/2018	The current position is that there are spare beds and this is inefficient.
08/05/2018	There are not many vacancies in the private sector. I have visited 13 homes and no vacancies and the cost is higher and there are top up fees. Also some homes are for assessment or dementia only.
08/05/2018	Difficult to book respite provision in the private sector.
08/05/2018	You are duty bound to find places for people.
08/05/2018	Places are not advertised and the service is being run down. Tried for respite last year and could not get in. The numbers have reduced from 36 to 26.
08/05/2018	What if there are no places?
21/05/2018	Carer - Can't believe this! Could not find respite. Staff have been trained, equipment and facilities.
<b>8. Wellbeing</b>	
05/06/2018	Family members felt that undertaking a review would cause stress when no decision has been made. A concern was raised that a social worker had told them that if they do not have power of attorney the meeting with their father can be held without them.
21/05/2018	Complex needs, training, have looked at rooms, bed blocking NHS why not used beds for hospital. My dad 98 hope he dies before move, stressful, wellbeing of SU not being

	considering
21/05/2018	Carer - Scenario discussed surrounding the ladies Mum's move. She's 96 given up her home and has to move again – this is unsettling for her.
08/05/2018	The residents' welfare is not being considered. You would feel the same if it was your family.
08/05/2018	If there are no beds or don't want to move to a private home, residents can't be evicted by law. If have to move, why not reduce gradually as the most humane way?
21/05/2018	Carer - What will there be for us as we get older?



## How have you changed your initiative as a result?

The key potential adverse impacts of the proposals on people, carers and staff at Parkway with protected characteristics particularly set out below, alongside appropriate mitigation:

- The wellbeing of older people living at Parkway could be affected if it were to close and they had to move to alternative homes; by way of mitigation the Council will ensure that all residents and their families are properly supported and prepared for any proposed move. This will involve an individual social work assessment to determine their unique needs and determine appropriate move on plans. This assessment will involve family members and all equality matters will be considered as part of this assessment and appropriately mitigated wherever possible.
- There is potential that there could be inadequate choice of alternative care homes for the older people affected if Parkway were to close. At the time of writing the EIA, there were sufficient vacancies within the Council's own homes and the independent sector to accommodate all 17 residents affected. There were a number of homes in the Sketty and surrounding areas with vacancies available and all those affected had been given information on the other homes across the County. From these vacancies, the Council has a duty to ensure that each resident affected has adequate choice at the time of making the decision. The proposal to fund third-party top up fees will enable this choice as well as careful planning and decision making between those residents affected, their families and the social worker supporting them.
- There is a risk that the proposed closure of Parkway could lead to insufficient number of beds in the market to deal with current and future demand for residential care for older people. At any given time, Swansea has an average 8% vacancy rate, which is approximately 125 beds. At the time of writing the report, there were 17 residents at Parkway, with a total of 26 beds. Closing Parkway would lead to a reduction of 9 vacant beds in the market reducing the total number of vacancies to 116. There are therefore sufficient beds to accommodate all residents at Parkway.
- There was a risk that if residents from Parkway had to move, the quality of care for those older people affected could be adversely affected. In the event that Parkway does close, the Council will ensure that each resident is fully supported during any move to ensure that the wellbeing of all those affected is maintained and they all receive good quality care going forward. This will be achieved through a thorough social work assessment with all relevant parties involved, which will clearly outline move on arrangements and ensure there is appropriate support in place before, during and after any move. As currently, there will also be ongoing good contract monitoring of all independent sector homes to ensure any quality issues are identified at the earliest opportunity.
- All of the above had a potential adverse impact on carers due to the overall stress and worry of the situation, and being concerned about their loved ones. However, mitigating as set out above would also mitigate the impact on carers by alleviating some of the stress and worry involved.
- There is clearly also a potential negative impact on those staff affected, but this can be mitigated through the Council's redeployment policies, and the Council is confident that there are sufficient alternative vacancies elsewhere in Adult Services to accommodate them. There were 34 staff potentially at risk. At the time of writing this EIA, 3 of these staff had already secured other employment, whilst 2 were undertaking a trial period in alternative positions. No equalities issues had

been raised through the 1 to 1 meetings with each member of staff that needed to be addressed.

In addition to the above, the Council put a hold on new admissions to Parkway at the beginning of the consultation to minimise the impact on residents affected. This hold would continue should the proposals go ahead.

In general, there was not majority support for the proposal to close Parkway. However, the Council has considered all possible alternative options, but has not been able to identify any financially sustainable alternatives that allow it to ensure certainty of care for reablement, respite and more complex needs whilst overall enabling independence, helping people to remain at home for as long as possible and ensuring the needs to all vulnerable adults are met.

There is clearly a risk if the proposed model is approved, that there could be a negative impact on those individuals currently resident at Parkway due to the need to move. However, this risk can be mitigated as much as possible by ensuring robust social work assessment identifies those move on plans and all those affected are supported before, during and after any move. In addition, there could be a positive impact on the wellbeing of current residents at Parkway as they may build positive relationships as part of any move.

On balance therefore remodelling as per the proposals will allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act and Well Being of Future Generations (Wales) Act by providing a model of care that is sustainable for the future, and effectively meets the needs of an ageing population with more complex needs. The Council is therefore confident that the recommendations put forward are appropriate despite there not being majority support for the proposals.

Overall, there clearly is a risk of a negative impact on residents at Parkway due to the need to move if it were to close, particularly when some residents have lived there a long time and are elderly and frail. However, the above outlines how wherever possible the Council will seek to mitigate those risks and in some cases a move could be positive as they may find they are able to develop new relationships in their new environment which could have a positive impact on their wellbeing. As outlined previously, any move will need to be carefully planned following a thorough social work assessment and each individual supported during and following any actual move.

In light of the above, the proposals have been amended to include provision for payment of third party top up fees as part of the recommendations to Cabinet to mitigate the potential financial impact on residents and their families, as well as their ability to exercise appropriate choice in move on arrangements.

**Any actions required (e.g. further engagement activities, mitigation to address any adverse impact, etc.):**

A further recommendation will be added to the final proposals put to Cabinet to include provision for payment of third party top up fees.

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions. This communication plan will form a key part of the overall project plan should the proposals proceed.

Individual social work assessments will need to take place with all those affected at Parkway if the proposals are agreed. This assessment will involve residents, families and a social worker to undertake a thorough assessment of need and agree any move on arrangements. The social workers will then support individuals during and after moves to ensure that their

wellbeing is maintained.

Ongoing engagement will also be required by staff, in line with the Council's HR processes.

## **Section 5 – Other impacts:**

**Please consider how the initiative might address the following issues - see the specific Section 5 Guidance**

<b>Foster good relations between different groups</b>	<b>Advance equality of opportunity between different groups</b>
<b>Elimination of discrimination, harassment and victimisation</b>	<b>Reduction of social exclusion and poverty</b>

### **Please explain any possible impact on each of the above.**

The service model for Adult Services aims to impact on all of the above.

In general terms The Social Services and Wellbeing (Wales) Act 2014 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 an increased focus on prevention and early help. Local Authorities and health boards have come together in new statutory Regional Partnership Boards 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 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, 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 need to make sure 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.

Local Authorities also need to ensure a 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.

There will be stronger powers to keep people safe from abuse and neglect.

The Adult services model has interpreted this requirement and embedded into all service development, including the proposed model around Residential Care.

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 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 proposed new model for Residential Care supports this vision and the overarching Swansea Council model for Adult Social Care agreed in 2016.

**What work have you already done to improve any of the above?**

Using this vision as our cornerstone a number of positive steps have been taken to address the 4 priorities listed. These include the development of integrated community Hubs which offer community based services staffed by Social Workers, Nursing staff, Occupational Therapists, Physiotherapists and other community support resources from both the Local Health Board and Local Authority – their purpose is to offer a consistency of approach regardless of the individual’s geographical location, staff member providing contact and services which are offered.

It also promotes a service around the individual ensuring that everyone who needs to be involved is available to offer a timely intervention if needed

This model also provides greater consistency in our approach to safeguarding – ensuring that the vulnerable have the most robust processes and professional framework in place to keep them safe from abuse.

It has also enabled us to develop alternative models to traditionally managed care like Residential Care Services – the investment and development of Bonymaen House and Ty Waunarwydd to focus services on reablement and complex care demonstrated improved outcomes for residents. Equipment, the right facilities and environment combined with the necessary skilled integrated resources (both Swansea Council and Local Health board employees) working together have helped to assist individuals in achieving their personal outcomes

The remodelling of Residential Care Services alongside the other commissioning reviews of services allows us to refocus our limited resources into the most complex of needs and shift investment into the more sustainable and long term investment of building on those assets which already exist within the community.

**Is the initiative likely to impact on Community Cohesion? Please provide details.**

The principle of maximising on people’s strengths and supporting the identified wellbeing outcome of improved independence and the ability to remain within our own homes and communities for longer will assist with the maximisation of existing schemes and development/potential investment in expansion of these available community based services. This forms part of the wider Prevention Strategy and overall service model for Adult Services in Swansea. It is also a corporate priority across Swansea Council. Community cohesion is consequently impacted on positively by encouraging people to maximise their networks and supports in communities rather than be reliant on statutory support.

**How does the initiative support Welsh speakers and encourage use of Welsh?**

Across all adult services the ‘Active offer’ is in place - at its heart is the idea that being able to use your own language must be a core component of care – not an optional extra.

In an aim to achieve this Adult Services alongside the whole council are working towards mainstreaming welsh language services as an integral part of service planning and delivery. This continues to be a priority regardless of outcomes tied to this proposal.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**  
Not applicable.

## **Section 6 - United Nations Convention on the Rights of the Child (UNCRC):**

**Many initiatives have an indirect impact on children and you need to consider whether the impact is positive or negative in relation to both children's rights and their best interests. Please read the UNCRC guidance before completing this section.**

**Will the initiative have any impact (direct or indirect) on children and young people (think about this age group holistically e.g. disabled children, those living in poverty or from BME communities)? If not, please briefly explain your answer here and proceed to Section 7.**

**All initiatives must be designed / planned in the best interests of children and young people.**

*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.*

**Please explain how you meet this requirement:**

We recognise that we need to ensure that all carers (regardless of age) are supported. For this reason, we have joint commissioning arrangements for Adult Services and Child & Family Services for those which support young carers. This proposal will ensure much needed respite for those carers supporting individuals with complex needs will continue to be provided.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

Impact on this group will continue to be monitored if the proposal is approved. Communication and engagement with alternative provisions for non-complex clients will be managed as part of transition if the proposal is approved.

## **Section 7 - Monitoring arrangements:**

**Please explain the monitoring arrangements for this initiative:**

**Monitoring arrangements:**

EIAs to be continually updated in line with decision making and further consultation

Corporate communications team and Access to Services team will continue to be engaged in process with key updates provided as and when possible

Social work assessments for residents at Parkway to manage impact of change (if approved)

Ongoing project monitoring of overarching project plan to ensure project is delivered in line with objective and any adverse impacts are mitigated.

Implementation of model and affected processes to be mapped and planned appropriately (if approved)

**Actions:**

Ongoing update of EIA.

(Dependent on decision) commencement of social work assessments for those residents directly affected at Parkway.

(Dependent on decision) finalisation of revised project plan.

(Dependent on decision) implementation of proposed model and associated home closure.

(Dependent on decision) monitoring of outcomes and impact on non-eligible clients to be developed and produced.

**Section 8 – 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:

In Section 4 of this EIA, we have set out the mitigation that has been put in place to address the negative impact on the current residents in Parkway within the various protected groups.

It is imperative that all residents and their carers are fully supported by social workers and Swansea Council staff before, during and after any move.

Making this change is necessary to ensure that Swansea Council can meet the current and future care needs of all Swansea residents eligible for support sustainably and effectively in the future.

**Section 9 - 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 – [acesstoservices@swansea.gov.uk](mailto:acesstoservices@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.

## EIA 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
Inform Parkway Residents and their families, and staff of outcome of Cabinet Decision	Head of Service	Post Cabinet on 20/09/18	Letters issued	
Revise overall project plan (if approved)	Project Management Support	Post Cabinet on 20/09/18	Project plan completed	
Commencement of Social Work Assessments to manage impact of change (if approved)	Principal Officer for Service Provision	Post Cabinet on 20/09/18	Monitoring that all assessments are taken	
Support before, during and after moves from Parkway (if approved)	Allocated Social Workers	Post Cabinet on 20/09/18	Ongoing monitoring by social workers	
Commencement of formal staff processes	Principal Officer for Service Provision	Post Cabinet on 20/09/18	All staff found alternative employment/left the organisation	
Closure of Parkway (if approved)	Head of Service	Early 2019	Parkway closes	
Ongoing revision to EIA	Project Management Support	Ongoing	Evidence of EIA being updated.	

\* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely)

# **Appendix 5: Residential Care - Consultation Summary Report**

## **(August 2018)**

### **CONSULTATION REPOSESES - Stakeholder Consultation**

#### **1.1 Introduction**

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18. Documents were provided in English and Welsh and were available in alternative formats on request. We identified the preferred language of the affected Services Users when communicating with them during the consultation.

Consultation information was provided via Corporate Communications to staff, via details on the intranet and internet, Media, Facebook and Twitter.

A Stakeholder Map was created. This identified all relevant stakeholders and has been used by the service to evidence engagement with these interested parties:-

#### Affected Services Users and their families/carers etc.

- Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.
- Several visits made by Senior Management to meet affected Service Users /families at various times.
- 1 to 1s arranged as necessary at various times.
- Social Workers met with relevant affected Service Users to complete review to help determine if complex or non-complex needs and help inform any response to the consultation.
- Other Council Day Care venues and Service Users made aware of consultation by management and Welsh/English hardcopy questionnaires provided.

#### Other

- All Councillors briefed regarding the proposals
- Ward Councillors - Councillor Child has spoken to or offered to speak to relevant Ward Councillors
- AM/MPs - letter issued to raise awareness of consultation
- Older Peoples Commissioner - letter issued to raise awareness of consultation
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings ongoing as necessary
- Parkway Service User GPs - letters have been sent to Service Users GPs to raise awareness of consultation
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries



- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in Civic Centre and Guildhall reception
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required
- Externally commissioned residential/nursing homes informed of the consultation.
- Head of Adult Services met with Disability Liaison Group to raise awareness of consultation
- Swansea Council sheltered complexes – hardcopy questionnaires issued

### Staff and Trade Unions

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation.

### **1.2 Information received during consultation is summarised as :-**

Information received	Numbers received
Online Questionnaire	42
Hardcopy Questionnaires	21 (Included in the 42 above)
Letters	2
Emails	5
Petition with 1000 names	1
<b>TOTAL</b>	<b>50</b>

Further details on number of respondents from different groups and methods of responding are given in the sections below. The number of respondents giving similar comments in each group have been provided. The responses to both the paper and online questionnaire are amalgamated below. One online response was received after the consultation deadline, but was accepted on the basis of ensuring that as wide a range of views as possible was considered.

Questions & Responses:

- **Question 1. Do you agree or disagree with our proposed changes to residential care for older people?**

39/42 Strongly agree (8) 20% Tend to agree (7) 17% Tend to disagree (4) 10% Strongly disagree (20) 51%

- **Question 2. Please expand your answer below:** - 35/42 respondents commented. Key themes were:-

Key Themes	Response Nos
<b>Council Homes are better</b> - the Council provides better care than services in the private sector	5 (14%)
<b>In favour or enabling people to remain living independently for longer</b>	2 (5%)
<b>Impact on Choice (and Location)</b> - reliance on independent sector for non-complex care reduces choice. Particularly in terms of location which is key to maintaining relationships. 1 comment that there is not enough choice for respite in the independent sector.	6 (17%)
<b>Cost of Private Care Homes</b> - third party charges mean that residents and their families will not be able to afford private care home fees.	3 (8%)
<b>Definition of complex care</b> - that the definition of complex care needs to be more specific.	1 (2%)
<b>Concerns about privatisation of all council owned care homes.-</b> this proposal may lead to closure / privatisation of all homes.	1 (2%)

<b>Financial concerns.</b> - concerned about decisions being driven by budget pressures.	2 (5%)
<b>Financial Concerns Cont...</b> concerned about private sector profit motives	2 (5%)
<b>Support for Proposals.</b> 4 comments were in support of proposals. 2 of these were very positive, 2 were neutral accepting that changes were necessary.  1 comment (from ABMU HB) was neutral on grounds that the proposal makes sense if care is available elsewhere (but commenting that calculations are not clear and assurances of alternatives have not been provided in the consultation.	4 (11%)
<b>Multiple</b> - This response highlights concerns relating to impact on residents, cost to families, quality of care in private sector, reduced choice and availability of respite care.	1 (2%)
<b>Availability of beds</b> - comments about difficulty finding care homes beds in independent sector.  1 Comment that beds at LA homes are always full. 1 comment that hospital bed blocking occurs because of lack of beds.	2 (5%)
<b>Staffing</b> - Extra staffing will be needed for residents with complex needs.	1 (2%)
<b>Wellbeing</b> - comments received related to the impact that moves will have on residents' wellbeing. Some of these concerns relate to choice and location impacts and equalities and human rights impacts.	5 (12%)
<b>Reablement</b> - asked why can't Parkway be used for reablement services.	1 (2%)

- **Question 3. Are there any other options you feel the Council should have looked at in relation to the Residential Care Service for Older People? - 34/42 responded. Key themes raised were :-**

Key Themes	Responses Nos
<b>Alternative Suggestions</b> - respondents proposed alternative suggestions regarding use of building or type of service / ownership at location of Parkway.	6 (17%)
<b>Care at Home</b> - people commented that domiciliary care services could lead to savings, or could be more appropriate than residential care	5 (14%)
<b>Save Money Elsewhere</b> - commented that the council should prevent closure by saving money elsewhere.	4 (11%)
<b>Budget Pressures</b> - comments that proposals are purely driven by budget pressures and do not show sufficient regard for resident welfare.	2 (5%)

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

**The criteria used to assess each care home were the right ones. 36/42 responded.**

- Strongly agree (3) 8%, Tend to agree (14) 38%, Tend to disagree (6) 16%, Strongly disagree (13) 36%

**The proposal to close Parkway Residential care 36/42 responded.**

- Strongly agree (3) 8%, Tend to agree (8) 22%, Tend to disagree (7) 19%, Strongly disagree (17) 47%

- **Question 5. If you disagree with either of the above please explain why and give any alternatives (25/42 responded). Key Themes were :-**

Key Themes	Response Nos
<b>Closing Parkway does not reflect demand</b> - commented that the proposal does not recognise current or anticipate future demand	3 (12%)
<b>Choice, Location and cost / quality of private sector homes</b> - comments that the location of other homes is	2 (8%)

problematic, and that private homes are more expensive or lesser quality.	
<b>Convert to specialist complex – addressed above</b>	1 (4%)
<b>Cost shunting to NHS</b>	1 (4%)
<b>The council should provide nursing care</b>	1 (4%)
<b>Hidden agenda re development of land. Hospital discharge or respite should be promoted.- comment that the LA has been influenced by sale / development of local land.</b>	1 (4%)
<b>All attempts should have been made to keep Parkway open</b>	1 (4%)
<b>Location</b> - comments relating to suitability of location	2 (8%)
<b>Make Parkway more effective</b>	1 (4%)
<b>Options evaluation scoring / welfare of residents</b> - comments that the scoring of the options is not clear and that the residents welfare has not been shown due regard	2 (8%)
<b>Privatise Parkway</b>	1 (4%)
<b>Promote independent living</b>	1 (4%)
<b>Recognition for staff</b>	1 (4%)
<b>Services / Facilities are good</b>	1 (4%)
<b>The proposal is about managing decline</b>	1 (4%)
<b>Under investment in Parkway and Hidden agenda re development of land.</b>	1 (4%)
<b>Welfare of residents will be impacted</b>	3 (12%)

### Mitigating responses to themes

7 respondents displayed a level of **support for the proposals**, and displayed a view that the changes were necessary to ensure that services were able to meet people's needs and be sustained into the future.

The next key theme suggested support for the proposed model and that 2 respondents were **in support of a model that enabled people to remain living independently for longer** and generally supportive of the principle of investing in reablement.

This response was very reassuring to see as an enabling approach which allows people to remain at home for longer is entirely in line with the overarching Adult Services Model which recognises that more people wish to remain in their own home. The proposed changes will help to support this by providing reablement and respite to support people to remain in their own homes for as long as possible and to support their family/carers to help them in their caring role. One respondent had raised why Parkway could not be used to deliver reablement and therefore kept open. As explained earlier in the report, the Council has assessed that less Local Authority beds are required to deliver the proposed model and Parkway is least fit for purpose to deliver the overall model. There was one comment that suggested that the Council should deliver nursing care; the Council has been previously restricted from doing this due to registration requirements and going forward it does not have the expertise or resources to provide this type of care.

There was a **perception that Council homes are better** than those provided by the independent sector from 5 respondents. There was therefore a concern that the Council proposed no longer providing standard residential care for non-complex needs.

In response, independent sector homes are required to provide care to the same legal and regulatory standards as Council homes, and are fully regulated by Care Inspectorate Wales. The Council has robust contracts in place with independent sector homes and monitors against these contractual standards to ensure that services are fit for purpose. The Council is embedding a quality assurance programme at independent care homes which demonstrates that quality is of a sufficiently good quality. Feedback obtained from residents and families at homes in the independent sector confirms a high level of satisfaction with services. From time to time quality problems do arise. Where this occurs the Council is able use its legal and contractual powers to act quickly and make any improvements required. These arrangements should give people confidence that services received via the independent sector are safe and appropriate to meet their needs and also of a similar or on some occasions better quality than Council-run care homes.

One comment received suggested that **the definition of complex care needed to be more specific.**

Unfortunately there are no national definitions of complex care, so the Council has had to determine its own definition as follows:

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.

It is very difficult to go into greater detail and cover every eventuality as each individual will present differently with a significant difference in individual circumstances and needs. This definition will therefore be used by the social workers who assess the individuals, informed by discussions with the resident and family members where appropriate to determine whether the individual has complex needs. Social Workers are qualified professionals and will need to use their professional judgement to assess whether the individual does or does not have complex needs in line with the criteria specified.

A concern was expressed by one respondent however that ***more staffing would be required for residents with more complex needs and buildings would need to be adapted to accommodate this.***

The Council does not concur with the view that more staffing would be needed. The model of care will of course be designed to ensure that services can meet the needs of people accommodated. In reality, the Council is already delivering services for more complex needs. A good example is the service offered at Ty Waunarwydd for people with dementia. Council staff are already highly trained and well equipped to deliver services for people with complex needs, and ongoing training is in place to upskill where needed. The Council is confident that it can deliver the proposed model within existing staffing levels, and will do this by ensuring that those staff continue to be trained appropriately. In relation to the physical layout of the remaining Council homes, homes such as Rose Cross and Ty Waunarwydd are well suited already to deliver complex needs and few adaptations would be needed. £4million has been identified in the Council's capital programme to maintain our homes, so this could be utilised to carry out any adaptations to other buildings if required.

At one of the Parkway meetings, family members expressed ***a concern that the proposal to only provide residential care for complex needs was discriminatory against those with non-complex needs.***

There is no legal requirement for a Council to provide an in-house standard residential care service. The Council has a duty to ensure that those that need standard residential care receive it, but it is legitimate to offer this provision in the independent sector. As long as all levels of care needs are appropriately catered for, the Council would not consider a decision to restrict standard residential care to complex needs within its in-house service as discriminatory.

2 respondents expressed ***a concern that the scoring criteria used to determine that Parkway was least fit for purpose did not take into consideration maintaining the wellbeing of residents and the evaluation exercise itself had***

**also not involved family members/anyone independent of the Council.** This view was also expressed at the Parkway meetings.

An objective set of evaluation criteria were used to assess the options. Careful consideration was given as to who should make up the evaluation panel and it was determined that involving family members for each home affected would have not allowed the panel to be objective. Consideration was also given to whether anyone independent of the Council should be involved in the evaluation exercise, but it was not clear how doing this would add value to the exercise and it would have been difficult to identify someone who had a good working knowledge of each care home. The preferred option was achieved by applying the same criteria to each home. Issues of maintaining the wellbeing of residents would have been pertinent to each Council run care home, so would not have altered the outcome of the evaluation exercise.

5 respondents raised concerns surrounding the **impact on wellbeing that moves from Parkway would have on residents.** Some of these concerns related to choice and location impacts as well as equalities and human rights impacts. These concerns were also raised in the Parkway meetings.

This is an entirely valid concern, and it is of paramount importance that if the changes go ahead, the wellbeing of all those affected is maintained. The welfare of people who receive care services is always our primary consideration. The proposed changes are necessary to ensure that we can continue to meet needs in the most effective and sustainable way. Arrangements to move service users to alternative homes will be planned carefully and sensitively with each resident and where appropriate their family. This will involve considering any equalities and human rights impacts and where necessary taking steps to ensure that residents' legal rights and entitlements are respected and not infringed. Specific issues relating to choice and location are addressed below.

A theme emerged surrounding the **impact on choice of the proposed model** if the Council proceeded with no longer offering standard residential care to people with non-complex needs; this was raised by 6 respondents. This concern related to a perception that reliance on the independent sector would restrict choice, particularly in terms of location which is key to maintaining relationships with family and friends. There was also a concern raised about choice of respite provision in the independent sector.

In response, there are a large number of homes in the independent sector offering residential care. The number of homes specialising in residential care for purely personal and social care has increased significantly in recent years; in fact there is greater supply than demand. The Sketty and surrounding area, which is in close proximity to Parkway Residential Home has a particularly high concentration of beds compared to other parts of Swansea. Details of all other homes in Swansea, and those in the vicinity of Parkway have been shared with all those residents and family members who attended the Parkway meetings. In the event that Parkway were to close and residents consequently had to move, the Council would have a legal duty to carefully consider the equalities and human rights impacts that are affected by moving to another care home. This means working with residents and families to ensure that family relationships and similar factors relating to location can be maintained.



There are a number of providers who have informed us of their intention to develop new residential services in Swansea and the care homes market is expected to continue to grow. The proposed changes to the model for residential care are being undertaken to promote greater independence where possible and less reliance on traditional services where beneficial. This will lead to alternative options and increased choice for citizens. We acknowledge the difficulties finding respite services in the independent sector. The proposed changes will improve and increase respite opportunities for carers via Council homes; this is a key driver for the proposed changes.

2 respondents raised some concerns surrounding the **availability of beds** if the proposed model was adopted, with people having experienced difficulty in finding beds in the independent sector previously and a perception that bed blocking occurred in hospitals due to a lack of availability of residential care beds and the proposals would inadvertently transfer costs to the NHS. This concern was also raised by residents and family members at Parkway, who were concerned that there might not be vacancies to move to in the event that Parkway closed.

Independent sector vacancies average at approximately 8%. This equates to approximately 125 beds at any one time so there is more than enough capacity in the independent sector to meet demand. In addition to this, Parkway has had a high proportion of vacant beds for some time. Delayed transfers of care from hospital do occur, but the reason for this in Swansea is rarely due to availability of residential care provision. It tends to be related to delays in choices made by prospective residents and families, delays in agreement of funding and delays in securing care at home. The change to focus local authority provision on short-term reablement and respite is in part driven by helping to reduce delays from hospital. Availability of this type of provision will enable faster hospital discharge followed by a period of care to enable people to return to independent living where possible.

3 respondents commented that they felt that **the proposal to close Parkway had not taken account of current and future demand**.

As outlined earlier in this report, a detailed modelling exercise was undertaken to determine how many beds would be required to deliver the preferred model. This alongside the oversupply of standard residential care in the independent sector led to a conclusion that there was more than enough capacity in the market to cater for current and future demand.

2 respondents raised significant **concern surrounding the cost of independent care homes** and there were comments that third party charges could mean that residents and their families were not able to afford independent care homes. This theme was dominant in both the consultation responses and the face to face meetings that took place with residents and families at Parkway.

Careful consideration has been taken of this concern, and the Council recognises that this is a significant and legitimate issue for any residents and families affected in the event that Parkway were to close.

Private sector homes are mostly commercial enterprises and will charge what the market will bear. Consequently most independent sector care homes charge top up/third party payments. A recent survey confirmed that only 5 homes out of 41 in the independent sector do not charge top ups. As of May 2018, 724 of the 1074 beds registered to provide residential and nursing care in Swansea attracted third party charges.

Whilst currently most care homes charge top ups, most are also prepared to offer a small number of beds at local authority fee rates. This arrangement is fluid and will depend on factors such as vacancy levels and room type.

The high proportion of beds funded by the local authority which attract a third party top up suggests that meaningful choice is restricted. In practice residents transferring from Parkway are likely to be required to pay a third party charge to reside at a home of their preferred choice.

The median average charge is £105 per week. However the highest proportion of charges for people in residential care homes is between £10 and £20 per week, and in nursing homes is £50 and £70 per week. The median point within the most frequently occurring ranges is £40 per week.

Current contract provisions allow Providers to increase charges at the rate of 25% per annum and there are no contractual or statutory limits to the charges that Providers can apply.

The Local Authority has a legal duty to those that it funds to ensure that the person has a genuine choice and must ensure that more than one option is available within its usual commissioning rate (ie no top ups apply). It is highly likely that there may be limited or no choice for residents if they were to move from Parkway of a home that does not apply third party charges. It should be noted that the same duty does not apply to self-funders.

In light of the above, a recommendation is being put forward in this paper for Cabinet to agree to pay up to a maximum of £105 per person per week top up fees for all residents at Parkway (including self-funders), subject to individual circumstances, up-to-date social work assessments and individual Equality Impact Assessments, for the duration of their residential care placement in the event that Parkway closes following the final decision being made. This recommendation is being put forward to mitigate the financial impact of closing on those residents and families affected, and will allow meaningful choice of alternative homes which meet their specific needs and requirements such as preferred location and ability to maintain family relationships for those individuals affected. In proposing this, it is expected that the majority of residents affected would have adequate choice at the lower end of the third party charges applied, but all residents would have several choices of homes that meet their specific individual requirements in the location of their choice.

There was a ***perception that the proposal to close Parkway was being driven by the potential use of the site linked to the land surrounding the Olchfa School site.*** This was raised by one respondent and also a key theme emerging from the meetings at Parkway.

The future use or otherwise of the site adjoining the Olchfa School has had no bearing on the proposals put forward. At this stage, there are no clear proposals surrounding the future use of the Parkway site if it is released following a potential closure. If a decision is made to close Parkway, the Council will commence to look at options surrounding the disposal of the site.

***A concern was raised by one respondent that the proposals may lead to the privatisation/closure of all Council owned care homes.***

If the proposals are accepted by Cabinet, there is a commitment that there will be no further changes to Council-run care homes within this administration.

4 respondents were concerned that the ***proposals were being driven by budget pressures***. This was also a theme highlighted at the Parkway meetings.

This is undoubtedly a factor. The Council is facing significant budget pressures and at this time of the financial year projecting an overall overspend with a key factor being a significant overspend in Adult Social Care. As a consequence all Councils have to make significant savings, but in doing so need to ensure that they can deliver sustainable services to meet the needs to an ageing populations with more complex needs.

However, the budget is not the only factor driving forward these proposals. Re-shaping services is necessary to deliver the overall new adult services model agreed in 2016, and doing so is in line with the principles behind the Well Being of Future Generations (Wales) Act specifically the wellbeing goals of a resilient Wales and a healthier Wales by developing sustainable services for the future and services which allow an ageing population to maintain their independence for as long as possible. The proposed closure and remodelling of existing services will help the Council to target resources where there is greatest demand and help people to remain living independently for longer. By changing the Council's model of residential care to focus on short-term reablement support, respite and more complex needs, people will be helped to maintain independence and remain at home for as long as possible whilst those with more complex needs will be better supported. Nobody will be left without the care they need as there is sufficient standard residential care provision in the independent sector to meet local need.

***A concern was raised by the family members of residents at Parkway that they wanted a guarantee that all residents would continue to have good quality care in the event that Parkway closes.***

In the event that Parkway does close, the Council will do everything in its power to ensure that the wellbeing of all those affected is maintained and they all receive good quality care going forward. This will be achieved through careful planning with social work support into any proposed moving on arrangements as well as ongoing good contract monitoring of all independent sector homes.

### *Counter proposals and responses*

The first counter proposal put forward was surrounding **selling off Parkway as a going concern/consider alternative delivery models to allow the residents to remain in Parkway**. This proposal was put forward through both the consultation responses and the face to face meetings held at Parkway.

A range of alternative options has been considered during a detailed commissioning review process and consideration has been given to a potential sale of Parkway as a going concern and alternative delivery models. These proposals were considered either not financial viable or one that could definitely achieve the outcome of ensuring that residents could remain at Parkway. They have therefore been discounted.

In the event that Parkway does close however, due consideration will be made surrounding what will happen to the vacant site. One option would be to sell off the site with a view to an independent provider coming forward to deliver a residential care proposal that addressed a market gap such as dementia nursing. The Council has speculatively asked the sector whether there would be any appetite for such an option, and several providers have come forward with a positive response. Such an option could meet accommodation needs for older people and could also help meet an identified market gap.

The next counter proposal linked to a perception that it would be ***more appropriate to make savings in relation to domiciliary care than residential care***.

This is a valid proposal, but ambitious savings proposals are already in place in relation to domiciliary care. Work is ongoing to recommission domiciliary care provision and there is an overall plan to safely reduce the overall number of domiciliary care hours commissioned. It is therefore not possible to achieve further savings in this area, so this counter proposal is not feasible.

Several respondents commented that ***the Council should find savings elsewhere and not make savings in relation to residential care***.

Whilst this is a legitimate view, as previously outlined the Council as a whole is experiencing unprecedented budget pressures and is forecasting a significant overspend this financial year. The Council is consequently exploring all opportunities to ensure services are sustainable in the future and can be delivered within the budget available. Significant savings are being achieved year on year but re-shaping of services is essential for the Council to continue to meet its legal duties to provide care for an aging population with increasing needs. Adult Services is one of the largest areas of spend of the Council, so it is not financially viable for savings to only be made elsewhere in the Council.

A counter proposal was put forward by the residents and family members at Parkway to ***close St Johns and keep Parkway open instead***. The rationale behind this proposal was that St Johns had achieved the next lowest score following the evaluation exercise.

The Council has considered this proposal and does not feel that this is legitimate on the basis that Parkway scored the lowest following the evaluation exercise. There would be equal impact on residents at St Johns if it were to close, perhaps more so as there are a higher number of residents at St Johns.

An alternative proposal was to ***move all Parkway residents into other Council-run care homes and maintain Parkway itself as a reablement and respite facility.***

This proposal was discounted on the basis that whilst it would clearly be a good outcome for those residents affected, no savings would be achieved.

A suggestion was made to ***close Parkway over a longer period of time,*** and wait until the current residents had moved on or passed away before closing it. In the meantime, the vacant beds could be used for respite.

In an ideal world, the Council would want to support this proposal, but the reality is that doing this would not achieve the move to new model as well as the savings required as quickly as needed. The average length of stay of a resident in a Swansea Council care home is 2.7 years, but some residents have lived at Parkway for significantly longer than this and there is no way to predict how long residents could stay for. In addition, there is a cap of £80 per week enforced by Welsh Government on the charges that can be applied to respite beds so the running costs of Parkway would significantly increase. It is also not considered in the best interest of residents to slowly decrease the number of residents; eventually only one to two residents would remain which would not be beneficial to their wellbeing as there would be little social interaction and stimulation for them. This counter proposal is therefore not considered feasible on the basis that the preferred future model and necessary savings would not be realised.

A counter proposal was put forward to ***fill all the vacant beds in Parkway, with a belief that this would make it financially viable.***

Due to the high overheads involved in running a Council care home, even filling all the vacant beds would not make the home financially viable. The Council significantly subsidises all its internal homes, and in reality residential care is significantly cheaper to deliver in the independent sector. Filling all the beds in Parkway would therefore not be a feasible option to achieve the savings necessary.

The final proposal put forward was that ***all residents in Parkway should be offered a place in a Council run home, in the event that Parkway was to close.***

This proposal would be contrary to the preferred overall model to reshape the Council service to focus on short-term residential reablement, respite and standard residential care for those with complex needs only, as it would involve moving those with non-complex needs into the other Council-run care homes. In addition to this, there are insufficient vacancies in the remaining homes to achieve this, which would lead to a potential significant delay in any proposed closure of Parkway. This in turn would impact on the savings achieved and the move to the preferred future model, and there is a risk that they could be not be achieved quickly enough. This proposal is therefore

not supported by the Council as it is contrary to the preferred future model and is not financially viable.

#### Themes and responses from meetings with Residents and Family/Carers

Several meetings were held at various times at Parkway Residential Home with Residents and family/carers on 8th May, 21st May, 5th June and 6th June. Parkway staff also attended to provide any necessary support to the residents.

A total of 7 Residents and 25 family members/carers attended these meetings. The following table provides details of key themes from these meetings

Date of meeting	Points raised	Response
<b>Theme 1. Alternative Solutions</b>		
05/06/2018	Family members suggested savings could be made in sheltered housing or that the service could be delivered in the independent sector.	It was explained this had been considered but not a viable option.
05/06/2018	A suggestion was made to fill the vacant beds in parkway from St Johns and close this service instead. This could be a counter proposal but it would still mean a closure and there are more residents in St Johns to move to other homes.	It will still mean that standard care will only be provided by the independent sector.
05/06/2018	Another suggestion was to sell off Parkway as a going concern for someone else to run.	This can be considered as part of the consultation and explored as a viable option. TUPE will apply and may be more expensive so may not be attractive to the independent sector.
05/06/2018	A suggestion was made to use Parkway as respite and gradually phase out. Family member suggested this could be a compromise in the short term and will propose this in the consultation.	It was explained that would increase provision when the Council need to pull back on spend and any proposals would need to reduce spend and be sustainable.
21/05/2018	Carer - Use the beds for Fairwood Hospital to avoid people having to travel	It's a Health Board. We have reablement beds at Bonymaen House.

23/05/2018	What about social enterprises / community co-operatives? Have they been considered as an option?	these were looked at as options developed via a stakeholder workshop which looked at all of the available options – independent providers, local authority and third sector colleagues all took part (group members still felt that the right people were not involved early enough and that the process has not been open enough). If we are transferring services from the local authority to a social enterprise / community co-operative, it needs to be as efficient as possible and we don't have the businesses we need running as effectively as would be required at this time.
08/05/2018	Why not keep Parkway and staff it properly so it can be filled. Need to spend money and to upgrade and could use for reablement as well. As this is the only local authority home in the west, it could be enhanced. Feel the decision is about money.	The Council will concentrate on complex needs as there is a gap and the independent sector are not providing. The Council already provide for complex needs, so are well placed but there is insufficient capacity at the moment. There is a financial consideration. The Council is facing considerable pressure on its budget. Other Councils have taken away their in house provision. Swansea are prepared to invest but there is a limit to what we can provide. There is a financial limit and we have to consider what we can afford and where to focus our efforts. If the proposal does go ahead, we will still need to invest but over a smaller number of sites. Politicians have to balance the decision,

		informed by residents and families, the public survey and ideas. If the proposals are not agreed, there will have to be cuts elsewhere.
08/05/2018	Why not fill the beds in Parkway for reablement.	Councillor Child explained that in an ideal world, yes but we do not have the finances to do this and meet the needs we are not meeting and how we can best meet the needs. The driver for Parkway closing is due to a range of factors such as higher vacancy rate. More than one factor considered and then a collective score. The detail is in the report so please make comments.
05/06/2018	A family member suggested a 3-5 year plan would be a better approach as changing models of care take time. They understood that money has to be saved and appreciate where the Council is coming from, but this would be a kinder way than suddenly closing a care home. Closing a home naturally over time would be more compassionate.	The Leader responded by suggesting that this is put forward as part of the consultation but it may or may not be possible. However it is acknowledged that January 19 is only an indication of when it is planned to close. It was explained that the Council homes are hugely subsidised and the cost is higher than homes in the independent sector. If all homes were 100% occupied we could not afford to run them. Adult Service last year was £4m overspent. There are no good choices and any other option would be unpalatable.



Care Needs		
05/06/2018	Social workers will work with residents and families to assess if complex or not.	Head of Service recognised that some families do not wish to engage in this until a decision is made but explained the reason for undertaking reviews is to better inform residents and families on the assessed need and how the proposal may affect both the resident and the family. A formal review will be undertaken should the proposals be agreed.
05/06/2018	Finally one family member requested that if the home closes, a guarantee that all residents will continue to have quality care. This is the residents' life and they will lose friends and relationships and it is hard for the families	This was acknowledged.
21/05/2018	There will be no services going forward.	Will continue to provide care. Some private home's charge top up. Chief Social Services Officer explained self-funding.
21/05/2018	Carer - If individual wanted to go home will there be 24/7 care provided?	Social Worker Assessment – all possibilities
21/05/2018	Carer - Private Domiciliary Care poor, won't get the same care. Private disgrace, broken society. Parkway is a lovely home.	Geographical areas. Top up fees. Please give some thought we want to make sure you really put your point over to support decision making.
23/05/2018	How do we achieve prevention for those older people living at home?	The key lies in Local Area Co-ordination. 10 out of 22 geographical areas in Swansea are covered so far but we are looking to expand. This approach is very person-centred and individually tailored to people's needs. We still need to look at our prevention work – the council has adopted a Prevention

		Strategy but there is more work to do.
23/05/2018	How can continuity of carers be achieved within domiciliary care?	We are going out to tender for domiciliary care soon and taking a geographically zoned approach so that we have better organised domiciliary care and continuity can be improved – this will take time to achieve though.
23/05/2018	What will be the impact on younger adults using domiciliary care as a result of changes to older people services?	Confirmed that the transition period will be carefully applied to minimise impact and ensure continuity of care. Transition period will not be a fast or rushed process – communication will be key.
08/05/2018	What is the definition of complex needs?	This is explained in the consultation paper.
08/05/2018	If only supporting people with complex needs, it is discriminatory as not providing care to others or supporting other carers.	Will still provide/fund care and support but not necessarily in a Local Authority care home. If you believe this is discriminatory put this in your feedback and it will be considered.
05/06/2018	Domiciliary Care also a worry as not get the hours paid for.	Head of Service explained there is a call monitoring system in place to check the hours are delivered. It was questioned why there are issues on delivery and if there are not safeguards, why wouldn't someone want to go into a care home and is a better alternative than not having the hours delivered in the home. Councillor Child stated that the principle of the Council good, other is bad is not necessarily the case and 70% of provision is within private care homes.

Financial		
05/06/2018	It was questioned if the consultation was meaningful in considering any views, which was confirmed e.g. funding top up fees if residents moved to a private care home will now be considered as part of the final report which will inform the Cabinet decision.	No opinion on the final outcome can be given at this point.
05/06/2018	A query was raised on how much money would be saved if the home closed in January 19?	The Leader explained that the money will cover what we deliver in the future and there will be capital funding. Head of Service confirmed that £550k savings would be achieved.
21/05/2018	Private sector – not very good. Local Authority home more expensive. More individuals are self-funding.	We have presented a paper re: financial matters. Need a consistent approach
21/05/2018	Can you guarantee the Local Authority will pay top up fees.	We have presented a paper re: financial matters. Need a consistent approach
21/05/2018	Value of site / Alternative in facilities/My figures are different/current occupancy/Current usage to proposed/New model	31 <sup>st</sup> January – there was no hold on admissions. Vacancies from contracting team. Ref: List from providers - These vacancies may not be available today, however when refurbished will be available. Bonymaen House Care Inspectorate Wales Registration
21/05/2018	Chain capital limit. Self-funding weekly fee will go up. 'Swings and roundabouts'.	
21/05/2018	Self-funder have found Local Authority could pay top up fees.	Explained top up fees and will Cabinet meet fees.
21/05/2018	Carer - One extreme to another. Hope it's not about money. Exercise to tick a box. Concerns about Mums and Dads. 'NPT no council Homes decommissioned'.	Head of Service confirmed that Neath Port Talbot had outsourced its Residential Services.
21/05/2018	Carer - Are we going to be the same?	No, funding. Nothing has been said around costs. Must be dealt with sensitively.

21/05/2018	Carer - Why can't you sell off building?	These are Corporate Properties. Corporate funds.
21/05/2018	Carer - Why can't we have discussion around making it financially viable?	
21/05/2018	Carer - No money. What happens, limit under Welsh Government. Small number internal majority private sector care.	Financial – responsibility on Councillors to make that decision. The Council could have outsource, but continue to deliver services to meet needs but under new categories. These are the categories going forward: 1. Respite 2. Complex 3. Reablement. From an Officer / Political point of view we are not looking at Decommissioning all our services.
23/05/2018	Will the buildings be sold if proposals go ahead? - Hollies	For the Hollies, only the day service building would be affected, not the residential home so we would look at how the building could be used to complement the residential home. However there are no concrete plans as yet.
23/05/2018	Will the buildings be sold if proposals go ahead? - Rose Cross	For Rose Cross, the day service operates from the lounge in the residential home so this room would just be opened up for use by residents.
23/05/2018	Will the buildings be sold if proposals go ahead? - Parkway	For Parkway, this would go through the council process to potentially be sold / consideration of options for the site if / when we get to that stage. It is not tied to the Olchfa land sale – the timing is purely coincidental. Feedback: the location of Parkway is good for older people so maybe it could be age-friendly accommodation in future.

08/05/2018	Top up fees if residents have to move to the independent sector.	Each individual circumstance will be considered and what help is needed. Please raise this in any consultation feedback.
08/05/2018	Will the building be knocked down and sold to private developers? Heard it will go to Coastal Housing?	There are no plans at the moment for the site. If it is surplus to the Council, Estates will have a duty to get the best value.
08/05/2018	Concerned that access to new houses (on Olchfa site) is being put above residents.	
08/05/2018	There is money wasted, for example, the Kingsway. Couldn't this be used for social care where it is needed? The priorities are wrong.	Councillor Stewart explained the financial position and the Council has to save £27m. However it will be providing an additional £5m to Education and £6.5m to Social Services. Council tax has increased which brings in an additional £5m. However this is still not enough. The Kingsway development is from a separate pot of money and cannot be used for other areas. This has however been raised with the Welsh Government. There is surplus capacity in standard care and we can provide in house respite/reablement/complex care but only across 5 services. If there is anything else we should have considered in the criteria, please put this in your feedback.
08/05/2018	Has the cost of the land been considered if Parkway closes?	The Council have indicative values for all buildings. If it is sold, it is one off monies. Councillor Stewart explained that the Coastal Housing development at Olchfa has been in the planning for 3 years and is not reliant on Parkway site being sold. It is for the developers to work out

		access and liaise with Planning.
05/06/2018	It was felt that the Cabinet had not looked hard enough to find savings elsewhere.	The Leader explained that £70m savings is required over the next 3 years and there are plans to close 2 primary schools, reduce leisure service, waste management etc. There has been investment in social care but it is still not enough so difficult decision have to be made.
21/05/2018	We should not pay top up fees	We will get back to you.
<b>Location</b>		
21/05/2018	Can't understand building is good, contradictory to complex need info.	Referred to mix
21/05/2018	Service User - I want to stay here!	Not an easy decision, Cabinet will consider. 'We want to get it right'
21/05/2018	We made a right choice placing here	
21/05/2018	What are you doing with building?	Could be land, could be Independent Sector. Lease fit for purpose
21/05/2018	Bonymaen House no parking, crazy selling this off (Parkway).	
21/05/2018	Carer - People here already? If they find a new home, currently looked at Private sector. Could individuals be moved in house? To avoid top up fees? People would be happier to be moved in house.	Can be considered if complex needs. Standard Residential externally met.
21/05/2018	Carer - Comparing to Bonymaen House Comparative on buildings, they look the same.	Use home for respite etc. Logic – no independent Commissioning. Not in a financial position. (Reablement/respite/Complex = Logic) (who pays for it = Challenge. If we have more money we could do a lot more
08/05/2018	Don't want to travel halfway across Swansea, Parkway is close to where I live.	

08/05/2018	Why close Parkway when Rose Cross and St Johns are close to each other?	
08/05/2018	We choose council run homes because they are purpose built whereas they are not in the independent sector.	
<b>Placements</b>		
21/05/2018	Carer - If respite care - where would you place?	Transition/Existence of places/some money 2018/Have had to close two schools due to numbers/Need to make savings to invest/Aware of sensitive issues/Aware of private sector concerns/The safety, happiness of individuals is paramount/We cannot continue to run all Council Services/Will take on board all consultation etc.
21/05/2018	Carer - Respite – we were told we have to do it privately.	Explained new model going forward.
05/06/2018	A family member did have concern that if Parkway was kept open how long would this be for and would they be going through the same exercise in 3 years' time?	Councillor Child could not confirm this but re-affirmed that the Council is in a serious financial position and if the service did not close other ways would have to be found to meet these difficulties.
05/06/2018	It was recognised by family members that the Council are transparent in the consultation and proposals but felt there was no clear plan going forward and it was about the money and that it was inevitable that 'Parkway would close. It was a done deal and we are only going through the process.	It was emphasised that the model of care was the driver and was not just about Parkway. There is increased demand for people wanting to stay in their homes.
21/05/2018	Typical exercise nonsense. Mum 97. You have been running this down. Staff are overworked.	Not a done deal. We acknowledge some residents are not able to understand. We acknowledge this is difficult and challenging. There's not enough money. We are not able to maintain

		service level. Social Services / Education take up most of our funding. Funding - General, Complex care, dementia - this change will allow us to restructure. I really don't want to be here. I will feed back, it's not a done deal. We will run out of money. These proposals should support provision for 4/5 years. Needs must be looked at on an individual basis. If a decision is to close, Chief Social Services Officer and Head of Service will make sure it fine.
21/05/2018	What's a self-funder	Briefed the difference.
21/05/2018	Carer - Council funding Commissioned homes are all the homes on this list from Head of Service ?	Yes
21/05/2018	Carer - Older people – if complex we are avoiding too many moves. Anxious, worry and traumatic time. 'Think outside of box'. Accommodate this more, but not new referrals coming in. Council Services are heavily regulated.	
21/05/2018	Carer - Scoring exercise – you have not involved families. Score 6 properties – 1 would like to have been included in this piece of work. Massive piece of work? Why you didn't you involve us?	
21/05/2018	Carer/Service User - Care home closures came up before to close all homes?	We have provided you this time with more information, better informed decisions to be made. Chief Social Services Officer reiterated new model going forward.
21/05/2018	Carer - Going on 3 years ago	Earlier review, this is a different review
23/05/2018	Group queried whether a co-productive approach was being taken	Head of Service will take this back and emphasised that this work is still in the early stages and there are limitations where contracts and care are involved.



23/05/2018	What about the Equality Impact Assessment (EIA) process?	Confirmed that engagement is covered as part of the process. Group member's keen to offer assistance with EIAs as part of the co-production approach – Head of Service agreed that this could be an option for some areas.
08/05/2018	The SSWB Act states people have a choice and this proposal will not give this choice.	Swansea is unusual in still providing a range of in house provision, not all local authorities do.
08/05/2018	In regards to the survey, why does it ask for sexual orientation?	This is required under the Equalities Act and to capture statistics.
08/05/2018	If NPT and Swansea merge will more homes go?	Councillor Stewart explained that any merger would have a wider effect e.g. council housing but this Council want to continue running services.
<b>Staffing</b>		
05/06/2018	Comments were made that the process to close had already started and that staff had been redeployed.	It was confirmed that as staff are at risk they can apply for jobs but as yet no staff have left.
08/05/2018	What will happen to the staff?	We will be supporting them to find new jobs.
08/05/2018	Bed blocking shows there is a demand for residential care and not enough beds.	The hospital situation is not linked to residential care but to home care, more people are wanting to remain in their own homes. There are vacancies in the residential care sector.
08/05/2018	How many vacancies are there in the other in-house care homes?	This will be provided.
21/05/2018	Carer - Why aren't you running to full capacity? 10 beds available. Care Inspectorate Wales – no demand or staffing. There has been no interest in beds.	No? There have been no blocks on residential admissions. There has been little demand since January. There's no demand.

### Vacancies

05/06/2018	There was concern that if residents had to move, there were not enough vacancies in the Council homes and the private homes were not as a good a standard.	Head of Service reassured the group that all homes are monitored to ensure they do meet the required standard, although one family member experience was that the standard drops. The Leader explained that there will be a choice to go to a Council run home if assessed as complex and there was availability. However some may chose location over council run care home and residents and family members will be supported to find a suitable alternative, visiting homes etc.
21/05/2018	Carer - Insufficient beds	Referred to current vacancy list.
21/05/2018	Carer - Place add in Evening Post to advertise vacant beds I am sure you will get a take up of beds.	Strongly suggest - No, as this would be unsettling for all.
08/05/2018	The current position is that there are spare beds and this is inefficient.	The new model will mean there is one care home too many. We have looked at this and which care home least suits the needs for the future, considering a number of factors including the site, other provision, physical layout. The matrix is available on line, with the report.
08/05/2018	There are not many vacancies in the private sector. I have visited 13 homes and no vacancies and the cost is higher and there are top up fees. Also some homes are for assessment or dementia only.	
08/05/2018	Difficult to book respite provision in the private sector.	That is why we will be increasing respite places in our Local Authority homes.

08/05/2018	You are duty bound to find places for people.	Councillor Child replied Yes, if not find what you want can stay. Chief Social Services Officer explained that we do not have enough resource to do all we currently do. We have looked at the population assessment, complex and standard care and the proposals fit with the numbers. Councillor Child explained that more people are wanting to remain in their own home and will move into residential care later in their lives so demand for residential care is not increasing. Home care and reablement are required to support more people to remain in their own home.
08/05/2018	Places are not advertised and the service is being run down. Tried for respite last year and could not get in. The numbers have reduced from 36 to 26.	This had to be done to ensure safe staffing levels and in agreement with Care Inspectorate Wales There were discussions with Health around use of the spare beds but to no conclusion.
08/05/2018	What if there are no places?	There are 37 vacancies in Swansea West (end of April), both residential or dual registered.
21/05/2018	Carer - Can't believe this! Could not find respite. Staff have been trained, equipment and facilities.	
<b>Wellbeing</b>		
05/06/2018	Family members felt that undertaking a review would cause stress when no decision has been made. A concern was raised that a social worker had told them that if they do not have power of attorney the meeting with their father can be held without them.	Reassured that this is not the case and would want family involved but if the resident has capacity they can request not to have family at the meeting.

21/05/2018	Complex needs, training, have looked at rooms, bed blocking NHS why not used beds for hospital. My dad 98 hope he died before move, stressful, wellbeing of Service User not being considering	We have limited finance, we are looking at priorities. There is sufficient provision for lower care within third sector homes.
21/05/2018	Carer - Scenario discussed surrounding the ladies Mum's move. She's 96 given up her home and has to move again – this is unsettling for her.	We want Services to cater for Complex Care. Head of Service and Chief Social Services Officer have produced a new model.
08/05/2018	The residents' welfare is not being considered. You would feel the same if it was your family.	Yes, understand this and therefore we need your views on the proposal so we can make a sensible decision. We know it is upsetting and if the decision is made to close Parkway, every individual will be supported to find a safe, appropriate and affordable provision.
08/05/2018	If there are no beds or don't want to move to a private home, residents can't be evicted by law. If have to move, why not reduce gradually as the most humane way?	Will support and encourage the moves. There will be no new residents but if residents do not move to other provision, it could take years to close which is not financially viable. There will be advocates for individuals, if required as part of the social work reviews. Recognise the age of residents and the stress levels so we are committed to supporting people to move as safely as possible. This has happened in the past and in a number of Councils.
21/05/2018	Carer - What will there be for us as we get older?	

### 1.3 Equalities characteristics of the respondents to the questionnaire:

We asked respondents who completed the questionnaire to complete an equalities questionnaire. The results were as follows.

<b>Are you...?</b>	
14 (35.9%)	Male
23 (59.0%)	Female
2 (5.1%)	Prefer not to say

<b>Is your gender the same as that which you were assigned at birth?</b>	
35 (94.6%)	Yes
1 (2.7%)	No
1 (2.7%)	Prefer not to say

<b>How old are you ...</b>			
0 (0.0%)	Under 16	11 (28.2%)	56 - 65
0 (0.0%)	16 – 25	7 (17.9%)	66 - 75
1 (2.6%)	26 – 35	3 (7.7%)	76 - 85
2 (5.1%)	36 – 45	4 (10.3%)	Over 85
10 (25.6%)	46 – 55	1 (2.6%)	Prefer not to say

<b>Would you describe yourself Please mark all that apply</b>			
22 (56.4%)	British	0 (0.0%)	Other British (please write in at end)
22 (56.4%)	Welsh	0 (0.0%)	Non British (please write in at end)
0 (0.0%)	English	0 (0.0%)	Gypsy/traveller
2 (5.1%)	Irish	0 (0.0%)	Refugee/Asylum Seeker (please write in current/last nationality at end)
0 (0.0%)	Scottish	0 (0.0%)	Prefer not to say
Write in here			
0 (0.0%)			

<b>To what 'ethnic' group do you consider</b>			
33 (86.8%)	White - British	0 (0.0%)	Asian or Asian British - Bangladeshi
2 (5.3%)	Any other White background (please write in at end)	0 (0.0%)	Any other Asian background (please write in at end)
0 (0.0%)	Mixed - White & Black Caribbean	0 (0.0%)	Black or Black British - Caribbean
0 (0.0%)	Mixed - White & Black African	0 (0.0%)	Black or Black British - African

0 (0.0%)	Mixed - White & Asian	0 (0.0%)	Any other Black background (please write in at end)
0 (0.0%)	Any other Mixed background (please write in at end)	0 (0.0%)	Chinese
0 (0.0%)	Asian or Asian British - Indian	0 (0.0%)	Other ethnic group ( please write in at end)
0 (0.0%)	Asian or Asian British - Pakistani	3 (7.9%)	Prefer not to say
Write in here			
3 (100.0%)			

**What is your religion, even if you are not currently practicing?**

**Please mark one box or write in**

12 (30.0%)	No religion	1 (2.5%)	Muslim
23 (57.5%)	Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)	0 (0.0%)	Sikh
1 (2.5%)	Buddhist	0 (0.0%)	Other
0 (0.0%)	Hindu	3 (7.5%)	Prefer not to say
0 (0.0%)	Jewish		
Any other religion or philosophical belief (please write in)			
0 (0.0%)			

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

15 (44.1%)	Yes
15 (44.1%)	No
4 (11.8%)	Prefer not to say

**What is your sexual orientation**

0 (0.0%)	Bisexual	8 (22.2%)	Prefer not to say
1 (2.8%)	Gay/ Lesbian	0 (0.0%)	Other
27 (75.0%)	Heterosexual		
Please write in			
3 (100.0%)			

**Can you understand, speak, read or write Welsh?**

**Please mark all that apply**

8 (20.5%)	Understand spoken Welsh	4 (10.3%)	Learning Welsh
5 (12.8%)	Speak Welsh	21 (53.8%)	None of these
7 (17.9%)	Read Welsh	3 (7.7%)	Prefer not to say
4 (10.3%)	Write Welsh		

**Which languages do you use from day to day?**

**Please mark all that apply**

36 (90.0%)	English
4 (10.0%)	Welsh
1 (2.5%)	Other (write in)

3 (7.5%)	Prefer not to say
Please write in	
3 (100.0%)	

**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."**

11 (27.5%)	Yes
26 (65.0%)	No
3 (7.5%)	Prefer not to say

<b>Does this illness or disability limit your activities in any way?</b>	
11 (30.6%)	Yes
22 (61.1%)	No
3 (8.3%)	Prefer not to say

**1.4 Consultation with affected staff and Unions**

- Staff briefing meetings held by management, Chief Social Services Officer, Head of Adult Services, Human Resources and Trade Union representation prior to the start of the consultation. In addition meetings with the same group were held during the consultation to brief staff in combination with one to one's arranged as necessary with management/HR and Unions (if requested).
- Frequently Asked Questions (FAQs) created and distributed to relevant affected staff following meetings.
- Staff have been encouraged to participate in the consultation. The primary concern raised by staff was the impact on their jobs. There were 34 staff potentially at risk in Parkway. All staff were given immediate access to the Council's redeployment opportunities. At the time of putting the final recommendations to Cabinet 3 staff had already been successful in securing alternative employment and 2 were undertaking a trial period in an alternative position. There were sufficient vacancies across Adult Services to give the Council confidence that the remaining staff could be accommodated if they wished to remain in employment with the Council. A number of employees had also expressed an interest in the Council's Early Retirement/Voluntary Redundancy scheme and been given provisional figures. This option would be progressed for those staff who wanted to access it, if the final proposals were agreed.
- No formal response has been received from staff.
- Monthly meetings held with Trade Unions; no formal response has been received from the Trade Unions.

# Agenda Item 9.



## Report of the Cabinet Member for Care, Health and Ageing Well

Cabinet – 20 September 2018

### Outcome of Consultation in Relation to the Day Services Commissioning Review

<b>Purpose:</b>	The report summarises the results of the recent consultation on the preferred options emerging from the Day Services Commissioning Review. It also provides final recommendations to Cabinet on how to proceed, taking account of these results and the associated Equality Impact Assessments.
<b>Policy Framework:</b>	Social Services and Well-Being (Wales) Act 2014
<b>Consultation:</b>	A 12-week public and staff consultation was conducted from 30 <sup>th</sup> April 2018 to 23 <sup>rd</sup> July 2018.
<b>Recommendation(s):</b>	<p>Cabinet is asked to consider the following recommendations:</p> <ul style="list-style-type: none"><li>• Recommendation 1: Remodel day services for older people so they focus on complex needs only going forward.</li><li>• Recommendation 2: As a consequence of the above, close Rose Cross and the Hollies Day Services ensuring that all those affected are fully supported through the process.</li></ul>
<b>Report Author:</b>	Alex Williams
<b>Finance Officer:</b>	Chris Davies
<b>Legal Officer:</b>	Debbie Smith
<b>Access to Services Officer:</b>	Rhian Millar



## **1. Executive Summary**

- 1.1 In line with the corporate process, Adult Services has conducted a Commissioning Review of Day Services for Older People, and publicly consulted on the preferred options emerging from the Gateway 2 stage of the process.
- 1.2 This paper provides the background to the review, the preferred options and the service specific implications, the findings from the public consultation and the associated Equality Impact Assessment, and final recommendations on the way forward for Cabinet.
- 1.3 Swansea Council recognises that it needs to shape the services that it delivers internally and those that it commissions externally to meet 21<sup>st</sup> 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 2016 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 Day Services for Older People these principles have been central to reaching a position of a preferred direction of travel.
- 1.6 The preferred option of the Day Services review was to refocus internal provision on complex care and no longer deliver care for non-complex needs.
- 1.7 Shaping the service in this way would support 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.
- 1.8 It would allow Swansea Council to provide a specialist service for those with complex needs, striving to provide better care for Swansea residents because we would 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.
- 1.9 Less capacity would be needed and therefore, subject to consultation, the proposal was that the Hollies and Rose Cross Day Service buildings may close, although provision would be maintained on the remaining day service sites.
- 1.10 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. Other support in the community might include support to meet up regularly with family and friends, involved in local community groups and activities or support

from a Local Area Coordinator. 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.

- 1.11 In the event that the proposals were 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.
- 1.12 In reaching these proposals, a wide range of options were considered and discounted. These are detailed in Section 7 of Appendix 1 to this report and included maintaining the status quo, and externalising all services including the use of alternative delivery models. Once the preferred options had been identified, the evaluation exercise considered the relative suitability of each of the internal buildings to deliver the preferred future model in order to reach the proposal that the Hollies and Rose Cross Day Services should close.
- 1.13 The Council has recently undertaken a 12-week consultation on the proposed future model for day services and specifically the closure of the Hollies and Rose Cross Day Services.
- 1.14 The consultation responses are summarised in this report alongside the Council's response and mitigation where appropriate.
- 1.15 The key themes highlighted in the consultation are as follows:
  - Support for the model and agreement that the Council should focus on complex needs to ensure those most in need continued to receive services and that they were financially sustainable for the future.
  - A suggestion that community-based options often provided a better solution for people than a traditional day service.
  - Concern that there was a lack of logic and rationale behind the proposed changes.
  - Feeling that day services acted as preventative services which were often the only chance that older people had to socialise and taking this away would lead to further loneliness and isolation and have a detrimental impact on wellbeing. There was also a concern that there were a lack of viable alternatives.
  - There was potential to create alternatives to day services through co-productive approaches to which older people could contribute, but support was needed including suitable transport.
  - The Council should not focus on complex needs only because it was felt that there were no alternatives and the proposed closures would impact negatively on the respite needs of carers.
  - Despite concerns over social isolation and the impact on carers, some respondents still stated that they were in support of the proposals having taken account of this potential negative impact.

- Perception from a small number of respondents that older people had been betrayed having contributed all their lives through taxes only to be denied the support they need.
- Concern that the proposals were about savings and in the future more people will not be able to cope and need support to meet other people.
- Concern that areas to the North and East of Swansea would no longer have day services in the event that Rose Cross and the Hollies day services were to close.
- Concern that attendees would have longer journeys to access day services in the event that Rose Cross and the Hollies day services were to close.
- Some respondents did not want things to change and were worried about the impact and people 'losing out'.
- Comments were made by the attendees and family members at the Hollies that people would be split up and lose friendships.
- Comments were made by attendees and family members at the Hollies that Pontarddulais has its own unique culture, and the culture would be different at an alternative day service.
- The condition of the building should not have been a factor considered within the evaluation criteria used to determine which day services should close.
- The Council needed to be clearer how the remaining services will be equipped to meet the increase in complex needs going forward.

1.16 The counter proposals put forward were as follows:

- Savings should be made elsewhere in the Council and day services should consequently remain for those that need them. It was proposed that the budget for day services should be increased.
- The Council should change the way in which services were procured to release savings. There was a belief that bringing services in-house would be cheaper for the Council.
- All day services should be outsourced as it was believed that this would be more cost effective.
- Joint commissioning across health and social care would achieve savings for the Council.
- Charges should be introduced to keep day services for older people open.

1.17 In general whilst there was not majority support for the model or the proposal to close the Hollies and Rose Cross Day Services, there was still a level of support for the model itself and the Council identified no viable alternatives which would allow people to maintain independence and remain at home for longer in line with the principles of the Social Services and Wellbeing (Wales) Act whilst at the same time achieving the necessary savings required in line with the overarching Adult Services model.

1.18 The Council has addressed each of the concerns put forward in the consultation and provided mitigation where possible, details of which can be found in the main body of this report

1.19 There were no concerns put forward that could not be mitigated or for which there was no response which alleviated the concerns.

- 1.20 Of paramount importance if the proposals are to go ahead will be to ensure that the wellbeing of current attendees at the Hollies and Rose Cross Day Services is maintained and any moves are carefully and thoughtfully planned involving attendees, their families where appropriate, and a social worker. If a decision is taken to close the Hollies and Rose Cross, each resident will have an individual social work assessment to determine their unique needs and determine appropriate move on plans.
- 1.21 From the outset, staff were fully engaged in the potential remodelling of service and from the start of the consultation were supported to wherever possible find alternative employment in line with the Council's HR processes. In line with the Council's HR policies, all staff who were potentially affected were given immediate access to the Council's redeployment processes at the beginning of the consultation period as this is standard process where there is an understanding that an employee might be at risk, but a final decision has not been taken. Some employees have already been successful in securing alternative employment. Some employees have already indicated that they would like to be considered for redundancy in line with the Council's Early Retirement Scheme/Voluntary Redundancy, and have been given provisional figures to allow them to consider this option further. In the event that a decision is taken to close Rose Cross and the Hollies Day Services, the staff involved will be given an extended notice period and be formally put at risk. Alternative employment for those that want it will be sought through the Council's redeployment scheme and those who would rather leave the organisation will be supported through the Council's Early Retirement/Voluntary Redundancy Scheme.
- 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. The proposed model also supports the principles behind the Well Being of Future Generations (Wales) Act, specifically the wellbeing goals of a resilient Wales and a healthier Wales by developing sustainable services for the future and services which allow an ageing population to maintain their independence for as long as possible.
- 1.23 It should be noted that if these recommendations are agreed, the Commissioning Review in relation to Day Services for Older People will be complete and it is not envisaged that any further review will take place during this administration.
- 1.24 Remodelling the services in this way should 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. Background:**

- 2.1 In line with the Council's Corporate Commissioning Review approach, a review was undertaken of day services for Older People in 2016. This review looked at those services both provided directly by the Council and those services that are commissioned from the independent sector.
- 2.2 The review set out a range of options for the way forward.
- 2.3 A stakeholder workshop took place to ascertain feedback surrounding the advantages/disadvantages of the full range of options on 10<sup>th</sup> June 2016.
- 2.4 Stakeholders included a range of internal and external providers, care managers, support and inter-related services, carers, representative groups and elected Members.
- 2.5 Following the stakeholder workshops, a dedicated session was also held with the Trade Unions on 21<sup>st</sup> June 2016 to talk through their views on the options.
- 2.6 The detailed option appraisal was then held on 27<sup>th</sup> June 2016.
- 2.7 The Panel for the option appraisal comprised the Commissioning Review Lead, the Principal Officer, the Head of Adult Services, Chief Social Services Officer, the then Cabinet Member as well as representatives from Legal, Finance, Procurement, HR and Corporate Property.
- 2.8 On carrying out the appraisal, it was concluded that the original set of options were too extensive and complex. The options for the review were therefore refined to make them more straight forward and understandable.
- 2.9 The criteria used to appraise each option focussed on the following:
  - Outcomes
  - Fit with strategic priorities
  - Financial impact
  - Sustainability/viability
  - Deliverability.
- 2.10 The full criteria are contained in the Gateway 2 report appended as Appendix 1 to this report.
- 2.11 The options were considered against 3 distinct categories as follows:
  - 1) Overall Day Services Model
  - 2) Delivery Model
  - 3) Income Generation
- 2.12 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.
- 2.13 A more detailed rationale is provided within the Options Appraisal Matrix within the Gateway Report at Appendix 1. However, in summary the preferred options scored highest on the basis of the following.
- 2.14 The preferred options would allow the Council to remodel the internal service to focus on more complex needs. 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.
- 2.15 An individual would be defined as having complex needs and eligible to access a day service if they had needs attributable to one or more of the following features and only a day service could meet that need rather than some other means of support:
- 1) Require support to remain at home due to 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.
- 2.16 This approach should also allow us to better manage demand by providing better support to individuals with complex needs and their carers through having a service which focused on complex needs.
- 2.17 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 would still be entitled to have any eligible needs met but this would not be via a day service. Many service users 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 opportunities in communities. Those with non-complex needs would still be entitled to have any eligible needs met but this would not be via a day service.

- 2.18 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:**

- 3.1 Some detailed modelling was undertaken to determine the potential impact of the proposed options in terms of reduction of day service places based on current and projected demand in line with the preferred options.
- 3.2 In order to consider the specific implications, each preferred option will be considered in turn.
- 3.3 *Preferred option 1: 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 was 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 had complex needs.
- 3.4 In terms of implementation if the proposal was agreed, in a similar way to how we managed the closure of the Beeches, we would need to undertake an individual social work assessment of need of each service user who currently attends day services to determine whether or not they had eligible needs and whether those needs were complex needs and consequently could be met through day service provision. This assessment would involve a social worker, the individual themselves and any carer/family as required. If it was determined through this assessment that the individual had complex needs, they would be offered a place in an alternative day service. If it was determined through this assessment that the individual did not have complex needs, an individual care plan would need to be determined as to how best to meet any assessed eligible need and if appropriate how this person would access support/social opportunities on leaving the service. This may include accessing support from a Local Area Coordinator if the individual lived in an area served by a Local Area Coordinator. This plan would then be put in place and reviewed to make sure eligible needs continued to be met and/or 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.
- 3.5 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.

- 3.6 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.
- 3.7 A public consultation was therefore conducted in relation to Preferred option 1 to develop the service with reduced capacity refocussing day centres on higher dependency, complex/dementia care.
- 3.8 *Preferred option 2: Mixed Delivery with clearly defined internal and external services*  
Implementation of Preferred option 1 is contingent on there continuing to be a mixed delivery of internal and external services. This aspect of the review was also part of the public consultation.
- 3.9 *Preferred option 3: 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 annual 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 31<sup>st</sup> 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.
- 4.4 An evaluation matrix (attached at Appendix 2) was utilised which assessed each day service against the following specific criteria as follows:

##### *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.

4.5 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. The criteria were driven by the suitability of the building itself to deliver the preferred future model.

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

<b>Home</b>	<b>Overall Score</b>
Norton Lodge	145
The Hollies	75
St Johns	150
Rose Cross	90
Ty Waunarwydd	130

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

4.8 At the time of writing the report, there were 9 attendees at the Hollies and 35 at Rose Cross Day Service. In order to mitigate the impact on those affected, a hold was put on new admissions to the Hollies and Rose Cross Day Services once the consultation commenced.

4.9 In order to inform their response to the consultation, each service user in The Hollies and Rose Cross was offered a social work review during the consultation period to determine whether they had complex or non-complex needs so they could understand how the proposals might affect them. However, if Cabinet do decide to proceed, a further social work assessment would be undertaken to ensure that their 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 which is approximately 3 miles away. For Rose Cross, the majority would be relocated to St Johns in Manselton which is approximately 1 mile away. Social Services transport would be provided for anyone who relocated to another service.

4.10 If they did not have complex needs, a tailor made individual move on plan would be established and they would leave the service which ensured that any remaining eligible needs were met. 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 social worker would work with them to put adequate arrangements in place to facilitate this.

- 4.11 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.
- 4.12 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 the future. Those with eligible needs that are non-complex would have those needs met via alternative provision. Depending on the nature of the need, this may include signposting and support to access other forms or support as part of the social care and support planning process.
- 4.13 From a staff perspective, there were 5 employees potentially at risk who worked at Hollies Day Service and 7 potentially at risk who worked at Rose Cross Day Service.

## **5 Consultation process:**

- 5.1 Cabinet agreed to consult on the preferred model for day services at its meeting of 19<sup>th</sup> April 2018.
- 5.2 A 12-week public consultation consequently took place from 30<sup>th</sup> April 2018 to 23<sup>rd</sup> July 2018. It was agreed to carry out the staff consultation concurrently to ensure staff directly affected could also effectively have their say on the proposals.
- 5.3 The consultation specifically sought views on the following:
- The proposal to refocus Local Authority day services on complex needs only.
  - The Local Authority would consequently no longer accept new admissions to day services for non-complex needs.
  - The specific proposed closure of the Hollies and Rose Cross Day Service buildings.
- 5.4 The consultation was carried out using a questionnaire. The survey was available online and hard copies were also made available at key council venues.
- 5.5 We actively publicised the consultations and used appropriate media and social media platforms as follows:
- Informed all Swansea Councillors and offered face to face meetings
  - Informed all Council staff
  - Informed all local AMs and MPS and offered face to face meetings
  - Informed the Older Person's Commissioner and offered face to face meetings
  - Informed all independent day service providers
  - Informed Swansea CVS and offered face to face meeting
  - Informed Swansea Carers Centre and offered face to face meeting
  - Informed Age Concern and offered face to face meeting
  - Face to face meeting with the Disability Liaison Group

- Press releases at key stages of the consultation process as well as promotion on appropriate social media
  - Informed the Carers Partnership Board and offered face to face meeting
  - Informed the Voice Forum and offered face to face meeting
  - Ensured copies of the consultation documents and questionnaires were available in all Libraries, the Contact Centre and sheltered housing complexes
  - Informed the 50+ Network
  - Informed the Swansea Dementia Forum and offered face to face meeting
  - Informed the Ageing Well Steering Group and offered face to face meeting
- 5.6 The consultation was also publicised to current day service attendees, either via individual letters or information packs sent to each venue.
- 5.7 In relation to the Hollies and Rose Cross Day Services specifically, the following was undertaken:
- A letter was sent to each service user and their families where applicable to explain the proposals, timescales for decision, how the closure would be undertaken if agreed and giving them opportunities to have their say. This included how their individual needs would be assessed and how any individual service provision plan would be agreed.
  - Consultation meetings took place at Rose Cross with attendees and families on 8<sup>th</sup> May 2018, 16<sup>th</sup> May 2018 and 21<sup>st</sup> May 2018.
  - Consultation meetings took place at the Hollies with attendees and families on 17<sup>th</sup> May 2018 and 11<sup>th</sup> June 2018.
  - As not all attendees attended each service every day, meetings were arranged to ensure all attendees could attend at least one meeting. In total 23 attendees attended the meetings. For those that did not attend, it was ensured that the staff at the service had conversations with them so they were aware of the consultation and knew how to respond. A number of attendees did not have capacity, so it was ensured that all family members were contacted to make sure they also understood the proposals and knew how to respond. No family members chose to attend the meetings at Rose Cross, but a small number chose to attend the meetings at the Hollies as well as some local community councillors.
  - There were offers of meetings/face to face opportunities at the day service.
  - During the consultation period, we asked a social worker to work with each individual affected to review their needs to establish whether or not they had complex needs. This allowed them to make a more informed response to the consultation as they better understood how the proposals might affect them.
  - The Common Access Point was indicated as the point of contact during the consultation, but residents/families were also able to directly articulate queries to the Cabinet Member and the Head of Adult Services.
- 5.8 A Section 188 letter was issued to the Trade Unions and they were briefed at the beginning of the consultation and regular liaison meetings were held throughout.

- 5.9 A staff consultation meeting was held at both the Hollies and Rose Cross on 1<sup>st</sup> May 2018 and then 1 to 1s held with each member of staff affected.
- 5.10 All Social Services staff were briefed and given opportunities to have their say on the proposed new models for Residential Care and Day Services.

## **6 Consultation responses and counter proposals put forward:**

### *Summary of responses*

- 6.1 A total of 92 responses were received to the consultation. This comprised 42 online questionnaires and 50 hardcopy questionnaires. One online response was received after the consultation deadline, but was accepted on the basis of ensuring that as wide a range of views as possible was considered.
- 6.2 5 core questions were asked in the questionnaires.
- 6.3 Question 1 asked “Do you agree or disagree with the proposed changes to Day Services for Older People?”. 87 out of 92 respondents replied. Of those 87, 11 strongly agreed, 26 tended to agree, 20 tended to disagree and 30 strongly disagreed. This question related to the overall proposed model for day services.
- 6.4 Question 2 asked respondents to expand on their answer. 67 out of the 92 respondents answered this question. The key themes emerging will be explored further below.
- 6.5 Question 3 asked “Are there any other options you feel the Council should have looked at in relation to Day Services for Older People?”. 59 of the 92 respondents replied to this question. The key counter proposals are outlined below.
- 6.6 Question 4 asked respondents “Considering the above, do you agree or disagree that the criteria used to assess each care home were the right ones?”. 71 out of 92 respondents answered this question. 11 strongly agreed, 24 tended to agree, 16 tended to disagree and 20 strongly disagreed.
- 6.7 Question 4 then went on to ask respondents if they agreed with the proposal to close Rose Cross and the Hollies day services. 70 out of 92 respondents replied in relation to Rose Cross, and 8 strongly agreed, 20 tended to agree, 12 tended to disagree and 30 strongly disagreed. 72 out of 92 respondents replied in respect to the Hollies. Of those 12 strongly agreed, 18 tended to agree, 15 tended to disagree and 27 strongly disagreed.
- 6.8 The final question asked respondents “If you disagree with either of the above please explain why and give any alternatives that you would like the Council to consider”. 56 out of 92 respondents provided a response to this. An analysis of the key themes emerging will be given below.
- 6.9 The majority of the respondents were consequently against the proposed model to change the in-house day service to focus on complex needs only, as

well as the proposal to close Rose Cross and the Hollies Day services as well as the criteria that had been used to reach these proposals.

- 6.10 Whilst staff consultation meetings took place, and specific 1 to 1 meetings with each member of the 12 staff affected, no formal response was received either from staff or the Trade Unions. Staff were inevitably concerned surrounding the future certainty of their employment; to mitigate this all staff affected were given immediate access to the Council's redeployment policies at the start of the consultation. At the time of writing the report, 1 member of staff had decided to retire from Rose Cross and it had been determined that the staff at the Hollies would not be at risk due to their shared employment with the co-located Residential Home. There were sufficient vacancies across Adult Services to give the Council confidence that all affected staff were likely to be accommodated in alternative employment if they wished to stay with the Council.
- 6.11 A detailed consultation summary document is set out as Appendix 6 to this report, which summarises the consultation activity that took place, the responses received and the key themes emerging.

*Summary of key themes and responses*

- 6.12 Through the consultation responses and meetings that took place at Rose Cross and the Hollies Day Services, a number of key themes and counter proposals emerged. A full summary is attached as Appendix 6 to this report.
- 6.13 The themes, and the Council's response/mitigation to each one is set out below. The themes are summarised as follows:

<b>Theme</b>	<b>Number of comments relating to theme</b>
Support for the model and agreement that the Council should focus on complex needs to ensure those most in need continued to receive services and that they were financially sustainable for the future.	14
A suggestion that community-based options often provided a better solution for people than a traditional day service.	6
Concern that there was a lack of logic and rationale behind the proposed changes.	9
Feeling that day services acted as preventative services which were often the only chance that older people had to socialise and taking this away would lead to further loneliness and isolation and have a detrimental impact on wellbeing. There was also a concern that there were a lack of viable alternatives.	32
There was potential to create alternatives to day services through co-productive approaches to which older people could contribute, but support was needed including suitable transport.	15

The Council should not focus on complex needs only because it was felt that there were no alternatives and the proposed closures would impact negatively on the respite needs of carers.	11
Despite concerns over social isolation and the impact on carers, some respondents still stated that they were in support of the proposals having taken account of this potential negative impact.	8
Perception from a small number of respondents that older people had been betrayed having contributed all their lives through taxes only to be denied the support they need.	3
Concern that the proposals were about savings and in the future more people will not be able to cope and need support to meet other people.	4
Concern that areas to the North and East of Swansea would no longer have day services in the event that Rose Cross and the Hollies day services were to close.	1
Concern that attendees would have longer journeys to access day services in the event that Rose Cross and the Hollies day services were to close.	1
Some respondents did not want things to change and were worried about the impact and people 'losing out'.	11
Comments were made by the attendees and family members at the Hollies that people would be split up and lose friendships.	Family members
Comments were made by attendees and family members at the Hollies that Pontarddulais has its own unique culture, and the culture would be different at an alternative day service.	Family members
The condition of the building should not have been a factor considered within the evaluation criteria used to determine which day services should close.	1
The Council needed to clearer how the remaining services will be equipped to meet the increase in complex needs going forward.	1

- 6.14 14 respondents indicated ***support for the model and agreement that the Council should focus on complex needs to ensure those most in need continued to receive services and that they were financially sustainable for the future.***
- 6.15 6 respondents suggested ***that community-based options often provided a better solution for people than a traditional day service.***
- 6.16 9 respondents felt that ***there was a lack of logic and rationale behind the proposed changes.*** They found it difficult to understand how if the number of people with low and high level needs were both increasing, the Council could justify closing services. They did not believe that there was a genuine reduction in demand and felt the proposals were contrary to the principles behind the Social Services and Wellbeing (Wales) Act. Family members of

those that attended the Hollies felt that the service was under-promoted which was the reason for low attendance.

- 6.17 As people are living longer, there are a lot more people needing support than there used to be. Although there are more people with dementia and other complex needs, there are more people remaining in their own homes, with non-complex needs, where day services may not be the best way to support them to continue to be part of their local community. Therefore the rationale is to refocus the internal and commissioned day services to provide specialist complex care, upskilling staff to focus on these needs.
- 6.18 In reviewing the use of day services, there is a significant under use hence the proposal to reduce the number of day services. The number of referrals into day services has decreased significantly over the years with people no longer wanting traditional day services. People would rather socialise in their own communities and remain independent as long as possible. Our proposed model focuses on complex needs to help those who are less independent to remain at home for longer and offer much needed respite to families. It is intended that those with less complex needs would be supported through other means such as Local Area Coordinators who can help them to find connections in their own communities. The proposal are entirely in keeping with the Social Services and Wellbeing (Wales) Act with promoting independence and enabling people at their core.
- 6.19 32 comments were received stating that ***day services acted as preventative services which were often the only chance that older people had to socialise and taking this away would lead to further loneliness and isolation and have a detrimental impact on wellbeing. There was also a concern that there were a lack of viable alternatives.*** There was consequently a perceived negative equality impact on older people with disabilities, and a valid concern that a move could confuse some older people and be detrimental to their overall wellbeing.
- 6.20 It is acknowledged that social isolation is important to address for older people and although day services help to prevent this, their primary role is to support people with their social care needs and provide respite to their families. The Council will maintain day services and one of the key criteria for complex needs and hence entry into the remaining services is outlined in paragraph 2.15 and relates to a complex need being determined if there is evidence that a day service is the only option 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.
- 6.21 If the only need is in relation to social interaction and there is no significant risk to mental ill-health, other options will be looked at. Local Area Coordination is one means to help people engage or re-engage with their community. It is recognised that Local Area Coordination does not cover all areas of Swansea yet and transport is sometimes an issue in parts of Swansea, but Adult Services also works closely with the third sector in supporting local and self-running groups.

- 6.22 As part of the Adult Services model, social work practice has been reviewed and training provided to shift from a service based response to a needs and outcomes based approach where people are provided with advice and information to help them resolve their problems by making best use of resources that exist in their communities and encouraging people to develop their own solutions that don't require complex assessment and formal provision of care. Where necessary, by using simple assessment processes that are proportionate to people's needs and risks, they will provide targeted and co-ordinated interventions based on pre-emptive and preventative approaches which support people to continue to feel confident to live independently at home.
- 6.23 The Council has a duty to ensure that it promotes the wellbeing of vulnerable adults, and by using a different approach to assessment, supporting people to access alternatives, and continuing to support people with complex needs, it will be able to effectively do this. In the event that the Hollies and Rose Cross Day Services were to close, a social worker would work with the individuals and their families to determine move on arrangements and ensure that each individual was properly supported, any eligible needs met and any adverse effect mitigated. The social worker would maintain contact with the individual for a period after moving on to ensure that no issues emerged that needed to be addressed. The potential negative impacts of no longer offering day services for non-complex needs on older people with disabilities can therefore be effectively mitigated.
- 6.24 Added to the above, 15 respondents suggested ***there was potential to create alternatives to day services through co-productive approaches to which older people could contribute, but support was needed including suitable transport.*** Alternatives suggested included using venues like church halls and schools to run initiatives such as art sessions, debating clubs, music appreciation groups, carpentry, gardening, dance and cookery.
- 6.25 Adult Services and the Council are committed to a co-production approach to commissioning different forms of support. Older people have the opportunity to be part of the planning and reshaping of support through the commissioning process. Support from Local Area Coordinators and existing third sector organisations can also help people develop alternative initiatives.
- 6.26 11 comments received suggested ***the Council should not focus on complex needs only because it was felt that there were no alternatives and the proposed closures would impact negatively on the respite needs of carers.*** Family members at the Hollies also expressed a view that anyone should be allowed to attend a day service who wanted to.
- 6.27 The availability of alternatives has been outlined above. In relation to carers, the Adult Services model recognises that more people wish to remain in their own home so as well as focusing on complex care, it will concentrate on providing reablement and respite to support people to remain in their own homes for as long as possible and to support their family carers to help them in their caring role. In paragraph 2.15 of this report, it is explained that someone would be considered as having complex needs and consequently



eligible for day services going forward if it can be demonstrated that respite is required for family and carers where there is a risk of the family situation breaking down and a day service is the only option to provide this respite.

- 6.28 Council day services are provided for people with an eligible social care need. The Council therefore does not concur with the view that anyone should be allowed to attend a day service if they want to. Day services are expensive to run. Those people with eligible need that is non complex will be offered alternative support to meet that need. That may include being supported to access alternative options in their local communities.
- 6.29 ***Despite expressing concerns over social isolation and the impact on carers, 8 respondents still stated that they were in support of the proposals having taken account of this potential negative impact.***
- 6.30 There was a ***perception from 3 respondents that older people had been betrayed having contributed all their lives through taxes only to be denied the support they need.***
- 6.31 All those with an eligible assessed need would be given the support that they required. All individuals in need of support will be supported through targeted and co-ordinated interventions based on pre-emptive and preventative approaches which support people to continue to feel confident to live independently at home. Where people have complex needs which require specialist and/or longer term support, social workers will work with individuals and their families and social networks to ensure that high quality and cost effective services are available to meet these needs and ensure positive outcomes.
- 6.32 4 respondents felt ***the proposals were about savings and in the future more people will not be able to cope and need support to meet other people.***
- 6.33 Those with complex needs would still receive a service, but the Council believes that the eligible needs of people with less complex needs are better met through alternative means. The need to make savings is undoubtedly a factor. As a consequence all Councils have to make significant savings, but in doing so need to ensure that they can deliver sustainable services to meet the eligible needs of an ageing populations with more complex needs.
- 6.34 1 respondent expressed a ***concern that areas to the North and East of Swansea would no longer have day services in the event that Rose Cross and the Hollies day services were to close.***
- 6.35 Whilst it is correct that there would no longer be a Council-run day service in the North of Swansea, the Council commissions Llys Y Werin in Gorseinon. St Johns Day Service is located in the East of Swansea.
- 6.36 There was a ***concern from 1 respondent that attendees would have longer journeys to access day services in the event that Rose Cross and the Hollies day services were to close.*** This was a particular concern for those

that attended the Hollies and was raised in the face to face consultation meetings.

- 6.37 In the event that Rose Cross were to close, it is envisaged that those who were assessed as having complex needs would in all likelihood go to St Johns Day Service in Manselton which would mean that their journey to the service was unlikely to be any longer. If the Hollies day service were to close, it is envisaged that those assessed as having complex needs would go to Llys Y Werin in Gorseinon which is approximately 3 miles from the Hollies. Day services currently do not cover every part of Swansea and journeys do vary in length. However day services try and plan for people who live close to each other to come in to the services on a specific day, reducing the length of the journey.
- 6.38 11 people stated that they ***did not want things to change and were worried about the impact and people 'losing out'***. Comments were made at one of the consultation meetings at Rose Cross that it took time for people to understand their needs, and they were concerned about this in any move on arrangements.
- 6.39 Whilst this is a legitimate view, doing nothing is not an option if services are going to be reshaped to meet the 21<sup>st</sup> century needs of those most vulnerable and the budgetary savings required are going to be achieved. Where people are already using the 2 day services, should they close, social workers and the day services will work closely with them and their families to seek alternative support to meet their needs, which may be another day service if they are assessed as having complex needs. A transition plan will be developed to help in any move on arrangements, such as visits to the alternative day service if applicable or support in terms of what they do next. Part of this will be to ensure that those that need to know, understand any particular needs and can support the individual affected appropriately.
- 6.40 ***Comments were made by the attendees and family members at the Hollies that people would be split up and lose friendships.***
- 6.41 Part of the move on plan will include support to maintain friendships and keep in touch if individuals no longer continue to attend the same service.
- 6.42 ***Comments were made by attendees and family members at the Hollies that Pontarddulais has its own unique culture, and the culture would be different at an alternative day service.***
- 6.43 Whilst it is recognised that Pontarddulais does have its own culture, not all 14 attendees at the Hollies come from Pontarddulais as several travel from further afield. It is hoped that those with complex needs would move together to an alternative day service so in doing this, the impact would be minimised.
- 6.44 There was one comment that ***the condition of the building should not have been a factor considered within the evaluation criteria used to determine which day services should close.***

- 6.45 Careful consideration was given to developing the evaluation criteria to ensure that each service was evaluated as objectively as possible. It was felt that the condition of the building was an important factor due to the ongoing maintenance costs which could affect sustainability going forward. In addition, the suitability of the building to deliver the preferred future model was an important factor within the evaluation exercise.
- 6.46 There was one comment that ***the Council needed to be clearer how the remaining services will be equipped to meet the increase in complex needs going forward.***
- 6.47 Many of our services already deliver services for those with complex needs and already have the staffing and facilities in place to do this. Going forward the Council will ensure that staff are appropriately trained and upskilled and any capital works are undertaken to make buildings fit for purpose using an allocation that has been set aside in the Councils capital programme for this purpose.

#### *Counter proposals and responses*

- 6.48 The counter proposals and the Council's response to them are set out below and can be summarised as follows:
- Savings should be made elsewhere in the Council and day services should consequently remain for those that need them. It was proposed that the budget for day services should be increased.
  - The Council should change the way in which services were procured to release savings. There was a belief that bringing services in-house would be cheaper for the Council.
  - All day services should be outsourced as it was believed that this would be more cost effective.
  - Joint commissioning across health and social care would achieve savings for the Council.
  - Charges should be introduced to keep day services for older people open.
- 6.49 The first counter proposal was that ***savings should be made elsewhere in the Council and day services should consequently remain for those that need them. It was proposed that the budget for day services should be increased. This included a proposal that the number of councillors should be cut by half, and money should not be spent on the Kingsway.***
- 6.50 The Council is not proposing to stop all day service for older people and services for people with more complex needs will be maintained. The Council is consequently exploring all opportunities to ensure services are sustainable in the future and can be delivered within the budget available. Significant savings are being achieved year on year but re-shaping of services is essential for the Council to continue to meet its legal duties to provide care for an aging population with increasing needs.
- 6.51 The number of Councillors is determined by Welsh Government, and is beyond the control of the Local Authority, so there is no opportunity to make a saving in relation to this. The money that has been invested in the Kingsway

cannot be used for other purposes, as its use is determined by Welsh Government.

- 6.52 A further counter proposal was put forward to ***change the way in which services were procured to release savings. There was a belief that bringing services in-house would be cheaper for the Council.***
- 6.53 Unfortunately, this is not the case. Delivering services in-house is generally much more expensive for the Council due to the high overheads as well as the favourable terms and conditions of staff. Bringing services in-house would cost the Council significantly more so would not be a viable option.
- 6.54 Conversely, one counter-proposal was that ***all day services should be outsourced as it was believed that this would be more cost effective.***
- 6.55 It would indeed be more cost effective to outsource all Council run day services for older people. However, the Council wishes to maintain a level of service to ensure that it can meet complex needs and have security of provision. With any outsourcing, there is often fragility in the market and provider failure can lead to detrimental outcomes for service users who are faced with no longer receiving a service. There have been significant lessons learnt from other Local Authorities that have gone down this route, and it is considered good practice to retain an element of the service in-house.
- 6.56 There was one suggestion that ***joint commissioning across health and social care would achieve savings for the Council.***
- 6.57 There is already a programme in place called the Western Bay Health and Social Care Programme which is a collaboration between the Health Board, Local Authorities and third sector in the Western Bay region. This programme is exploring every opportunity to make efficiencies across health and social care, but even by doing this further savings still need to be found by Adult Services.
- 6.58 The final counter proposal was that ***charges should be introduced to keep day services for older people open.***
- 6.59 Charges for day service were agreed as part of the Council's budget setting process for 2018/19. Charges are due to be introduced in October 2018, and the anticipated additional income generated has already been taken into consideration. There are therefore no further savings that can be achieved through charging.

#### *Consultation conclusions*

- 6.60 In general whilst there was not majority support for the model or the proposal to close the Hollies and Rose Cross Day Services, there was still a level of support for the model itself which was demonstrated in some of the comments put forward. No viable alternatives were put forward which would allow people to maintain independence and remain at home for longer in line with the

principles of the Social Services and Wellbeing (Wales) Act at the same time as achieving the necessary savings required.

- 6.61 The Council has addressed above each of the concerns put forward in the consultation and provided mitigation where possible.
- 6.62 There were no concerns put forward that could not be mitigated or for which there was no response which alleviated the concerns.
- 6.63 It will be of paramount importance if the proposals are to go ahead to ensure that the wellbeing of current attendees at the Hollies and Rose Cross Day Services is maintained and any moves are carefully and thoughtfully planned involving attendees, their families where appropriate, and a social worker. If a decision is taken to close the Hollies and Rose Cross, each resident will have an individual social work assessment to determine their unique needs and determine appropriate move on plans and ensure any equalities issues are addressed.
- 6.64 It is equally important that all staff affected are supported to wherever possible find alternative employment in line with the Council's HR processes. All 12 staff who were potentially affected were given immediate access to the Council's redeployment processes at the beginning of the consultation period. Since the start of the consultation, one member of staff has decided to retire from Rose Cross and it has been determined that the staff at the Hollies are no longer at risk due to their shared employment with the co-located Residential Home. Some employees have already indicated that they would like to be considered for redundancy in line with the Council's Early Retirement Scheme/Voluntary Redundancy, and have been given provisional figures to allow them to consider this option further. In the event that a decision is taken to close Rose Cross and the Hollies Day Services, the staff involved will be given an extended notice period and be formally put at risk. Alternative employment for those that want it will be sought through the Council's redeployment scheme and those who would rather leave the organisation will be supported through the Council's Early Retirement/Voluntary Redundancy Scheme.

## 7 Financial implications:

- 7.1 In line with the Council's Medium Term Financial Plan, there are significant savings targets against Adult Services.
- 7.2 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
<b>Total Saving</b>	<b>195,800</b>

- 7.3 The total direct saving from these proposals would therefore be £195,800.

- 7.4 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.
- 7.5 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 savings targets. In addition, transforming 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.
- 7.6 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.

## **8 Legal implications:**

- 8.1 There was a legal requirement to publicly consult and consult with staff affected by the preferred options.
- 8.2 Any future provision of services will need to be considered in accordance with the Social Services and Well-being (Wales) Act.
- 8.3 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.
- 8.4 The proposed model also supports the principles behind the Well Being of Future Generations (Wales) Act, specifically the wellbeing goals of a resilient Wales and a healthier Wales by developing sustainable services for the future and services which allow an ageing population to maintain their independence for as long as possible.
- 8.5 The recommendations put forward in this report will allow the Council to ensure that going forward it can meet all eligible needs.
- 8.6 Any employment issues that arise as a result of agreement of the recommendations will need to be considered in conjunction with HR, and in accordance with any relevant policies and legislative provisions.

## **9 Equality and Engagement Implications:**

- 9.1 The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
- 9.2 Our Equality Impact Assessment process ensures that we have paid due regard to the above.
- 9.3 Proceeding with the preferred options of the Commissioning Reviews will clearly have an impact on existing day service attendees. Due to the nature of the client group, there will be a disproportionate impact on older people and people with a range of disabilities.
- 9.4 3 separate EIAs were opened as follows to fully assess the impact of the proposals:
- One for the overarching model for day services (Appendix 3 of this report).
  - One relating to the potential closure of the Hollies Day Service (Appendix 4 of this report).
  - One relating to the potential closure of Rose Cross Day Service (Appendix 5 of this report).
- 9.5 These EIAs have been updated throughout the consultation and have informed the final recommendations set out below.

#### *Overarching model EIA*

- 9.6 The proposals were found to be relevant to older people, people with a disability, people from a range of different races, those that spoke the Welsh language, those experiencing poverty or socially excluded and carers.
- 9.7 The EIA notes that the overall aim of the proposed changes are in line with the Social Services and Wellbeing (Wales) Act, to refocus the Council's in-house day service on complex needs and no longer deliver care for non-complex needs. Less capacity will be needed to deliver this and it is therefore proposed that the Hollies and Rose Cross Day Service buildings would close, although provision will be maintained on the remaining day service sites.
- 9.8 Shaping the service in this way supports the key principles of prevention and early intervention, which supports the overarching Adult Services model and principles behind the Social Services and Wellbeing (Wales) Act, by ensuring those with complex needs are supported to remain at home for longer as well as provide much needed respite for carers.
- 9.9 The impact on the general population is set out in Section 3 of the EIA. The impact of the overarching model on the wider population is largely positive or neutral, but some further investigation is required in relation to the impact on gypsies and travellers and community cohesion. The EIA will remain open until

such time as the model is implemented, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas which is not already being addressed.

9.10 The key themes emerging from the consultation responses have been set out in Section 6 of this report. Alongside this, mitigation has been put forward.

9.11 The key potential positive and adverse impacts of the overarching model, and associated mitigation, are outlined in Section 4 of the model as follows:

- There was a level of support for the model and agreement that the Council should focus on complex needs to ensure those most in need continued to receive services and that they were financially sustainable for the future. This had a positive impact on older people, people with disabilities and their carers.
- There was a suggestion that community-based options often provided a better solution for people than a traditional day service, which again led to a positive impact on older people, people with disabilities and their carers.
- There was a feeling that day services acted as preventative services which were often the only chance that older people had to socialise and taking this away would lead to further loneliness and isolation and have a detrimental impact on wellbeing. There was also a concern that there were a lack of viable alternatives. Day services would still be provided for all those with complex needs and those with eligible and non-eligible non-complex needs would be robustly supported to find suitable alternatives to meet those needs with the help of Local Area Coordinators in some areas of Swansea and the third sector. The Council recognises its duty to promote wellbeing, and the change to social work assessment would allow the Council to do this. It was therefore felt that the possible adverse impact on older people, people with disabilities and those isolated and socially excluded could be mitigated effectively.
- There was potential to create alternatives to day services through co-productive approaches to which older people could contribute, but support was needed including suitable transport. This approach could have a positive impact on older people and people with disabilities and the Council was committed to providing an appropriate level of support.
- There was a belief that the Council should not focus on complex needs only because it was felt that there were no alternatives and the proposed closures would impact negatively on the respite needs of carers. The Council was able to mitigate this, as the criteria used to assess complex needs took account of the needs of carers, and individuals would still be eligible to attend a day service if it was the only way to provide respite and there was a risk that family relationships could break down.
- Despite concerns over social isolation and the impact on carers, some respondents still stated that they were in support of the proposals having taken account of this potential negative impact which suggested that the



proposals would have a positive impact on older people, people with disabilities and carers.

- There was a perception from a small number of respondents that older people had been betrayed having contributed all their lives through taxes only to be denied the support they need. This could be mitigated as all those with eligible social care needs would have their needs met.
- Concern that the proposals were about savings and in the future more people will not be able to cope and need support to meet other people. The Council has a duty to meet the eligible social care needs of vulnerable adults, so this could be effectively mitigated.

9.12 In addition to the above, the potential impact was minimised and adverse effect mitigated by taking a decision to not review those with non-complex needs in the remaining day services in line with the preferred future model. Those service users with non-complex needs would be allowed to remain in the service, until they naturally moved on. Only those attendees at Rose Cross and the Hollies Day Service would consequently be directly affected.

#### *Rose Cross EIA*

9.13 The impact on the attendees at Rose Cross Day Services is set out in Section 3 of the EIA. There is clearly a negative impact on older people, people with disabilities and their families/carers. In relation to other protected groups, the impact is largely neutral, but further investigation is required in relation to impact on children and young people, other age groups, gypsies and travellers, and community cohesion. This will continue to be monitored as the EIA will remain open until such time as Rose Cross Day Service is closed, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas as all attendees are known to us and any adverse impacts can be mitigated.

9.14 The key themes emerging from the consultation responses have been set out in Section 6 of this report. Alongside this, mitigation has been put forward. Mitigation is outlined in Section 4 of the EIA.

9.15 No adverse impacts of the proposal to close Rose Cross Day Service on people with protected characteristics particularly older people and carers specifically in relation to Rose Cross were highlighted in the consultation. However, the overall responses received give us an indication of the potential impacts on attendees at Rose Cross.

9.16 Overall, there clearly is a risk of a negative impact on attendees at Rose Cross Day Service due to the need to move on if it were to close. As outlined previously, any move will need to be carefully planned following a thorough social work assessment and each individual supported during and following any actual move. The Council has prior experience of doing this from when the Beeches Day Service was amalgamated with Abergelli Day Service. This approach was successful and no adverse ongoing effects were experienced by former attendees at the Beeches.

- 9.17 In addition, during the consultation period, all those affected had a social work assessment to determine whether or not they had complex needs to help inform their response to the consultation. Of the 35 individuals who were still attending Rose Cross Day Service at the end of the consultation, 33 had been defined as having complex needs so in all likelihood would be offered an alternative day service as long as needs did not change.
- 9.18 The impact was also minimised by putting a hold on any new admissions to Rose Cross Day Service from the beginning of the consultation, therefore minimising the number of people potentially affected if the proposals went ahead. At the time of writing the report there were 35 attendees at Rose Cross, so there would be a maximum of 35 people affected if the proposals went ahead.
- 9.19 There is clearly a potential negative impact on those staff affected, but this can be mitigated through the Council's redeployment policies, and the Council is confident that there are sufficient alternative vacancies elsewhere in Adult Services to accommodate them. There were 7 staff potentially at risk. At the time of writing the report, one of the staff had retired. No equalities issues had been raised through the 1 to 1 meetings with each member of staff that needed to be addressed.

*The Hollies EIA:*

- 9.20 The impact specifically on attendees at the Hollies is set out in Section 3 of the EIA. There is clearly a negative impact on older people, people with disabilities and their families/carers. In relation to other protected groups, the impact is largely neutral, but further investigation is required in relation to impact on children and young people, other age groups, gypsies and travellers, and community cohesion. This will continue to be monitored as the EIA will remain open until such time as the Hollies Day Service is closed, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these protected groups as all attendees are known to us and any adverse impacts can be mitigated.
- 9.21 The key themes emerging from the consultation responses have been set out in Section 6 of this report. Alongside this, mitigation has been put forward.
- 9.22 The key potential adverse impacts of the overarching model and proposal to close the Hollies Day Service on people with protected characteristics particularly older people and carers are set out in Section 4 of the EIA and are summarised as follows:
- Comments were made by the attendees and family members at the Hollies that people would be split up and lose friendships. Those with complex needs would be supported to move to an alternative day service together in the event that the service closed. For those with non-complex needs every effort would be made to ensure existing relationships could be maintained. It was therefore felt that the impact on isolation and social exclusion could be mitigated.

- Comments were made by attendees and family members at the Hollies that Pontarddulais has its own unique culture, and the culture would be different at an alternative day service. There was therefore a potential adverse impact on community cohesion. However, it was noted that several residents at the Hollies did not live in the Pontarddulais area and if relationships could be maintained, the impact on community cohesion could be mitigated.
- 9.23 Overall, there clearly is a risk of a negative impact on attendees at the Hollies Day Service due to the need to move on if it were to close. However, the above outlines how wherever possible the Council will seek to mitigate those risks and although there is no way of knowing at this stage in some cases a move could be positive as they may find they are happier in any new environment with the ability to develop new relationships and have a positive impact on their wellbeing. As outlined previously, any move will need to be carefully planned following a thorough social work assessment and each individual supported during and following any actual move. The Council has prior experience of doing this from when the Beeches Day Service was amalgamated with Abergelli Day Service. This approach was successful and no adverse ongoing effects were experienced by former attendees at the Beeches.
- 9.24 In addition, during the consultation period, all those affected had a social work assessment to determine whether or not they had complex needs to help inform their response to the consultation. Of the 9 individuals who were still attending the Hollies at the end of the consultation, all had been defined as having complex needs so in all likelihood would be offered an alternative day service as long as needs did not change.
- 9.25 The impact was also minimised by putting a hold on any new admissions to the Hollies Day Service from the beginning of the consultation, therefore minimising the number of people potentially affected if the proposals went ahead. At the time of writing the report there were 9 people attending the Hollies, which would mean a maximum of 9 people would be affected if the proposals were to go ahead.
- 9.26 There is clearly also a potential negative impact on those staff affected, but it was determined during the consultation that the 5 staff identified in the Hollies as at risk were no longer at risk. This was due to their dual employment in the co-located Residential Home.

*EIA conclusions/amendment to proposals:*

- 9.27 As stated in Section 5 of this report, a 12-week public consultation took place from 30th April 2018 to 23rd July 2018. The staff consultation was undertaken concurrently to ensure staff directly affected could also effectively have their say on the proposals.
- 9.28 As a result of the comments received, there is no requirement to amend the proposals as all negative impacts can be adequately addressed or mitigated.

9.29 If the proposals are agreed, the Council will ensure that all attendees, carers and staff affected, particularly in relation to the proposed closure of the Hollies and Rose Cross Day Services, are properly supported to move on and find alternative employment wherever possible.

## **10 Summary and Conclusions:**

10.1 It has been possible to respond to all concerns raised during the consultation and put forward appropriate mitigation.

10.2 The Council has considered all possible alternative options and actively invited alternative options through the consultation, but has not been able to identify any financially sustainable alternatives that allow it to ensure certainty of care for more complex needs whilst overall enabling independence, helping people to remain at home for as long as possible and ensuring the needs of all vulnerable adults are met.

10.3 There is clearly a risk if the proposed model is approved, that there could be a negative impact on those individuals currently attending Rose Cross and the Hollies Day Services due to the need to move on. However, this risk can be mitigated as much as possible by ensuring robust social work assessment identifies those move on plans and all those affected are supported before, during and after any move. All attendees have had a social work assessment during the consultation period and the majority have been assessed as having complex needs, so in all likelihood would be offered a place in an alternative day service, as long as their needs did not change. In addition, although there is no way of knowing at this stage, there could be a positive impact on the wellbeing of current attendees at Rose Cross and the Hollies Day Services as they may be happier elsewhere and build positive relationships as part of any move.

10.4 On balance therefore remodelling as per the proposals in this report will allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act and Well Being of Future Generations (Wales) Act by providing a model of care that is sustainable for the future, and effectively meets the needs of an ageing population with more complex needs. The Council is therefore confident that the recommendations put forward in this report are appropriate despite there not being majority support for the proposals.

10.5 Having due regard to the Equality Impact Assessments, Cabinet is therefore being asked to consider the following recommendations:

- Recommendation 1: Remodel day services for older people so they focus on complex needs only going forward.
- Recommendation 2: As a consequence of the above, close Rose Cross and the Hollies Day Services ensuring that all those affected are fully supported through the process.

## **11 Proposed implementation timetable:**

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

- October 2018; Redeployment and voluntary redundancy process to commence with staff.
- October 2018; Commence social work assessments of all affected attendees to determine move on plans
- Early 2019; Closure of Rose Cross and the Hollies Day Services.

**Background Papers:** Outcome of Residential Care and Day Services for Older People Commissioning Reviews, Cabinet, 19<sup>th</sup> April 2018.

### **Appendices:**

- Appendix 1: Day Services for Older People Gateway 2 Report
- Appendix 2: Evaluation Matrix
- Appendix 3: Equality Impact Assessment for overarching model
- Appendix 4: Equality Impact Assessment for proposed closure of the Hollies Day Services
- Appendix 5: Equality Impact Assessment for proposed closure of Rose Cross Day Service
- Appendix 6: Consultation summary document



# Appendix 1: Commissioning Gateway Review Report Stage 4

Draft v2.1

## Day Services for Older People

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**Contains:-**

Review Overview and Details  
Stages review summary  
Gateway Approval

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**Gateway Review Approval**

**Budget and Performance Review Group 12<sup>th</sup> 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:

<b>Red</b>	<b>Stop</b>	The Gateway identified significant issues that require immediate action before the Review can proceed onto the next stage.
<b>Amber</b>	<b>Conditional Approval</b>	The Gateway identified issues that must be actioned before next Gateway Review.
<b>Green</b>	<b>Approved</b>	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.
<b>Recommendations (if applicable)</b>		<b>Overall RAG</b>
		Red <input type="checkbox"/> Amber <input type="checkbox"/> Green <input type="checkbox"/>
<b>Sign off</b>		
Chief Executive :		
Lead Director/Sponsor:		
Review Cabinet Member:		
<b>Date:</b>		

### **REVIEW OVERVIEW**

<b>Commissioning Strand Lead:</b>	Alex Williams
<b>Service Review Lead:</b>	Alex Williams
<b>Service Review Title:</b>	Day Services for Older People

## 2. BACKGROUND

### 2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change<sup>1</sup>, 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”<sup>2</sup> 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”*<sup>3</sup>. 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”.*

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<sup>1</sup> [file:///C:/Users/User/Downloads/The\\_One\\_Swansea\\_Plan\\_2015\\_final\\_version\\_august.pdf](file:///C:/Users/User/Downloads/The_One_Swansea_Plan_2015_final_version_august.pdf)

<sup>2</sup> <http://www.swansea.gov.uk/corporateimprovementplan>

<sup>3</sup> 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<sup>4</sup>:

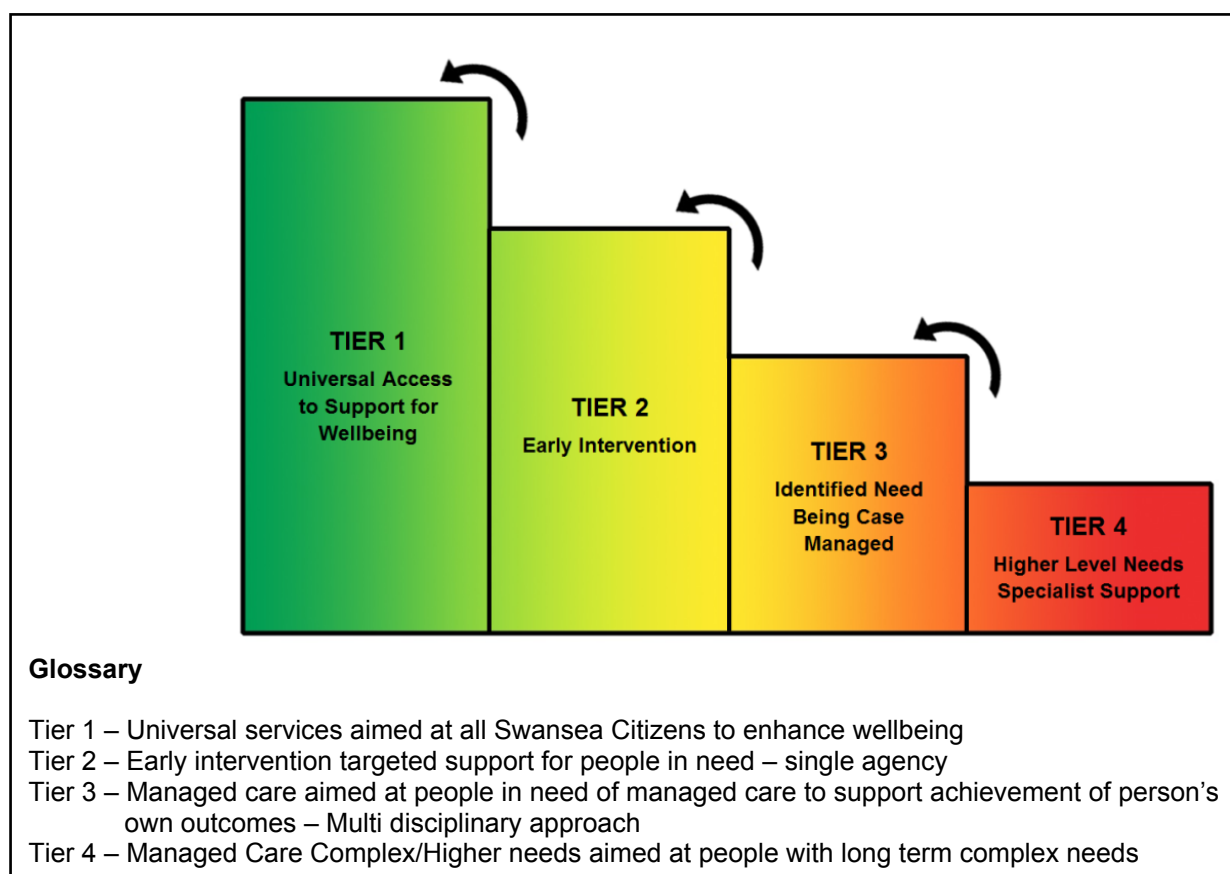
- Ensuring quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

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”.

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<sup>4</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/375431/ASCOF\\_15-16.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf)

The service model can be illustrated diagrammatically below:



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<sup>5</sup> 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.

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<sup>5</sup> Local Government Association’s Adult Social Care Efficiency Programme Reports 2014

## 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.

### 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<sup>6</sup> 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<sup>7</sup> 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"<sup>8</sup>:

*"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*

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<sup>6</sup> Day Care Commissioning Review Gateway 2 Report

<sup>7</sup> Commissioning Gateway Review Report – Stage 2: Older Peoples Day Services Review

<sup>8</sup> [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day\\_services\\_evidence%20\\_%20of\\_effectiveness\\_October\\_2011.pdf?dtrk=true](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 10<sup>th</sup> 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.

## 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

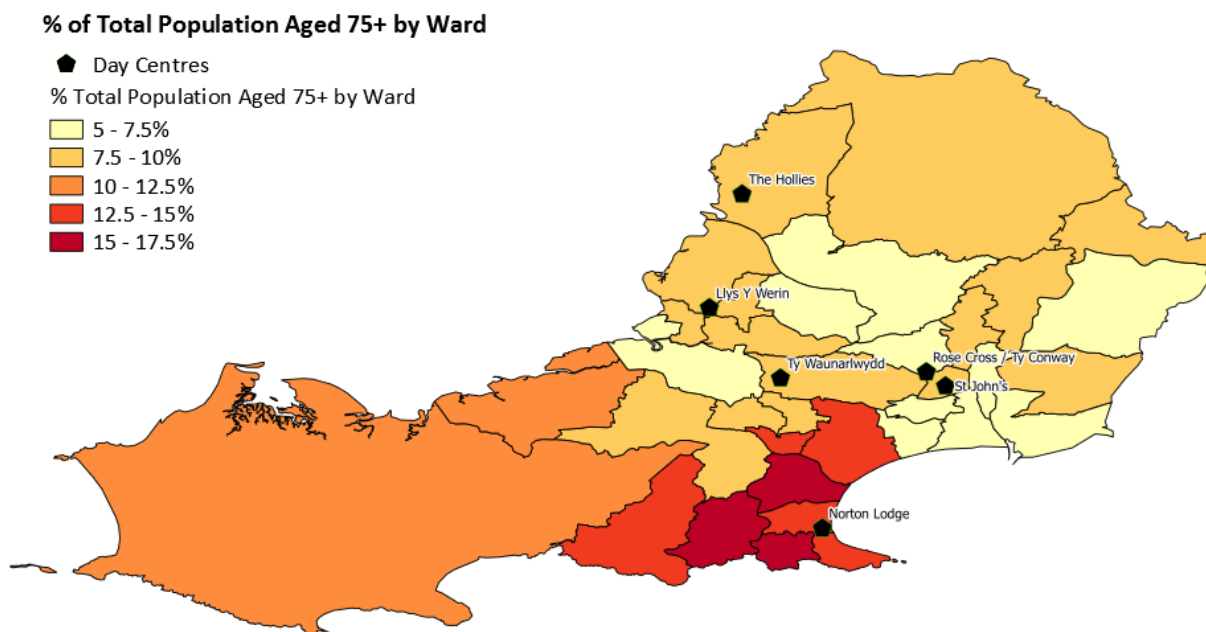
There are 5 Day Centre services to support older people:

- Norton Lodge, Norton – stand-alone provision
- Rose Cross, Penlan – within Rose Cross Residential Care Home
- Ty 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 prevented 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).

**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	

<b>Total</b>	<b>186</b>	<b>762</b>			
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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**

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

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**

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

Percentage								36.76%
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**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%

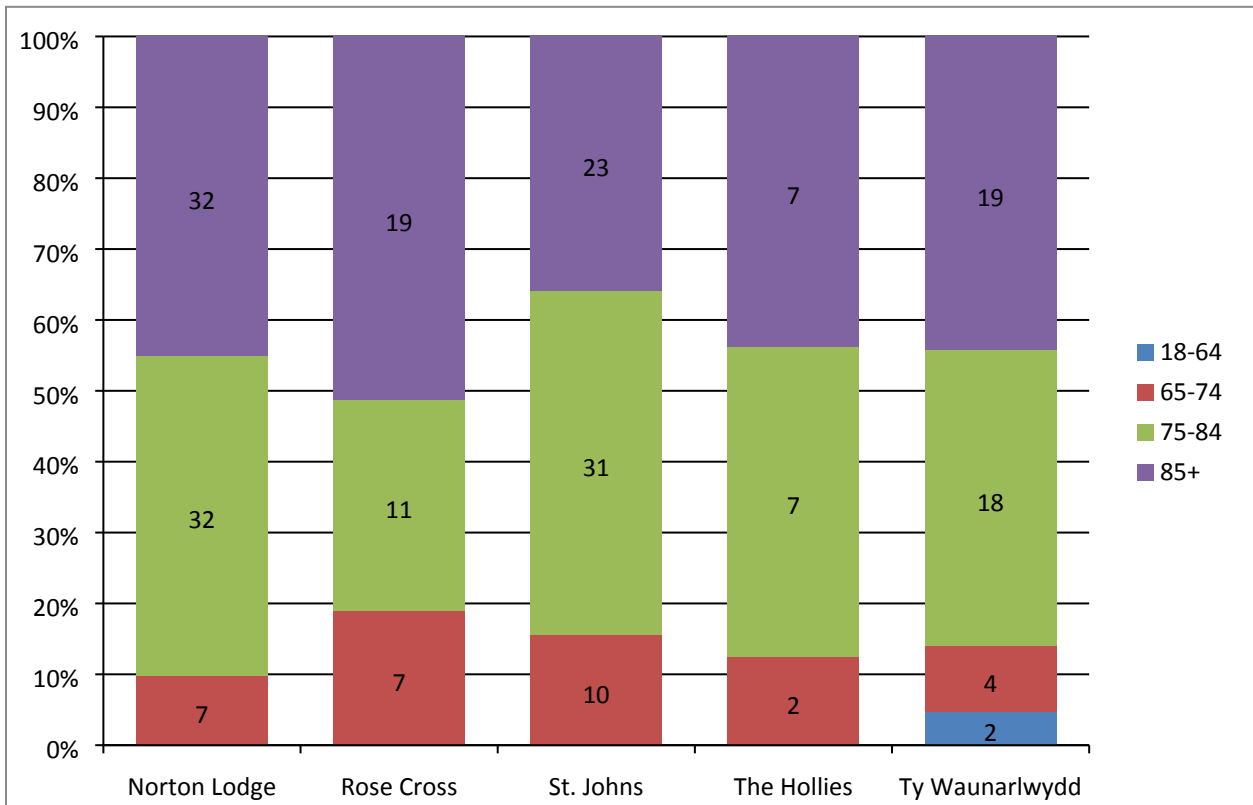
The stage 2 review report also indicates that there has been a considerable increase in the number of people accessing the service for a second day (table 5).

**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 Waunarwydd	41	27	0	21	0	1
<b>Total</b>	185	190	21	74	0	3

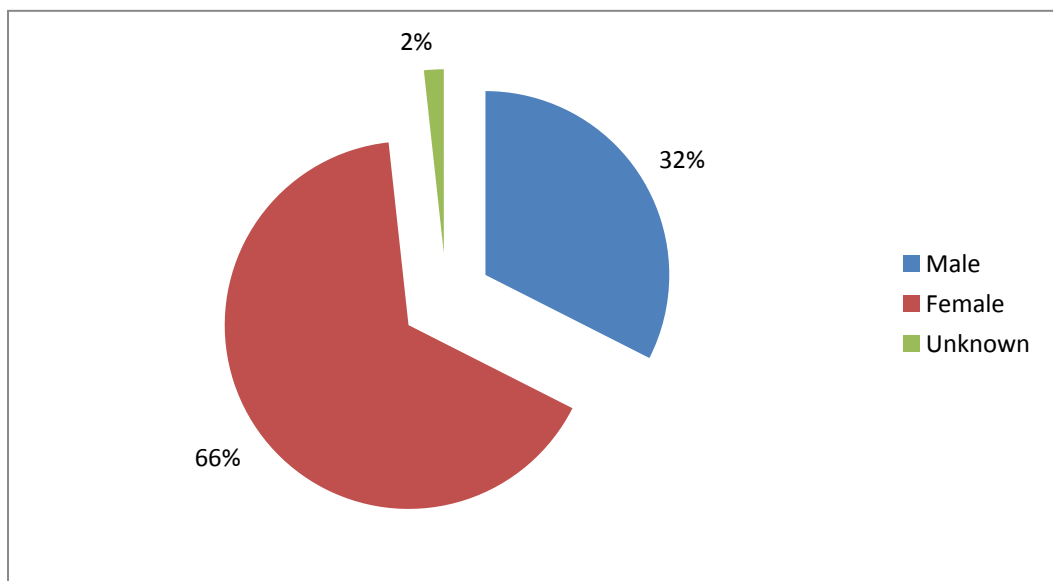
The profile of people using these centres is similar, though Rose Cross has a higher proportion of people aged 65-74 years and people over 85 years, and St Johns has a higher proportion of people aged 75-84 years. Also Ty Waunarwydd is the only centre that currently has clients aged between 18-64 years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

**Figure 2 - Day Services Client Age Groups May 2016**



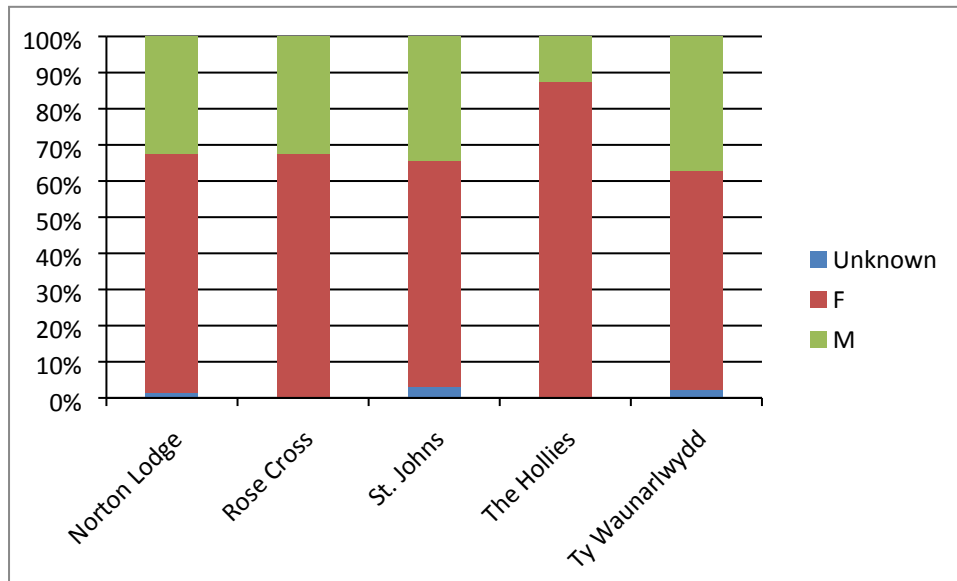
Overall, around two-thirds of clients were female (figure 3).

**Figure 3 - Day Services Client Gender - May 2016**



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

**Figure 4 - Day Services client gender - May 2016**

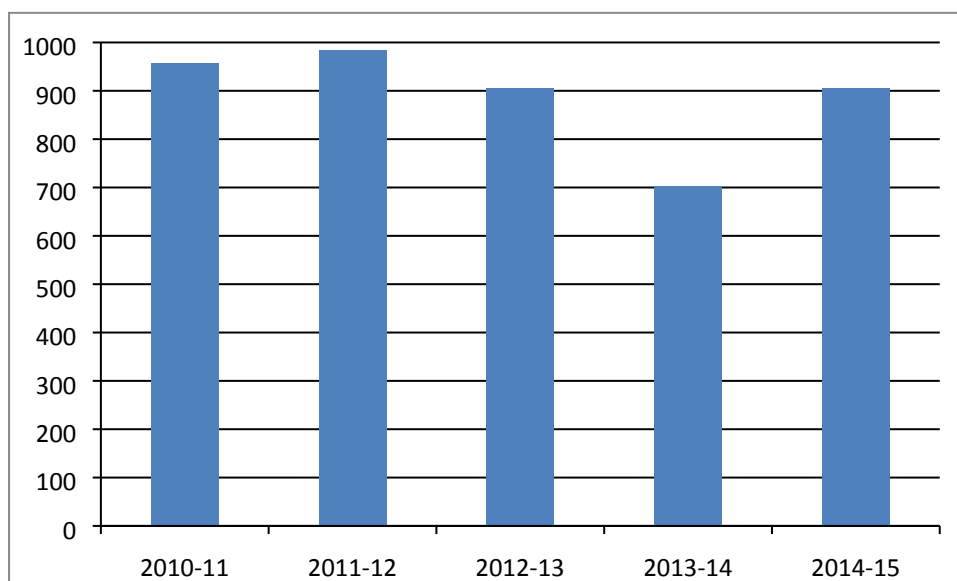


The service user profiling detailed in the stage 2 report indicates that the needs of people using Day Services in 2015 compared to 2009 have increased, the largest percentage increase are in the following areas:

- 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%

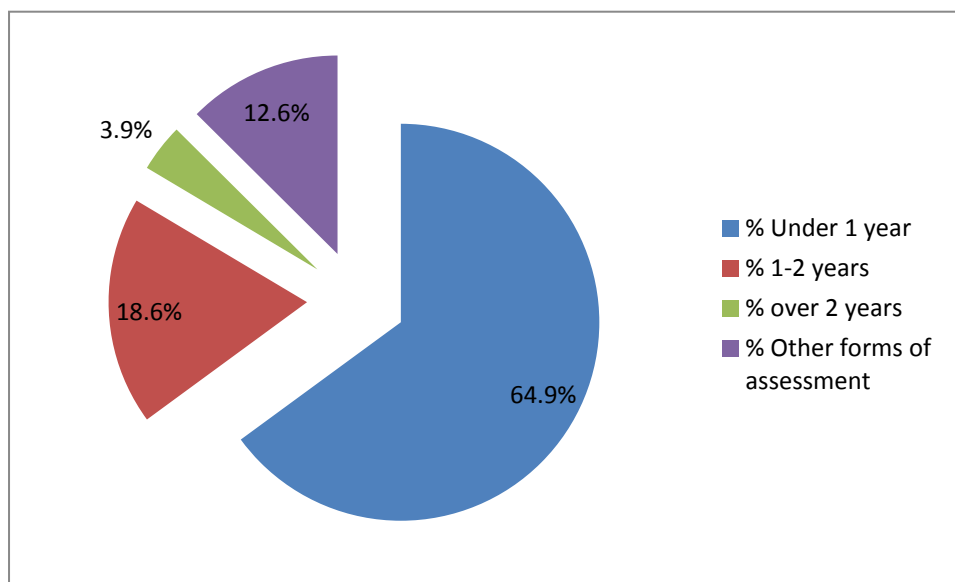
The total number of people aged 65 years and over receiving day care over the whole year (2014-15) is 904 (figure 5). This is a significant increase from the previous year. It should be noted that this is the total number in a year rather than the number accessing day services at any given time.

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



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).

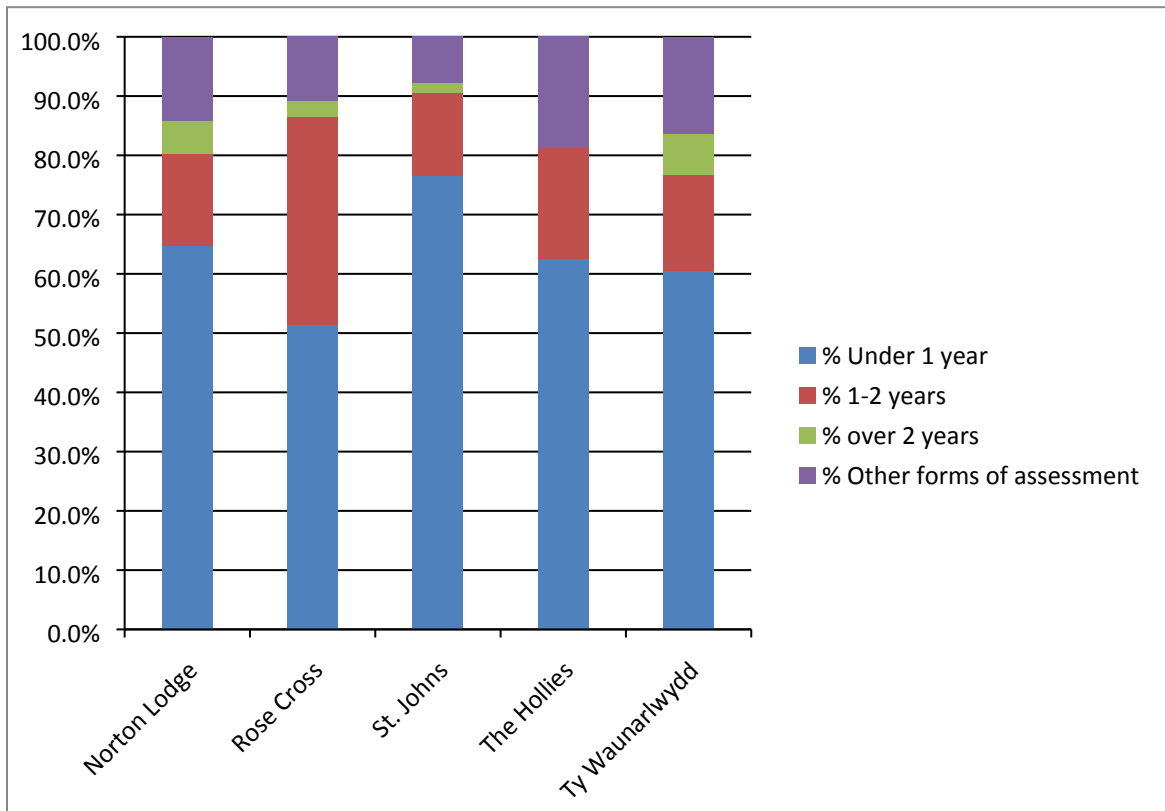
**Figure 6 - Day Care - Time since last review (as at May 2016)**



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)**





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

**Figure 8 - Day Services Client Disability Registration May 2016**

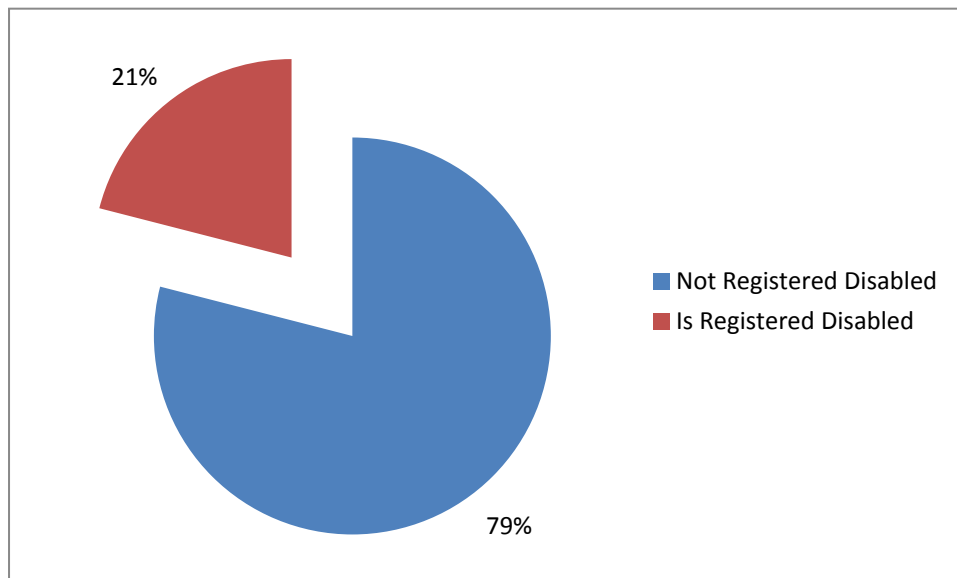


Table 6 below from the stage 2 review report demonstrates the actual cost per unit per day per person if all sites were at full capacity 52 weeks a year and taking into account 10 non-working days which includes 8 Bank Holidays.

**Table 6 – Day Centres: Cost per Person per Day**

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

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)**

	<b>Norton Lodge</b>	<b>Rose Cross</b>	<b>St Johns</b>	<b>Hollies</b>	<b>Ty Waunarlwydd</b>
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
<b>Unit Cost (Cost per person per day)</b>	<b>29.56</b>	<b>28.78</b>	<b>26.01</b>	<b>21.73</b>	<b>28.79</b>

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	<b>35</b>	<b>104</b>
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
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\* 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

**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**

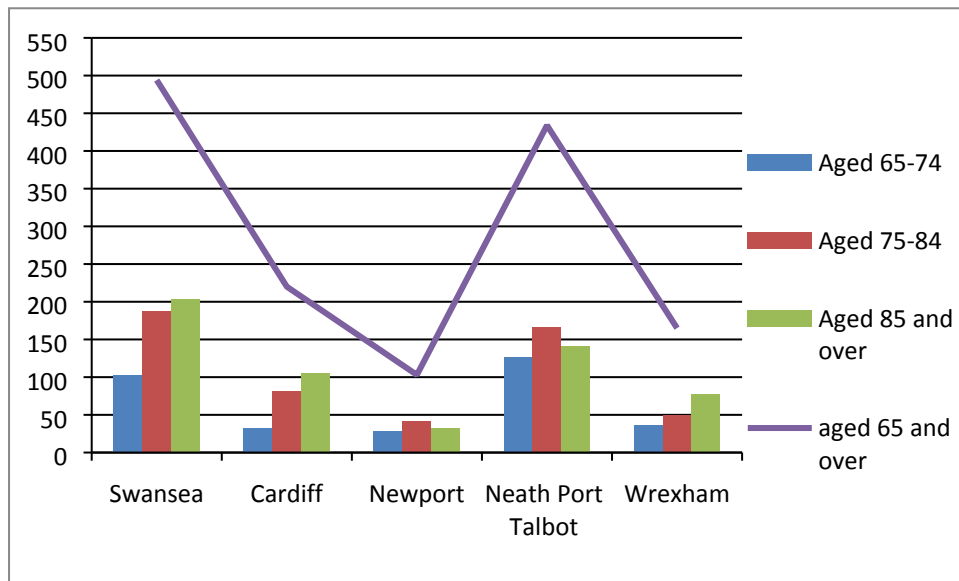
	Total	65-74 years	75-84 years	85+ years
WALES	9103	965	1627	1858
Swansea	1257	103	188	203
Cardiff	281	33	81	106
Newport	293	29	42	32
Neath Port Talbot	1021	127	166	141
Wrexham	243	37	50	78

\* Data from Stats Wales

NB this includes substance misuse and other vulnerable adults

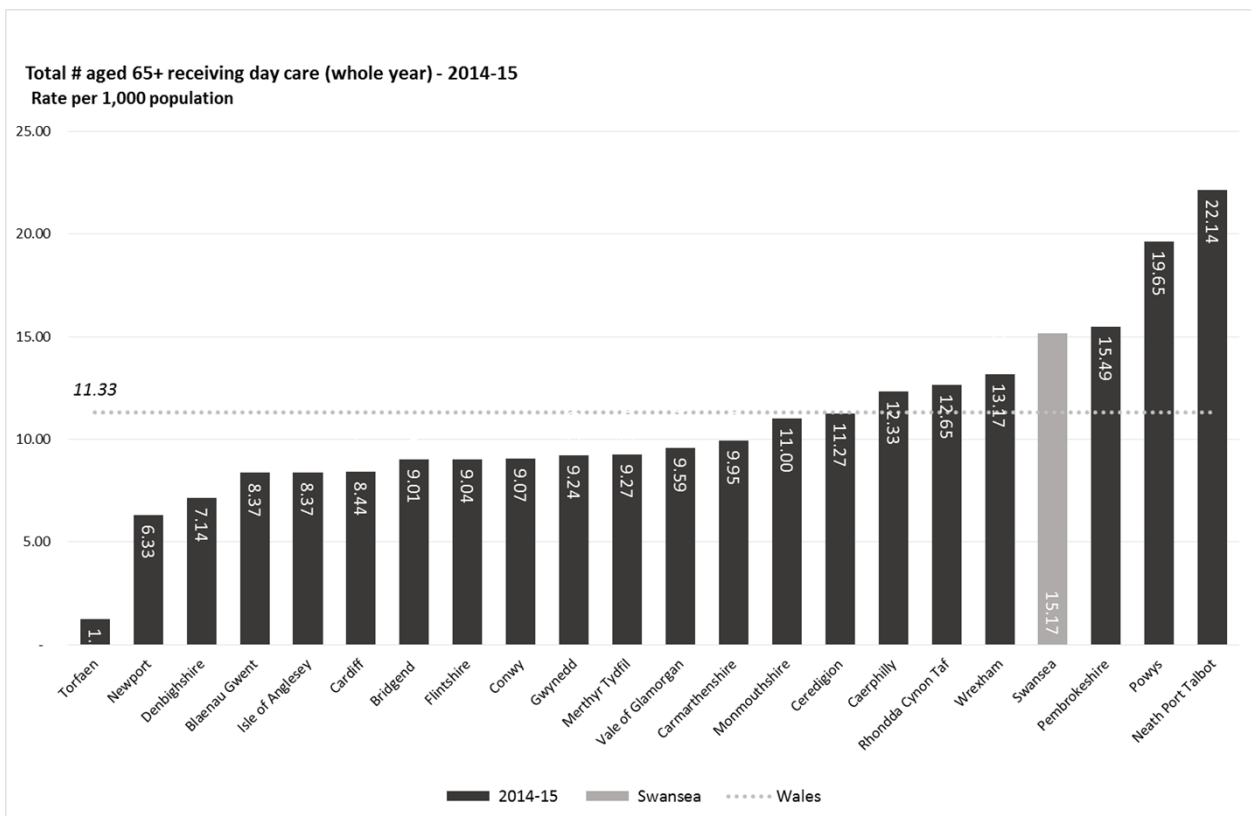
Figure 9 below shows breakdown of those aged 65 years and over: the highest proportion in Swansea being those aged 85 years and over.

**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 4<sup>th</sup> 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 4<sup>th</sup> 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<sup>9</sup>

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.

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<sup>9</sup> 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 aspirations 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.

## Good Practice Example - 'I love Thornton'<sup>10</sup>

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.<sup>11</sup>
- 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.<sup>12</sup>
- 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

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<sup>10</sup> Asset based community development – enriching the lives of older citizens. Deborah Klee, Marc Mordey, Steve Phua and Cormac Russell. Working with older people vol 18 no.3. 2014

<sup>11</sup> Age UK (2012), Care in Crisis 2012, Age UK, London

<sup>12</sup> 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<sup>13, 14</sup> 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.<sup>15</sup>

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

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

<sup>14</sup> Putnam, R.D. (2000), *Bowling Alone: The Collapse and Revival of American Community*, Simon and Schuster, New York, NY.

<sup>15</sup> <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 in day 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<sup>16</sup>

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.

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<sup>16</sup> [www.trfs.org.uk/what\\_we\\_do/older\\_people\\_including\\_dementia](http://www.trfs.org.uk/what_we_do/older_people_including_dementia)

### 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.”<sup>17</sup>

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<sup>18</sup>. 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.<sup>19</sup> 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 <sup>20</sup>

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<sup>17</sup> Australian Men's Shed Association (2015) What is a Men's Shed? <http://www.mensshed.org/what-is-a-men's-shed/.aspx>.

<sup>18</sup> 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

<sup>19</sup> Brown, M., Golding, B., & Foley, A. (2008). Out the Back: Men's Sheds and Informal Learning. *Fine Print*, 31(2), 12-15.

<sup>20</sup> 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<sup>21</sup>
- 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.<sup>22</sup>

### 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).<sup>23</sup>
- 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

<sup>21</sup> 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.

<sup>22</sup> Hayes, R. & Williamson, M. (2007). *Men’s Sheds: Exploring the Evidence Base for Best Practice*. La Trobe University: Melbourne, FL.

<sup>23</sup> <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.<sup>24</sup>

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

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<sup>24</sup> Community Hubs: A partnership approach to creating community based services for older people in Gloucestershire. Found at [www.housinglin.org.uk](http://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<sup>25</sup>, 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.<sup>26</sup> 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

### Good practice examples

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

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<sup>25</sup> Independent Evaluation of the National Community Hubs Program. Wagga Wagga, NSW: Research Institute for Professional Practice, Learning and Education.

<sup>26</sup>

- 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<sup>27</sup> 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.

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<sup>27</sup> 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 10<sup>th</sup> 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 17<sup>th</sup> 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 7<sup>th</sup> 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

## 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

- 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 9<sup>th</sup> June, 2016.

Category	Criteria Questions	Weighting
<b>1. Outcomes</b>		
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
<b>2. Fit with Priorities</b>		
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
<b>3. Financial Impact</b>		
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
<b>4. Sustainability/Viability</b>		
4.1	Promotes positive workforce	H
4.2	Shown to work elsewhere	L
4.3	Supports positive market development	M
<b>5. Deliverability</b>		
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.

## **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
5. Appendix 1 - Stakeholder Feedback on Options from Stakeholder Workshop: 09.06.16
6. Appendix 2 - Options Appraisal

**Day Services Evaluation Scoring Matrix**

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

DAY SERVICES		NORTON LODGE		THE HOLLIES DAY CENTRE		ST JOHNS DAY CENTRE		ROSE CROSS DAY CENTRE		TY WAUNARLYDD DAY CENTRE		
Building Condition	Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
	Condition Survey (Good =5 / Poor = 0)	5	3	15	3	15	3	15	4	20	4	20
	Est. Investment in Building required £ (High value = 0 / no investment req'd = 5)	5	1	5	4	20	3	15	5	25	5	25
	Layout fit for purpose & future use? (Yes = 5 / No = 0)	5	5	25	2	10	5	25	1	5	3	15
	Est. value of site for redevelopment (High value = 0 / Low value = 5)	5	1	5	5	25	5	25	5	25	5	25
	<b>Total</b>	<b>20</b>	<b>4</b>	<b>20</b>	<b>7</b>	<b>35</b>	<b>6</b>	<b>30</b>	<b>9</b>	<b>45</b>	<b>9</b>	<b>45</b>
	Score			<b>1.0</b>		<b>1.8</b>		<b>1.5</b>		<b>2.3</b>		<b>2.3</b>

		NORTON LODGE		THE HOLLIES DAY CENTRE		ST JOHNS DAY CENTRE		ROSE CROSS DAY SERVICE		TY WAUNARLYDD DAY CENTRE		
Location	Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
	Availability of day provision in the vicinity? (Yes = 0 / No = 5)	5	5	25	2	10	4	20	1	5	3	15
	<b>Total</b>	<b>5</b>	<b>5</b>	<b>25</b>	<b>2</b>	<b>10</b>	<b>4</b>	<b>20</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>15</b>
	Score			<b>5.0</b>		<b>2.0</b>		<b>4.0</b>		<b>1.0</b>		<b>3.0</b>

		NORTON LODGE		THE HOLLIES DAY CENTRE		ST JOHNS DAY CENTRE		ROSE CROSS DAY SERVICE		TY WAUNARLYDD DAY CENTRE		
Current Level of Use	Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
	Current occupancy/ attendance levels (High = 5 / Low = 0)	5	5	25	1	5	5	25	1	5	4	20
	Community links established/embedded in community (day services only) (Yes = 5 / No = 0)	5	5	25	2	10	5	25	3	15	3	15

Flexibility of use : currently used by / scope for wider community use (Yes = 5 / No = 0)	5	5	25	1	5	5	25	1	5	3	15
	5	5	25	2	10	5	25	3	15	4	20
Complexity of need of majority of current attendees? (High = 5 / Low = 0)	5	5	25	2	10	5	25	3	15	4	20
<b>Total</b>	<b>20</b>	<b>20</b>	<b>100</b>	<b>6</b>	<b>30</b>	<b>20</b>	<b>100</b>	<b>8</b>	<b>40</b>	<b>14</b>	<b>70</b>
Score			<b>5.0</b>		<b>1.5</b>		<b>5.0</b>		<b>2.0</b>		<b>3.5</b>

145

75

150

90

130

## Appendix 3: 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 [acesstoservices@swansea.gov.uk](mailto:acesstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
Service Area: Adult Services
Directorate: People

**(a) This EIA is being completed for a:**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(b) Please name and describe here:**

Proposed Model for Day Services for Older People:

Following the commissioning review of Day Services for Older People (2016) the preferred option is now progressing for decision. In summary the preferred option proposes to re-shape the internal day service provision and externally commissioned services to focus only on complex care needs and no longer provide day services to those with non-complex needs.

By adopting the preferred option and transforming in-house and commissioned Day Services so they focus on higher dependency, and complex/dementia care, the Council will be able to provide better care for people with complex needs. Refocussing internal and commissioned provision in this way will hopefully allow the Council to provide better services and care for its service users and consequently will need less internal Day Services to provide these specialisms. Therefore, the proposal is to close Rose Cross and The Hollies Day Services – separate EIAs have been undertaken in relation to these proposed closures.

**(c) It was initially screened for relevance to Equality and Diversity on:**

January 2015, December 2017, March 2018. This EIA has been continually updated alongside the consultation process. The report outlines the final impact taking into account the outcomes of the consultation.

**(d) It was found to be relevant to...**

Children/young people (0-18) .....	<input type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Older people (50+).....	<input checked="" type="checkbox"/>	Gender reassignment .....	<input type="checkbox"/>
Any other age group .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input checked="" type="checkbox"/>
Race (including refugees).....	<input checked="" type="checkbox"/>	Carers (including young carers).....	<input checked="" type="checkbox"/>
Asylum seekers .....	<input type="checkbox"/>	Community cohesion .....	<input type="checkbox"/>
Gypsies & Travellers.....	<input type="checkbox"/>	Marriage & civil partnership .....	<input type="checkbox"/>
Religion or (non-)belief .....	<input type="checkbox"/>	Pregnancy and maternity .....	<input type="checkbox"/>
Sex.....	<input type="checkbox"/>		

**(e) Lead Officer**

**Name:** Cathy Murray

**Job title:** PO Service Provision

**Date:** 20<sup>th</sup> August 2018

**(f) Approved by Head of Service**

**Name:** Alex Williams

**Date:** 20<sup>th</sup> August 2018

## Section 1 – Aims (See guidance):

### Briefly describe the aims of the initiative:

#### What are the aims?

In line with the principles of the Social Services and Wellbeing (Wales) Act, the agreed model for Adult services in 2018 has the following aims at its core:

- Better Prevention
- Better Early Help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

It was agreed through an options appraisal and consultation that in order to best meet these strategic priorities a remodelling of our internal and commissioned services was needed with a focus on complex needs. The focus of the service would be about aiming to achieve better outcomes and greater independence for both service users and carers at its core.

In order to meet the aims above our proposed model for Day Services for Older people will refocus internal and commissioned Day Service 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 Swansea Council to provide and commission a specialist service for those with complex needs - ultimately aiming to provide better care for Swansea residents. We will be able to upskill staff to concentrate on providing this specialist service in a way that we are currently unable to do as a result of needing to cater for people with a range of complex and non-complex needs.

By refocussing the services in this way, less capacity will be needed and therefore, again subject to consultation, it is proposed that the Hollies and Rose Cross Day Service buildings would close, although provision will be maintained on the remaining day service sites.

The proposed model would also result in no new referrals for non-complex needs to the other internal Day Services – Norton Lodge, St Johns and Ty Waunarlywydd or commissioned day services for individuals with non-complex needs.

#### Who has responsibility?

Head of Adult Services – Alex Williams

#### Who are the stakeholders?

- Service users
- Carers / Families
- ABMU Health Board representatives (including Older People Mental Health and Therapies)
- Cabinet and Elected Members (including political and opposition majority, representing areas across Swansea)
- Provider Staff (including, Managers, Care Officers and Drivers)
- External Day Care providers (Gwalia, Swansea Carers Centre and Red Cafe)

- Future Day Care Service Users representatives (Network 50+, Age Cymru, Alzheimer’s Society, SCVS Swansea Dementia Friendly Forum, Advocacy Officer and Minority Ethnic Elders - SBREC)
- Integrated Community Services staff (Social Work Team Leaders, Social Workers and Care Management Officers)
- Officers from Social Services (including key Budget Holders, Commissioning, Safeguarding, Direct Payments, Local Area Coordinator).
- Officers from Corporate departments (accountancy, human resources, legal, commercial & commissioning unit, health & safety, housing, scrutiny and property)
- Union representation (GMB, UCATT and Unison)
- Older People’s Commissioner
- Council Sheltered Housing complexes
- Other organisations e.g SCVS, Carers centre, Age concern, Disability Liaison Group, Contracted independent providers , Swansea Dementia Forum , 50+ Network , Ageing Well Steering group

## Section 2 - Information about Service Users (See guidance):

Please tick which areas you have information on, in terms of service users:

- |                                    |                                     |                                      |                                     |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| Children/young people (0-18) ..... | <input type="checkbox"/>            | Sexual orientation .....             | <input type="checkbox"/>            |
| Older people (50+).....            | <input checked="" type="checkbox"/> | Gender reassignment .....            | <input type="checkbox"/>            |
| Any other age group .....          | <input checked="" type="checkbox"/> | Welsh language .....                 | <input checked="" type="checkbox"/> |
| Disability .....                   | <input checked="" type="checkbox"/> | Poverty/social exclusion.....        | <input type="checkbox"/>            |
| Race (including refugees).....     | <input checked="" type="checkbox"/> | Carers (including young carers)..... | <input checked="" type="checkbox"/> |
| Asylum seekers .....               | <input type="checkbox"/>            | Community cohesion .....             | <input type="checkbox"/>            |
| Gypsies & Travellers.....          | <input type="checkbox"/>            | Marriage & civil partnership .....   | <input checked="" type="checkbox"/> |
| Religion or (non-)belief .....     | <input checked="" type="checkbox"/> | Pregnancy and maternity .....        | <input type="checkbox"/>            |
| Sex.....                           | <input checked="" type="checkbox"/> |                                      |                                     |



**Please provide a snapshot of the information you hold in relation to the protected groups above:**

Currently there are 5 internal Day Services with a total of 440 places per week. 2 external day services are commissioned with further capacity; currently there are 100 places in Llys Y Werin and 54 places for Ty Conway per week.

The average number of service users per week across all internal day services was 78 attendees. (March 2018)

As part of the commissioning review, information on age groups and level of usage was captured as follows:

Site	Age Range 2009	Age Range 2015	Age Range August 2018	Number of SU's per site 2009	Number of SU's per site 2015	Number of SU's per site August 2018
Norton Lodge	86-100	<b>73-102</b>	<b>71 - 97</b>	143	<b>73</b>	<b>75</b>
Rose Cross	76-85	<b>66-94</b>	<b>65 – 85+</b>	65	<b>36</b>	<b>35</b>
St Johns	86-100	<b>57-99</b>	<b>59 - 95</b>	114	<b>84</b>	<b>91</b>
Hollies	76-100	<b>74-92</b>	<b>75 – 85+</b>	56	<b>25</b>	<b>8</b>
Ty Waunarlwydd	86-100	<b>61-100</b>	<b>57 - 96</b>	93	<b>50</b>	<b>61</b>
<b>Total</b>				<b>471</b>	<b>268</b>	<b>270</b>

In-house Day Services staff capture information on their clients manually on site. This information has been collated as part of the Impact Assessment reports for those Day services identified for potential closure.

In support of the proposed model for day services future service user demand and level / complexity of need has also been considered to ensure we propose a model which is fit for purpose and sustainable.

A regional population assessment was conducted by Western Bay (covering Neath Port Talbot, Bridgend and Swansea Localities) which has helped to better understand the future need in our locality amongst older people and carers, key extracts include:

- By 2041 the number of people over 65 is expected to increase by 37%
- By 2035 the number of people over 85 is expected to increase by 119%

Projection tools used this information to predict the following around the level of need of our regional population:

- By 2020 the population aged over 65 would exceed 111,070 in the region with around 45% of this group living alone. Of that group it is predicted 18.5% would be unable to manage at least one mobility activity on their own (including going outdoors).
- The number of people with dementia is also predicted to significantly increase across the region due to the increased life expectancy and ongoing improvement of diagnosis of the condition. People with dementia are likely to have complex needs

The population assessment does not break down the data into individual protected groups. We know however that very few people from BME communities access our services. The main reason for this is that people from BME communities tend to be cared for at home by extended family networks and are less likely to approach us for statutory support.

**Any actions required, e.g. to fill information gaps?**

Continued monitoring of those who access Day Services/Social Services by protected group.

As described manual records need to be maintained in relation to service user details on site at the Day Services.

Swansea Council alongside regional partners including the Local Health Board are progressing with the implementation of the Welsh Community Care Information System – this will hold client records for all local authority and Health services and replace the current PARIS client management system used within Adult Social Services. The new system will be developed to better capture and easily extract information around our service users and protected characteristics.

**Section 3 - Impact on Protected Characteristics (See guidance):**

Please consider the possible impact on the different protected characteristics.

**Current Service Users & Carers**

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older people (50+) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asylum seekers →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh Language →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carers (inc. young carers) →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage & civil partnership →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity →	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thinking about your answers above, please explain in detail why this is the case.**

Our proposal aims to ensure sure that those with the most complex level of need have the need met in the best way possible.

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

- 1) Require support to remain at home due to 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.

We would continue to assess needs of service users on an individual basis through our Social Work assessment process and all service users that have been assessed as having eligible needs are entitled to have those needs met. Where the eligible need is a complex need then that need can be met by the provision of a day service. Where the eligible need is not a complex need then that need can be met by the provision of other services, which may include signposting and support to access community services.

Positive Impact:

- Older People (50+)
- Children/young people (0-18)
- Any other age group
- Carers
- Disability
- Race
- Religion or (non) belief
- Sex
- Sexual Orientation
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity

The model has been developed to provide the necessary resource and capacity to deliver the best possible Day Services to those most in need across Swansea. The principle is that there is an increased level of complex needs, particularly with older people with dementia in Swansea. This demand, alongside other complex health issues, will only continue to grow in the years to come – realigning Day Services now will provide Swansea Council with the opportunity to upskill staff and create the necessary Day Service environment which will support the outcomes of service users and carers. This is a positive impact on current service users, their carers and future clients alike by ensuring the service is fit for purpose and sustainable at that level for future years.

In addition the proposed model will continue to provide Day Services provision to all those where it is the only means of support to meet their outcomes including older people with learning disabilities, mental health problems, sensory impairment or physical disabilities, regardless of protected characteristic.

For these clients services will be improved with more specialist support which will better meet their needs. All current and future clients with complex needs determined following a social work assessment will be offered a place in a day service going forward.

We do however recognise that although the proposed model is positive in principle for the above reasons there is potentially a perceived negative impact for those service users at the identified sites for potential closure as those current attendees with non-complex needs at the Hollies and Rose Cross Day Services may no longer be eligible for a day service. The detail surrounding this and the actions to minimise disruption are detailed in the specific impact assessment reports relating to Rose Cross and the Hollies Day Services. For all future potential clients who do not meet the service criteria for complex needs, information on existing alternatives will be shared and options for alternative ways that needs can be met will be discussed with the support of either the Common Access Point or a social worker as part of a social work assessment.

Neutral Impact:

- Asylum Seekers

- Welsh Language
- Poverty/Social Exclusion

Asylum seekers with no recourse to public funds would not be eligible for social care services, unless their human rights were breached.

There will be a neutral impact in relation to Welsh Language. As part of the wider Swansea Council objectives, Adult services will continue to develop and review its Welsh Language strategy focusing on the wider implementation of the 'active offer' as defined within 'More than just words' guidance. This is an ongoing area of development which will only improve but is unaffected by the proposed model of delivery. For the purposes of consultation information on language is held for service users and all correspondence and consultation materials will be available in Welsh Language format.

There is unlikely to be any impact on poverty and social exclusion as all those with eligible needs will receive a service/support, regardless of their financial means.

Needs Further investigation:

- Gypsies & Travellers
- Community Cohesion

It is recognised that not enough information is held in relation to the above areas listed to fully understand the impact of the revised model for Day Services. However the principles of the overall proposed model maintain the objectives of building a sustainable service which will be best able to meet the needs of those with most complex support requirements throughout Swansea. Improved information gathering on these areas across Social Services and partner organisations will assist with this learning.

In relation to gypsies and travellers we currently do not capture information on this in relation to our residents, but the numbers are likely to be low or negligible as gypsy and traveller communities would generally care for family members within their communities rather than access the formal care system, unless circumstances meant that they were unable to manage.

Community Cohesion has been recognised and evaluated as part of the criteria when assessing the options for Day service closures (detailed in separate Equality Impact Assessments).

This assessment included a wider discussion around Day Service's community links and active engagement of staff, premises and service users with the wider community via partner and voluntary organisations. There have been excellent examples of this work in practice with a number of day services which potentially have a positive impact on community cohesion. For example, St Johns Day Services has very strong links with the community and interactive projects with a wide cross section of local groups, statutory agencies and the local church. However, impact outside of service user engagement and impact on achievement of personal outcomes has not been formally expanded to fully understand wider implications and benefits. The Model and proposed reduction in Day Services may or may not have a positive impact on community cohesion though we have already made strides to ensure that community cohesion improved. This will be taken forward for further consideration as part of the wider implementation if approved.

The EIA will remain open until such time as the model is implemented, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas which isn't already being addressed.

## Section 4 - Engagement:

Please consider all of your engagement activities here, e.g. participation, consultation,

### **What engagement has been undertaken to support your view? How did you ensure this was accessible to all?**

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18.

Documents were provided in English and Welsh and were available in large print on request.

We identified the preferred language of the affected Services Users when communicating with them during the consultation.

Consultation information was provided via Corporate Communications to staff, and details were included on the intranet and internet, through the Media, Facebook and Twitter.

A Stakeholder Map was created with the service which identified stakeholders and has been used by the service to evidence engagement with the stakeholders.

### **Consultation with stakeholders was as follows:**

- All Councillors were briefed regarding the proposals
- Ward Councillors - Cllr Child, the Cabinet Member, has spoken to or offered to speak to relevant Ward Councillors
- AM/MPs - letter issued to raise awareness of consultation
- Older Peoples Commissioner - letter issued to raise awareness of consultation
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings ongoing as necessary
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries
- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in CC and Guildhall reception
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required
- Ty Conwy and Llys y Werin ( commissioned day services) were made aware of consultation and hardcopy questionnaires provided
- Head of Adult Services met with Disability Liaison Group to raise awareness of consultation
- Swansea Council sheltered complexes – hardcopy questionnaires issued

### **Consultation with affected Services Users and their families/carers was as follows:**

1. Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.
2. Consultation meetings took place at the sites earmarked for closure with residents and families. Meetings took place at the Hollies on 17<sup>th</sup> May and 11<sup>th</sup> June. Meetings took place at Rose cross on 20<sup>th</sup> May, 16<sup>th</sup> May and 21<sup>st</sup> May. It was

**involvement, co-productive approaches, etc.**

recognised that not all attendees go to the service every day, so it was ensured that each attendee could attend at least one meeting. The details of who attended the meetings is included in the specific Equality Impact Assessment in relation to Parkway.

3. 1 to 1s arranged as necessary at various times.
4. Social Workers meeting with relevant affected Service Users to complete reviews to help determine if they had complex or non-complex needs to help inform their response to the consultation.
5. Other Council Day Care venues and Service Users made aware of consultation by management and Welsh/English hardcopy questionnaires provided

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation. All staff affected were met with on 30<sup>th</sup> April, and 1 to 1 meetings between staff, management, HR and Unions (if they wanted support) were held with all affected staff during the consultation period.

#### **What did your engagement activities tell you? What feedback have you received?**

Info received	No. rec'd
Online Questionnaire	42
Hardcopy Questionnaires	50
Letters	0
Emails	0
<b>TOTAL</b>	<b>92</b>

92 respondents completed the questionnaire either online or on paper. The responses to both the paper and online questionnaire are amalgamated below.

(NB: numbers for each question differ as do the stats as some people chose not to answer all questions)

Regarding the overall proposed service model the following question was asked of all stakeholders:

**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)? Please expand your answer**

<b>Strongly agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
11	26	20	30

67 comments were received summarised into themes as below:

- Lack of logic of the rationale behind the proposed changes x 9
- Prevention/Isolation x 32
- Lack of viable alternatives x 7
- Don't just focus on complex needs because ..... x 11
- Do focus on complex needs (agree with model).... X 14
- Do focus on complex needs, however (agree in part)..... x 8
- Create alternatives
- Betraying older people x 3

**The next question asked was, Are there any other options you feel the Council should have looked at in relation to Day Services for Older People?**

59 comments were received as follows:

- Support to make alternatives more realistic x 9
- Co-production x 6
- Day services should remain for those who need them X 19
- Change the way services are procured x 1
- Increase the budget x 2
- Joint working across health and other local authorities x 1
- Introduce charges to keep the services open x 3
- Save money from elsewhere in the budget x 1

Other themes and feedback across the model proposal and specific closure proposals included:

- Isolation will lead to decreased wellbeing x 8
- Local services x 8
- Resistance to change x 11
- Use alternative venues and volunteers x 2
- Take funding from elsewhere x 1
- Don't use condition of building as a criteria x 1
- Be clearer about how the remaining services will be equipped to meet the increase in complex needs x 1

Staff were encouraged to take part in the consultation, alongside service users and other stakeholders. Aside from responses counted in these overall totals there was no formal response received from staff or Trade Union representatives during the consultation process.

**How have you changed your initiative as a result?**

The key potential positive and adverse impacts of the overarching model for day services on people with protected characteristics particularly older people are set out below, alongside appropriate mitigation:

- There was a level of support for the model and agreement that the Council should focus on complex needs to ensure those most in need continued to receive services and that they were financially sustainable for the future. This had a positive impact on older people, people with disabilities and their carers.
- There was a suggestion that community-based options often provided a better solution for people than a traditional day service, which again led to a positive impact on older people, people with disabilities and their carers.
- There was a feeling that day services acted as preventative services which were often the only chance that older people had to socialise and taking this away would lead to further loneliness and isolation and have a detrimental impact on wellbeing. There was also a concern that there were a lack of viable alternatives. Services would still be provided for all those with complex needs and those with non-complex needs would be robustly supported to find suitable alternatives with the help of Local Area Coordinators in some areas of Swansea and the third sector. The Council recognises its duty to promote wellbeing, and the change to social work assessment would allow the Council to do this. It was therefore felt that the possible adverse impact on older people, people with disabilities and those isolated and socially excluded could be mitigated effectively.
- There was potential to create alternatives to day services through co-productive approaches to which older people could contribute, but support was needed including suitable transport. This approach could have a positive impact on older people and people with disabilities and the Council was committed to providing an appropriate level of support.
- There was a belief that the Council should not focus on complex needs only because it was felt that there were no alternatives and the proposed closures would impact negatively on the respite needs of carers. The Council was able to mitigate this, as the criteria used to assess complex needs took account of the needs of carers, and individuals would still be eligible to attend a day service if it was the only way to provide respite and there was a risk that family relationships could break down.
- Despite concerns over social isolation and the impact on carers, some respondents still stated that they were in support of the proposals having taken account of this potential negative impact which suggested that the proposals would have a positive impact on older people, people with disabilities and carers.
- There was a perception from a small number of respondents that older people had been betrayed having contributed all their lives through taxes only to be denied the support they need. This could be mitigated as all those with eligible social care needs would have their needs met.
- Concern that the proposals were about savings and in the future more people will not be able to cope and need support to meet other people. The Council has a duty to meet the eligible social care needs of vulnerable adults, so this could be effectively mitigated.

In addition to the above, the potential impact was minimised and adverse effect mitigated by taking a decision to not review those with non-complex needs in the remaining day services in line with the preferred future model. Those service users with non-complex needs would be allowed to remain in the service, until they naturally moved on. Only those attendees at Rose Cross and the Hollies Day Service would consequently be directly affected.



In general whilst there was not majority support for the model or the proposal to close the Hollies and Rose Cross Day Services, there was still a level of support for the model itself which was demonstrated in some of the comments put forward. No viable alternatives were put forward which would allow people to maintain independence and remain at home for longer in line with the principles of the Social Services and Wellbeing (Wales) Act at the same time as achieving the necessary savings required.

There is clearly a risk if the proposed model is approved, that there could be a negative impact on those individuals currently attending Rose Cross and the Hollies Day Services due to the need to move on. However, this risk can be mitigated as much as possible by ensuring robust social work assessment identifies those move on plans and all those affected are supported before, during and after any move. In addition, there could be a positive impact on the wellbeing of current attendees at Rose Cross and the Hollies Day Services as they may be happier elsewhere and build positive relationships as part of any move.

On balance therefore remodelling as per the proposals will allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act and Well Being of Future Generations (Wales) Act by providing a model of care that is sustainable for the future, and effectively meets the needs of an ageing population with more complex needs. The Council is therefore confident that the recommendations put forward in this report are appropriate despite there not being majority support for the proposals.

There were no proposed changes to the model as a consequence of the consultation responses as the impact would be minimised by restricting any potential moves to those attending Rose Cross and the Hollies (a maximum of 43 attendees), and all remaining adverse effects could be effectively mitigated.

**Any actions required (e.g. further engagement activities, mitigation to address any adverse impact, etc.):**

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions. This communication plan will form a key part of the overall project plan should the proposals proceed.

Individual social work assessments will need to take place with all those affected at the Hollies and Rose Cross Day Services; full details of this will be included in the specific Equality Impact Assessment relating to these services.

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions.

**Section 5 – Other impacts:**

Please consider how the initiative might address the following issues - see the specific Section 5 Guidance

<b>Foster good relations between different groups</b>	<b>Advance equality of opportunity between different groups</b>
<b>Elimination of discrimination, harassment and victimisation</b>	<b>Reduction of social exclusion and poverty</b> Page 249

**Please explain any possible impact on each of the above.**

The service model for Adult Services aims to impact on all of the above.

In general terms The Social Services and Wellbeing (Wales) Act 2014 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 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 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, 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 need to make sure 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.

Local Authorities also need to ensure a 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.

There will be stronger powers to keep people safe from abuse and neglect.

The Adult services model has interpreted this requirement and embedded into all service development, including the proposed model around Day Services.

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 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 proposed new model for Day Services supports this vision and the overarching Swansea Council model for Adult Social Care agreed in 2016.

**What work have you already done to improve any of the above?**

Using this vision as our touchstone a number of positive steps have been taken to

address the 4 priorities listed. These include the development of integrated community Hubs which offer community based services staffed by Social Workers, Nursing staff, Occupational Therapists, Physiotherapists and other community support resources from both the Local Health Board and Local Authority – their purpose is to offer a consistency of approach regardless of the individual’s geographical location, staff member providing contact and services which are offered.

It also promotes a service around the individual ensuring that everyone who needs to be involved is available to offer a timely intervention if needed

This model also provides greater consistency in our approach to safeguarding – ensuring that the vulnerable have the most robust processes and professional framework in place to keep them safe from abuse.

It has also enabled us to develop alternative models to traditionally managed care like Day Services – these include the Local Area Co-ordinators who work within the community and build upon the strengths that community can bring in assisting with achieving an individual’s personal outcomes. Our close working with the 3<sup>rd</sup> sector explores these options further and can help with the future development of other forms of support outside of traditional services available to the individual and the community around them. All of which facilitating the person’s ability to remain as independent as possible within their own communities for longer

The remodelling of Day Services alongside the other commissioning reviews of services allows us to refocus our limited resources into the most complex of needs and shift investment into the more sustainable and long term investment of building on those assets which already exist within the community.

**Is the initiative likely to impact on Community Cohesion? Please provide details.**

The offer of alternative community based support to those potentially no longer eligible for Day Services will assist with the maximisation of existing schemes and development/potential investment in expansion of these available community based services. This forms part of the wider Prevention Strategy and overall service model for Adult Services in Swansea. It is also a corporate priority across Swansea Council.

**How does the initiative support Welsh speakers and encourage use of Welsh?**

Across all adult services the ‘Active offer’ is in place - at its heart is the idea that being able to use your own language must be a core component of care – not an optional extra.

In an aim to achieve this Adult Services alongside the whole council are working towards mainstreaming welsh language services as an integral part of service planning and delivery. This continues to be a priority regardless of outcomes tied to this proposal.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

N/A

**Section 6 - United Nations Convention on the Rights of the Child (UNCRC):**

**Many initiatives have an indirect impact on children and you need to consider whether the impact is positive or negative in relation to both children’s rights and their best interests. Please read the UNCRC guidance before completing this section.**

**Will the initiative have any impact (direct or indirect) on children and young people**

(think about this age group holistically e.g. disabled children, those living in poverty or from BME communities)? If not, please briefly explain your answer here and proceed to Section 7.

**All initiatives must be designed / planned in the best interests of children and young people.**

*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.*

**Please explain how you meet this requirement:**

We recognise that we need to ensure that all carers (regardless of age) are supported. For this reason, we have joint commissioning arrangements for Adult Services and Child & Family Services for those which support young carers. This proposal will ensure much needed respite for those carers supporting individuals with complex needs will continue to be provided.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

Impact on this group will continue to be monitored if the proposal is approved. Communication and engagement with alternative provisions for non-complex clients will be managed as part of transition if the proposal is approved.

## **Section 7 - Monitoring arrangements:**

**Please explain the monitoring arrangements for this initiative:**

### **Monitoring arrangements:**

EIAs to be continually updated in line with decision making and further consultation

Corporate communications team and Access to Services team will continue to be engaged in process with key updates provided as and when possible

Social work assessments for attendees at the Hollies and Rose Cross Day Services to manage impact of change (if approved)

Ongoing project monitoring of overarching project plan to ensure project is delivered in line with objective and any adverse impacts are mitigated.

Implementation of model and affected processes to be mapped and planned appropriately (if approved)

### **Actions:**

Ongoing update of EIA.

(Dependent on decision) commencement of social work assessments for existing service users

(Dependent on decision) finalisation of revised project plan.

(Dependent on decision) implementation of proposed model and associated day service closure.

(Dependent on decision) monitoring of outcomes and impact on those no longer attending day services to be developed and produced

## Section 8 – 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                   | <input type="checkbox"/>            |
| Outcome 2: Adjust the initiative – low level of concern           | <input checked="" type="checkbox"/> |
| Outcome 3: Justify the initiative – moderate level of concern     | <input type="checkbox"/>            |
| Outcome 4: Stop and refer the initiative – high level of concern. | <input type="checkbox"/>            |

**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 9 - 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](mailto: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.

## EIA 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
Inform Rose Cross and Hollies attendees and their families, and staff of outcome of Cabinet Decision	Head of Service	Post Cabinet on 20/09/18	Letters issued	
Inform key stakeholders of outcome	Head of Service	Post Cabinet on 20/09/18	Letters/emails issued	
Inform other Council day service users	Head of Service	Post Cabinet on 20/09/18	Letters issued	
Revise overall project plan (if approved)	Project Management Support	Post Cabinet on 20/09/18	Project plan completed	
Stop all new referrals for day services for non-complex needs (if approved)	Principal Officer for Service Provision	Post Cabinet on 20/09/18	No new referrals	
Commencement of Social Work Assessments to manage impact of change (if approved)	Principal Officer for Service Provision	Post Cabinet on 20/09/18	Monitoring that all assessments are taken	
Support before, during and after moves from Day Services (if approved)	Allocated Social Workers	Post Cabinet on 20/09/18	Ongoing monitoring by social workers	

Closure of the Hollies and Rose Cross Day Services (if approved)	Head of Service	Early 2019	Hollies and Rose Cross Day Services close	
Remodelling of remaining services in line with preferred model	Principal Officer for Service Provision	Early 2019	Revised model to deliver complex needs only	
Ongoing revision to EIA	Project Management Support	Ongoing	Evidence of EIA being updated.	

**\* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).**

## Appendix 4: 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 [acesstoservices@swansea.gov.uk](mailto:acesstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
Service Area: Adult Services
Directorate: People

**(a) This EIA is being completed for a:**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(b) Please name and describe here: Proposed Closure of The Hollies Day Service Building**

Following the commissioning review of Day Services for older people (2016) the preferred option is now progressing for decision – in summary the proposal is to shape the internal provision to focus on complex care and no longer deliver care for non-complex needs. The in-house service will be developed with reduced capacity refocussing day centres on higher dependency, complex/dementia care.

By adopting the preferred options and transforming in-house Day Services so that they focus on higher dependency, and complex/dementia care, the Council will be able to provide better care for people with complex needs.

Refocussing internal provision in this way will hopefully allow the Council to provide better services and care for its citizens.

By concentrating its resources on these specialisms, the Council will ultimately provide a better service for residents in Swansea, but will need less internal Day Services places to provide these specialisms.

It is therefore proposed that 2 day services for older people would close. Having undertaken an evaluation exercise to determine the relative suitability of each day service to deliver the preferred future model, it has been determined that the Hollies and Rose Cross Day Services would close as they are least fit for purpose to deliver the future model.

This EIA focuses on the closure of the Hollies Day Service, which would happen if the proposed model is agreed by Cabinet.

**(c) It was initially screened for relevance to Equality and Diversity on:** December 2017 and March 2018. This EIA has been continually updated alongside the consultation process. The report outlines the final impact taking into account the outcomes of the consultation.

**(d) It was found to be relevant to...**

Children/young people (0-18) .....	<input type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Older people (50+).....	<input checked="" type="checkbox"/>	Gender reassignment .....	<input type="checkbox"/>
Any other age group .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input checked="" type="checkbox"/>
Race (including refugees).....	<input checked="" type="checkbox"/>	Carers (including young carers).....	<input checked="" type="checkbox"/>



Asylum seekers .....   
Gypsies & Travellers.....   
Religion or (non-)belief .....

Community cohesion .....   
Marriage & civil partnership .....   
Pregnancy and maternity .....

**(e) Lead Officer**

**Name:** Cathy Murray

**Job title:** Principal Officer, Service Provision

**Date:** 20<sup>th</sup> August 2018

**(f) Approved by Head of Service**

**Name:** Alex Williams

**Date:** 20<sup>th</sup> August 2018

## Section 1 – Aims (See guidance):

### Briefly describe the aims of the initiative:

#### What are the aims?

In line with the principles of the Social Services and Wellbeing (Wales) Act, the agreed model for Adult services in 2018 has the following aims at its core:

- Better Prevention
- Better Early Help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

It was agreed through an options appraisal and consultation that in order to best meet these strategic priorities a remodelling of our internal and commissioned services was needed with a focus on complex needs. The focus of the service would be about aiming to achieve better outcomes and greater independence for both service users and carers at its core.

In order to meet the aims above our proposed model for Day Services for Older people will refocus internal and commissioned Day Service 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 Swansea Council to provide and commission a specialist service for those with complex needs - ultimately aiming to provide better care for Swansea residents. We will be able to upskill staff to concentrate on providing this specialist service in a way that we are currently unable to do as a result of needing to cater for people with a range of complex and non-complex needs.

By refocussing the services in this way, less capacity will be needed and therefore, again subject to consultation, it is proposed that the Hollies and Rose Cross Day Service buildings would close, although provision will be maintained on the remaining day service sites.

The proposed model would also result in no new referrals to the other internal and commissioned Day Services – Norton Lodge, St Johns and Ty Waunarwydd or commissioned day services for individuals with non-complex needs.

As a result, if approved by Cabinet, following public consultation this would result in:

- The Hollies Day Service closing.
- 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.
- Current Service Users with complex needs in The Hollies Day Service would be offered a place in the nearest accessible day service to them. For The Hollies most would attend Llys Y Werin in Gorseinon, an externally commissioned service which is approximately 3 miles from the Hollies.
- Current Service Users of The Hollies Day Service who have non-complex needs would cease using our internal or commissioned Day Services. An individual move on plan would be determined for each service user affected to ensure any needs/outcomes were met.

- In line with the model, there would be no further referrals to the other internal Day Services – Norton Lodge, St Johns and Ty Waunarlwydd or commissioned day services for individuals with non-complex needs.

**Who has responsibility?**

Alex Williams (Head of Adult Services)

**Who are the stakeholders?**

- Service Users
- ABMU Health Board representatives (including Older People Mental Health and Therapies)
- Carers / Families
- Cabinet and Elected Members (including political and opposition majority, representing areas across Swansea)
- Provider Staff (including, Managers, Care Officers and Drivers)
- Future Day Care Service Users representatives (Network 50+, Age Cymru, Alzheimer’s Society, SCVS Swansea Dementia Friendly Forum, Advocacy Officer and Minority Ethnic Elders - SBREC)
- Integrated Community Services staff (Social Work Team Leaders, Social Workers and Care Management Officers)
- Officers from Social Services (including key Budget Holders, Commissioning, Safeguarding, Direct Payments, Local Area Coordinator).
- Officers from Corporate departments (accountancy, human resources, legal, commercial & commissioning unit, health & safety, housing, scrutiny and property)
- Union representation (GMB, UCATT and Unison)
- Older People’s Commissioner
- Council Sheltered Housing complexes
- Other organisations e.g SCVS, Carers centre, Age concern, Disability Liason Group, Contracted independent providers , Swansea Dementia Forum , 50+ Network , Ageing Well Steering group

## Section 2 - Information about Service Users (See guidance):

Please tick which areas you have information on, in terms of service users:

Children/young people (0-18) .....	<input type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Older people (50+).....	<input checked="" type="checkbox"/>	Gender reassignment .....	<input type="checkbox"/>
Any other age group .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input type="checkbox"/>
Race (including refugees).....	<input checked="" type="checkbox"/>	Carers (including young carers).....	<input type="checkbox"/>
Asylum seekers .....	<input type="checkbox"/>	Community cohesion .....	<input type="checkbox"/>
Gypsies & Travellers.....	<input type="checkbox"/>	Marriage & civil partnership .....	<input type="checkbox"/>
Religion or (non-)belief .....	<input checked="" type="checkbox"/>	Pregnancy and maternity .....	<input type="checkbox"/>
Sex.....	<input checked="" type="checkbox"/>		

## Information about Staff at The Hollies Day service (See guidance):

Please tick which areas you have information on, in terms of service users:

Children/young people (0-18) .....	<input type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Older people (50+).....	<input checked="" type="checkbox"/>	Gender reassignment .....	<input type="checkbox"/>
Any other age group .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input type="checkbox"/>
Race (including refugees).....	<input type="checkbox"/>	Carers (including young carers).....	<input type="checkbox"/>
Asylum seekers .....	<input type="checkbox"/>	Community cohesion .....	<input type="checkbox"/>
Gypsies & Travellers.....	<input type="checkbox"/>	Marriage & civil partnership .....	<input type="checkbox"/>
Religion or (non-)belief .....	<input type="checkbox"/>	Pregnancy and maternity .....	<input type="checkbox"/>
Sex.....	<input checked="" type="checkbox"/>		

**Please provide a snapshot of the information you hold in relation to the protected groups above:**

### Information held on Service Users:

Within Adult services we hold client records for all service users on the PARIS client management system which provides greater detail around all of the protected groups. Unfortunately these records do not capture all of the service user information as a mandatory requirement nor can it easily disaggregate records to specific services i.e we cannot pull information on clients based on the services they use.

Therefore, in-house Day Services staff capture information on their clients manually on site to ensure that the information is as accurate as possible. This information is not as detailed as we would like and as highlighted above does not cover all protected characteristics.

As of August 2018, there were 9 attendees at the Hollies Day Service.

The information that we held on these attendees was as follows:

Sex	
Female	7
Male	2

Ethnicity	
White	9

Age	
65-74	0
75-84	4
85+	5

Religion/Belief	
Not stated	7
CofE	2

Marital Status	
Married	2
Single	1
Widowed	6

## Disability

As of August 2018, there were 9 Services Users at The Hollies Day Service. All Service Users have since been assessed as having complex needs.

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:

- Require support to remain at home due to 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.
- Require support to enable reablement or maintenance of daily living skills to enable the person to remain in the family home.
- 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.
- Respite required for family and carers where there is a risk of the family situation breaking down.

## Information held on Staff at the Hollies Day Service:

There are 5 day service staff, but all staff hold dual roles with the co-located residential home. We hold the following information on the staff as follows (Null indicates where the information is not recorded):

AGE	GENDER	ANY DISABILITIES	WELSH SPEAKING	MARITAL STATUS	SEXUAL ORIENTATION	NATIONALITY	RELIGION	CARER
42	Female	No	No	Married	Null	Welsh	Null	Null
31	Female	No	No	Single	Null	British	Null	Null
52	Female	No	No	Married	Heterosexual/straight	Irish	Christian/Catholic	

55	Female	Yes	No	Married	Null	Welsh	Null	Null
----	--------	-----	----	---------	------	-------	------	------

Whilst there were 5 posts affected, one post was vacant.

**Any actions required, e.g. to fill information gaps? –**

As described manual records need to be maintained in relation to service user details on site at the Hollies Day Service.

Swansea Council alongside regional partners including the Local Health Board are progressing with the implementation of the Welsh Community Care Information System – this will hold client records for all local authority and Health services and replace the current PARIS client management system used within Adult Social Services. The new system will be developed to better capture and easily extract information around our service users and protected characteristics.

Staff are encouraged to provide their profile details on our IT system, however this is not mandatory. We will continue to publicise and encourage all our staff to complete.

**Section 3 - Impact on Protected Characteristics (See guidance):**  
**Please consider the possible impact on the different protected characteristics.**

**Current & future Service Users & Carers**

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Older people (50+) →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disability →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees) →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asylum seekers →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh Language →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers) →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage & civil partnership →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Thinking about your answers above, please explain in detail why this is the case.**

Negative impact

- Older people
- Disability
- Carers (inc. young carers).

We recognise that the proposed closure of the Hollies Day Service specifically cannot be viewed as having a positive impact on current residents (many of whom have a disability) and carers. With this in mind of paramount importance is how move on arrangements for residents is managed to ensure all current residents with complex experience minimal impact to their wellbeing.

All clients currently using the Hollies Day Service have been assessed as having complex needs, therefore they will be offered an alternative location to continue to receive this provision if closure of The Hollies Day Service is agreed subject to any change of need. All service users that have been assessed as having eligible needs are entitled to have those needs met. Where the eligible need is a complex need then that need can be met by the provision of a day service. Where the eligible need is not a complex need then that need can be met by the provision of other services, which may include signposting and support to access community services.

These existing service users will be offered an alternative site to receive a Day Service. This will be at the nearest accessible day service which, it is anticipated, would result in the majority attending Llys Y Werin in Gorseinon, an externally commissioned service which is approximately 3 miles from the Hollies. Social Services transport will continue to be provided as it is currently. All service users will be fully supported throughout any move to an alternative day service.

We have demonstrated in Section 4 of this EIA how we have mitigated against the negative impact on these groups.

Neutral Impact:

- Race
- Asylum seekers
- Religion or (non) belief
- Sex
- Sexual Orientation
- Gender Reassignment
- Welsh Language
- Marriage and civil partnership
- Pregnancy and maternity
- Poverty/Social Exclusion

Although we have limited information on the individual protected characteristics of attendees, all eligible needs of current attendees at the Hollies will be met, regardless of protected characteristic. All attendees will be supported to move on in line with their needs. There will be a disproportionate impact on females, as the majority of the attendees are female; however again all needs will be met regardless of gender.

The current provision of Day Services will remain unchanged in relation to these areas. Impact will only be attributable to assessment of whether the individual has complex on non-complex needs. As the proposed model describes we will continue to provide services to those with complex health needs and those older people with learning disabilities, mental health problems, sensory impairment or physical disabilities where these services are the



only means of support to meet their outcomes, regardless of protected characteristics.

There will be a neutral impact on poverty and social exclusion as all those eligible for a service will still receive them, regardless of their financial circumstances.

Needs further investigation:

- Children/young people (0-18)
- Any other age group
- Gypsies & Travellers
- Community Cohesion

It is recognised that not enough information is held in relation to the areas listed above to fully understand the impact of the proposals relating to the Hollies Day Service. However, the impact on gypsies and travellers is likely to be limited, but we don't know for certain whether any resident has come from a gypsy and traveller community. The impact on children, young people and any other age group is also likely to be limited due to the age range of those that attend the Hollies, but there will be an impact on carers of other ages.

It is unclear how the proposed closure will impact on community cohesion, but the day service itself does have limited links with the local community.

These areas will continue to be monitored as the EIA will remain open until such time as the Hollies is closed, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas as all attendees are known to us and any adverse impacts can be mitigated.

- **Staff Impacts**

It is anticipated that if the closure of the Hollies Day Service is agreed there will be no impact on the staff who as part of their wider role in the residential care setting as Domestic Assistants also provide support in escorting service users to and from the day service. Instead it is proposed, subject approval of a Delegated Powers Report I that these four staff receive revised Job Titles to become full time (or appropriate hours as already contracted) Domestic Assistants within the residential care home setting. Mitigation in relation to staff is included within Section 4 of this EIA.

## Section 4 - Engagement:

Please consider all of your engagement activities here, e.g. participation, consultation, involvement, co-productive approaches, etc.

**What engagement has been undertaken to support your view? How did you ensure this was accessible to all?**

**What engagement has been undertaken to support your view? How did you ensure this was accessible to all?**

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18.

Documents were provided in English and Welsh and were available in large print on request. We identified the preferred language of the affected Services Users when communicating with them during the consultation.

Consultation information was provided via Corporate Communications to staff, and details were included on the intranet and internet, through the Media, Facebook and Twitter.

A Stakeholder Map was created with the service which identified stakeholders and has been used by the service to evidence engagement with the stakeholders.

**Consultation with stakeholders was as follows:**

- All Councillors were briefed regarding the proposals
- Ward Councillors - Cllr Child, the Cabinet Member, has spoken to or offered to speak to relevant Ward Councillors
- AM/MPs - letter issued to raise awareness of consultation
- Older Peoples Commissioner - letter issued to raise awareness of consultation
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings ongoing as necessary
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries
- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in CC and Guildhall reception
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required
- Ty Conwy and Llys y Werin ( commissioned day services) were made aware of consultation and hardcopy questionnaires provided
- Head of Adult Services met with Disability Liaison Group to raise awareness of consultation
- Swansea Council sheltered complexes – hardcopy questionnaires issued

**Consultation with affected Services Users and their families/carers was as follows:**

1. Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.

2. Consultation meetings took place at the sites earmarked for closure with residents and families. Meetings took place at the Hollies on 17<sup>th</sup> May and 11<sup>th</sup> June. It was recognised that not all attendees go to the service every day, so it was ensured that each attendee could attend at least one meeting. All attendees attended at least one meeting. One family member also attended both meetings and 2 community councillors were present at one meeting.
3. 1 to 1s arranged as necessary at various times.
4. Social Workers meeting with relevant affected Service Users to complete reviews to help determine if they had complex or non-complex needs to help inform their response to the consultation.
5. Other Council Day Care venues and Service Users made aware of consultation by management and Welsh/English hardcopy questionnaires provided.

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation. All staff affected were met with on 30<sup>th</sup> April, and 1 to 1 meetings between staff, management, HR and Unions (if they wanted support) were held with all affected staff during the consultation period.

### What did your engagement activities tell you? What feedback have you received?

Info received	No. rec'd
Online Questionnaire	42
Hardcopy Questionnaires	50
Letters	0
Emails	0
<b>TOTAL</b>	<b>92</b>

92 respondents completed the questionnaire either online or on paper. The responses to both the paper and online questionnaire are amalgamated below.

(NB: numbers for each question differ as do the stats as some people chose not to answer all questions)

Regarding the overall proposed service model the following question was asked of all stakeholders:

**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)? Please expand your answer**

<b>Strongly agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
11	26	20	30

67 comments were received summarised into themes as below:

- Lack of logic of the rationale behind the proposed changes x 9
- Prevention/Isolation x 32
- Lack of viable alternatives x 7
- Don't just focus on complex needs because ..... x 11
- Do focus on complex needs (agree with model).... X 14
- Do focus on complex needs, however (agree in part)..... x 8
- Create alternatives
- Betraying older people x 3

Respondents were also asked, **Are there any other options you feel the Council should have looked at in relation to Day Services for Older People?**

59 comments were received which can be themed as follows:

- Support to make alternatives more realistic x 9
- Co-production x 6
- Day services should remain for those who need them X 19
- Change the way services are procured x 1
- Increase the budget x 2
- Joint working across health and other local authorities x 1
- Introduce charges to keep the services open x 3
- Save money from elsewhere in the budget x 1

Respondents were then asked, **Considering the above, do you agree or disagree with the following?**

	<b>Strongly Agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
The criteria used to access each day service were the right ones	11	24	16	20
The proposal to close The Hollies Day Service	12	18	15	27

Finally respondents were asked, **If you disagree with either of the above please explain why and give any alternatives that you would like the Council to consider**

56 comments were received which are themed as follows:

- Isolation will lead to decreased wellbeing x 8
- Local services x 8
- Lack of Logic
- Resistance to change x 11
- Use alternative venues and volunteers x 2
- Take funding from elsewhere x 1
- Don't use condition of building as a criteria x 1
- Be clearer about how the remaining services will be equipped to meet the increase in complex needs x 1

Face to face meetings at The Hollies recorded the following feedback:

DATE OF MEETING	POINTS RAISED
<b>THEME 1 – FRIENDSHIPS &amp; SOCIAL CONTACT</b>	
11.6.18	Family members were concerned that people would be split up and lose friendships.
11.6.18	It was felt the proposals were about savings and in the future more people will not be able to cope and need support to meet other people.
<b>THEME 2 – DAY SERVICE USE</b>	
17.5.18	It was also queried why Hollies would close when we are paying Lllys Y Werin.
17.5.18	Family member raised another concern that the service is under promoted and that is why there are low numbers and staff are told to do this (social workers).
11.6.18	A family member felt that the day centres are under promoted by social workers and why not provide 5 days?
11.6.18	One family member proposed that day services could be open 5 days a week and should be advertised and there would be take-up
11.6.18	It was challenged that the decision discriminated against the Hollies as the service is further away from facilities and an easy target. In response, the key factor was the under-utilisation of the service and was a fair comparison.
11.6.18	It was questioned why referrals to the service had been stopped
11.6.18	A family member thought that anyone who wanted to attend a day service should be able to
<b>THEME 3 - ALTERNATIVES</b>	
11.6.18	The family member queried what else was around this area and how people would get there without transport.
11.6.18	Family member asked where people would go if the service closed
<b>THEME 4 - FINANCIAL</b>	
17.5.18	The issue of the Kingsway was raised and the waste of money

	when it could have been spent elsewhere.
11.6.18	The issue of money spent on The Kingsway, Castle Gardens and the Mansion House was raised
<b>THEME 5 - LOCATION</b>	
11.6.18	Concern over travel time was also raised
17.5.18	Family member pointed out that if service users are moved to Llys Y Werin in Gorseinon, the journey will be longer
11.6.18	Another point raised was that Pontarddulais and Gorseinon have their own culture.
<b>THEME 6 - NEEDS</b>	
17.5.18	Family members raised concerns that if their relative is moved they will be confused and it will be detrimental to their needs
11.6.18	It was raised that the Council do not realise that the people are in their 80s and 90s
11.6.18	A family member asked if an Equality Impact Assessment has been completed
11.6.18	Information on 750 houses being built in the area was discussed, and a point raised that there may be more old people living in the area.
11.6.18	Concern over needing support in which case likely to be complex

### **How have you changed your initiative as a result?**

The key potential positive and adverse impacts of the proposed of the Hollies on people with protected characteristics particularly older people are set out below, alongside appropriate mitigation:

- Comments were made by the attendees and family members at the Hollies that people would be split up and lose friendships. Those with complex needs would be supported to move to an alternative day service together in the event that the service closed. For those with non-complex needs every effort would be made to ensure existing relationships could be maintained. It was therefore felt that the impact on isolation and social exclusion could be mitigated.
- Comments were made by attendees and family members at the Hollies that Pontarddulais has its own unique culture, and the culture would be different at an alternative day service. There was therefore a potential adverse impact on community cohesion. However, it was noted that several residents at the Hollies did not live in the Pontarddulais area and if relationships could be maintained, the impact on community cohesion could be mitigated.

Overall, there clearly is a risk of a negative impact on attendees at the Hollies Day Service due to the need to move on if it were to close. However, the above outlines how wherever possible the Council will seek to mitigate those risks and in some cases a move could be positive as they may find they are happier in any new environment with the ability to develop new relationships and have a positive impact on their wellbeing. Any move will need to be carefully planned following a thorough social work assessment and each individual supported during and following any actual move. The Council has prior experience of doing this from when the Beeches Day Service was amalgamated with Abergelli Day Service. This approach was successful and no adverse ongoing effects were experienced by former attendees at the Beeches.

Service from the beginning of the consultation, therefore minimising the number of people potentially affected if the proposals went ahead. At the time of writing the report there were 9 attendees at the Hollies. This would mean a maximum of 9 people would be affected if the proposals were to go ahead.

In addition, during the consultation period, all those affected had a social work assessment to determine whether or not they had complex needs to help inform their response to the consultation. Of the 9 individuals who were still attending the Hollies at the end of the consultation, all had been defined as having complex needs so in all likelihood would be offered an alternative day service as long as needs did not change.

There is clearly also a potential negative impact on those staff affected, but it was determined during the consultation that the 5 staff identified in the Hollies as at risk were no longer at risk. This was due to their dual employment in the co-located Residential Home.

In general whilst there was not majority support for the model or the proposal to close the Hollies, there was still a level of support for the model itself which was demonstrated in some of the comments put forward. No viable alternatives were put forward which would allow people to maintain independence and remain at home for longer in line with the principles of the Social Services and Wellbeing (Wales) Act at the same time as achieving the necessary savings required.

On balance therefore remodelling as per the proposals will allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act and Well Being of Future Generations (Wales) Act by providing a model of care that is sustainable for the future, and effectively meets the needs of an ageing population with more complex needs. The Council is therefore confident that the recommendations put forward in this report are appropriate despite there not being majority support for the proposals.

There were no proposed changes to the proposal to close the Hollies in light of the consultation responses.

**Any actions required (e.g. further engagement activities, mitigation to address any adverse impact, etc.):**

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions. This communication plan will form a key part of the overall project plan should the proposals proceed.

Individual social work assessments will need to take place with all those affected at the Hollies Day Service.

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions.

**Section 5 – Other impacts:**

**Please consider how the initiative might address the following issues - see the specific Section 5 Guidance**

<b>Foster good relations between different groups</b>	<b>Advance equality of opportunity between different groups</b>
<b>Elimination of discrimination, harassment and victimisation</b>	<b>Reduction of social exclusion and poverty</b>

**Please explain any possible impact on each of the above.**

The service model for Adult Services aims to impact on all of the above.

In general terms The Social Services and Wellbeing (Wales) Act 2014 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 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 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, 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 need to make sure 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.

Local Authorities also need to ensure a 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.

There will be stronger powers to keep people safe from abuse and neglect.

The Adult services model has interpreted this requirement and embedded into all service development, including the proposed model around Day Services.

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 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 proposed new model for Day Services supports this vision and the overarching Swansea Council model for Adult Social Care agreed in 2016.

**What work have you already done to improve any of the above?**

Using this vision as our touchstone a number of positive steps have been taken to address the 4 priorities listed. These include the development of integrated community Hubs which



offer community based services staffed by Social Workers, Nursing staff, Occupational Therapists, Physiotherapists and other community support resources from both the Local Health Board and Local Authority – their purpose is to offer a consistency of approach regardless of the individual’s geographical location, staff member providing contact and services which are offered.

It also promotes a service around the individual ensuring that everyone who needs to be involved is available to offer a timely intervention if needed

This model also provides greater consistency in our approach to safeguarding – ensuring that the vulnerable have the most robust processes and professional framework in place to keep them safe from abuse.

It has also enabled us to develop alternative models to traditionally managed care like Day Services – these include the Local Area Co-ordinators who work within the community and build upon the strengths that community can bring in assisting with achieving an individual’s personal outcomes. Our close working with the 3<sup>rd</sup> sector explores these options further and can help with the future development of other forms of support outside of traditional services available to the individual and the community around them. All of which facilitating the person’s ability to remain as independent as possible within their own communities for longer

The remodelling of Day Services alongside the other commissioning reviews of services allows us to refocus our limited resources into the most complex of needs and shift investment into the more sustainable and long term investment of building on those assets which already exist within the community.

**Is the initiative likely to impact on Community Cohesion? Please provide details.**

The offer of alternative community based support to those potentially no longer eligible for Day Services will assist with the maximisation of existing schemes and development/potential investment in expansion of these available community based services. This forms part of the wider Prevention Strategy and overall service model for Adult Services in Swansea. It is also a corporate priority across Swansea Council.

**How does the initiative support Welsh speakers and encourage use of Welsh?**

Across all adult services the ‘Active offer’ is in place - at its heart is the idea that being able to use your own language must be a core component of care – not an optional extra.

In an aim to achieve this Adult Services alongside the whole council are working towards mainstreaming welsh language services as an integral part of service planning and delivery. This continues to be a priority regardless of outcomes tied to this proposal.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

N/A

**Section 6 - United Nations Convention on the Rights of the Child (UNCRC):**

Many initiatives have an indirect impact on children and you need to consider whether the impact is positive or negative in relation to both children’s rights and their best interests. Please read the UNCRC guidance before completing this section.

**Will the initiative have any impact (direct or indirect) on children and young people (think about this age group holistically e.g. disabled children, those living in**

poverty or from BME communities)? If not, please briefly explain your answer here and proceed to Section 7.

**All initiatives must be designed / planned in the best interests of children and young people.**

*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.*

*Please explain how you meet this requirement:*

Yes – we recognise that we need to ensure that all carers (regardless of age) are supported. For this reason, we have joint commissioning arrangements for Adult Services and Child and Family Services for services that support carers.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

We recognise that we need to ensure that all carers (regardless of age) are supported. For this reason, we have joint commissioning arrangements for Adult Services and Child & Family Services for those which support young carers. This proposal will ensure much needed respite for those carers supporting individuals with complex needs will continue to be provided.

Impact on this group will continue to be monitored if the proposal is approved. Communication and engagement with alternative provisions for non-complex clients will be managed as part of transition if the proposal is approved.

## **Section 7 - Monitoring arrangements:**

**Please explain the monitoring arrangements for this initiative:**

**Monitoring arrangements:**

EIAs to be continually updated in line with decision making and further consultation

Corporate communications team and Access to Services team will continue to be engaged in process with key updates provided as and when possible

Social work assessments for attendees at the Hollies and to manage impact of change (if approved)

Ongoing project monitoring of overarching project plan to ensure project is delivered in line with objective and any adverse impacts are mitigated.

Implementation of model and affected processes to be mapped and planned appropriately (if approved)

**Actions: Known next steps listed in above section**

Ongoing update of EIA.

(Dependent on decision) commencement of social work assessments for existing service

users

(Dependent on decision) finalisation of revised project plan.

(Dependent on decision) implementation of proposed model and associated day service closure.

(Dependent on decision) monitoring of outcomes and impact on non-eligible clients to be developed and produced

## Section 8 – 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                   | <input type="checkbox"/>            |
| Outcome 2: Adjust the initiative – low level of concern           | <input checked="" type="checkbox"/> |
| Outcome 3: Justify the initiative – moderate level of concern     | <input type="checkbox"/>            |
| Outcome 4: Stop and refer the initiative – high level of concern. | <input type="checkbox"/>            |

**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 9 - 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](mailto: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.

## EIA 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
Inform Hollies attendees and their families, and staff of outcome of Cabinet Decision	Head of Service	Post Cabinet on 20/09/18	Letters issued	
Inform key stakeholders of outcome	Head of Service	Post Cabinet on 20/09/18	Letters/emails issued	
Revise overall project plan (if approved)	Project Management Support	Post Cabinet on 20/09/18	Project plan completed	
Commencement of Social Work Assessments to manage impact of change (if approved)	Principal Officer for Service Provision	Post Cabinet on 20/09/18	Monitoring that all assessments are taken	
Support before, during and after moves from Day Services (if approved)	Allocated Social Workers	Post Cabinet on 20/09/18	Ongoing monitoring by social workers	
Closure of the Hollies (if approved)	Head of Service	Early 2019	Hollies Day Service closes	
Ongoing revision to EIA	Project Management Support	Ongoing	Evidence of EIA being updated.	

\* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely).

## Appendix 5: 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 [acesstoservices@swansea.gov.uk](mailto:acesstoservices@swansea.gov.uk).**

<b>Where do you work?</b>
Service Area: Adult Services
Directorate: People

**(a) This EIA is being completed for a:**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(b) Please name and describe here: Proposed Closure of Rose Cross Day Service Building**

Following the commissioning review of Day Services for older people (2016) the preferred option is now progressing for decision – in summary the proposal is to shape the internal provision to focus on complex care and no longer deliver care for non-complex needs. The in-house service will be developed with reduced capacity refocussing day centres on higher dependency, complex/dementia care.

By adopting the preferred options and transforming in-house Day Services so that they focus on higher dependency, and complex/dementia care, the Council will be able to provide better care for people with complex needs.

Refocussing internal provision in this way will hopefully allow the Council to provide better services and care for its citizens.

By concentrating its resources on these specialisms, the Council will ultimately provide a better service for residents in Swansea, but will need less internal Day Services places to provide these specialisms.

It is therefore proposed that 2 day services for older people would close. Having undertaken an evaluation exercise to determine the relative suitability of each day service to deliver the preferred future model, it has been determined that the Hollies and Rose Cross Day Services would close as they are least fit for purpose to deliver the future model.

This EIA focuses on the closure of Rose Cross Day Service, which would happen if the proposed model is agreed by Cabinet.

**(c) It was initially screened for relevance to Equality and Diversity on:** December 2017 and March 2018. This EIA has been continually updated alongside the consultation process. The report outlines the final impact taking into account the outcomes of the consultation.

**(d) It was found to be relevant to...**

Children/young people (0-18) .....	<input type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Older people (50+).....	<input checked="" type="checkbox"/>	Gender reassignment .....	<input type="checkbox"/>
Any other age group .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input checked="" type="checkbox"/>
Race (including refugees).....	<input checked="" type="checkbox"/>	Carers (including young carers).....	<input checked="" type="checkbox"/>

Asylum seekers .....   
Gypsies & Travellers.....   
Religion or (non-)belief .....

Community cohesion .....   
Marriage & civil partnership .....   
Pregnancy and maternity .....

**(e) Lead Officer**

**Name:** Cathy Murray

**Job title:** Principal Officer, Service Provision

**Date:** 20<sup>th</sup> August 2018

**(f) Approved by Head of Service**

**Name:** Alex Williams

**Date:** 20<sup>th</sup> August 2018

## Section 1 – Aims (See guidance):

### Briefly describe the aims of the initiative:

#### What are the aims?

In line with the principles of the Social Services and Wellbeing (Wales) Act, the agreed model for Adult services in 2018 has the following aims at its core:

- Better Prevention
- Better Early Help
- A new approach to assessment
- Improved cost effectiveness
- Working together better
- Keeping people safe

It was agreed through an options appraisal and consultation that in order to best meet these strategic priorities a remodelling of our internal and commissioned services was needed with a focus on complex needs. The focus of the service would be about aiming to achieve better outcomes and greater independence for both service users and carers at its core.

In order to meet the aims above our proposed model for Day Services for Older people will refocus internal and commissioned Day Service 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 Swansea Council to provide and commission a specialist service for those with complex needs - ultimately aiming to provide better care for Swansea residents. We will be able to upskill staff to concentrate on providing this specialist service in a way that we are currently unable to do as a result of needing to cater for people with a range of complex and non-complex needs.

By refocussing the services in this way, less capacity will be needed and therefore, again subject to consultation, it is proposed that the Hollies and Rose Cross Day Service buildings would close, although provision will be maintained on the remaining day service sites.

The proposed model would also result in no new referrals to the other internal and commissioned Day Services – Norton Lodge, St Johns and Ty Waunarlwydd or commissioned day services for individuals with non-complex needs.

As a result, if approved by Cabinet, following public consultation this would result in:

- Rose Cross Day Service closing.
- The Day Service is located within a lounge integral to Rose Cross Residential Home. In the event that the Day Service were to close the lounge would revert back to additional communal space for the home, which would enhance their stay whilst at Rose Cross.
- Current Service Users with complex needs in Rose Cross Day Service would be offered a place in the nearest accessible day service to them. For Rose Cross most would attend St Johns in Manselton, which is approximately 1 mile from Rose Cross.
- Current Service Users of Rose Cross Day Service who have non-complex needs would cease using our internal or commissioned Day Services. An individual move on plan would be determined for each service user affected to ensure any needs/outcomes were met.

- In line with the model, there would be no further referrals to the other internal Day Services – Norton Lodge, St Johns and Ty Waunarlwydd or commissioned day services for individuals with non-complex needs.

**Who has responsibility?**

Alex Williams (Head of Adult Services)

**Who are the stakeholders?**

- Service Users
- ABMU Health Board representatives (including Older People Mental Health and Therapies)
- Carers / Families
- Cabinet and Elected Members (including political and opposition majority, representing areas across Swansea)
- Provider Staff (including, Managers, Care Officers and Drivers)
- Future Day Care Service Users representatives (Network 50+, Age Cymru, Alzheimer’s Society, SCVS Swansea Dementia Friendly Forum, Advocacy Officer and Minority Ethnic Elders - SBREC)
- Integrated Community Services staff (Social Work Team Leaders, Social Workers and Care Management Officers)
- Officers from Social Services (including key Budget Holders, Commissioning, Safeguarding, Direct Payments, Local Area Coordinator).
- Officers from Corporate departments (accountancy, human resources, legal, commercial & commissioning unit, health & safety, housing, scrutiny and property)
- Union representation (GMB, UCATT and Unison)
- Older People’s Commissioner
- Council Sheltered Housing complexes
- Other organisations e.g SCVS, Carers centre, Age concern, Disability Liason Group, Contracted independent providers , Swansea Dementia Forum , 50+ Network , Ageing Well Steering group



## Section 2 - Information about Service Users (See guidance):

Please tick which areas you have information on, in terms of service users:

Children/young people (0-18) .....	<input type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Older people (50+).....	<input checked="" type="checkbox"/>	Gender reassignment .....	<input type="checkbox"/>
Any other age group .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input type="checkbox"/>
Race (including refugees).....	<input checked="" type="checkbox"/>	Carers (including young carers).....	<input type="checkbox"/>
Asylum seekers .....	<input type="checkbox"/>	Community cohesion .....	<input type="checkbox"/>
Gypsies & Travellers.....	<input type="checkbox"/>	Marriage & civil partnership .....	<input type="checkbox"/>
Religion or (non-)belief .....	<input checked="" type="checkbox"/>	Pregnancy and maternity .....	<input type="checkbox"/>
Sex.....	<input checked="" type="checkbox"/>		

## Information about Staff at Rose Cross Day service (See guidance):

Please tick which areas you have information on, in terms of service users:

Children/young people (0-18) .....	<input type="checkbox"/>	Sexual orientation .....	<input type="checkbox"/>
Older people (50+).....	<input checked="" type="checkbox"/>	Gender reassignment .....	<input type="checkbox"/>
Any other age group .....	<input checked="" type="checkbox"/>	Welsh language .....	<input checked="" type="checkbox"/>
Disability .....	<input checked="" type="checkbox"/>	Poverty/social exclusion.....	<input type="checkbox"/>
Race (including refugees).....	<input type="checkbox"/>	Carers (including young carers).....	<input type="checkbox"/>
Asylum seekers .....	<input type="checkbox"/>	Community cohesion .....	<input type="checkbox"/>
Gypsies & Travellers.....	<input type="checkbox"/>	Marriage & civil partnership .....	<input type="checkbox"/>
Religion or (non-)belief .....	<input type="checkbox"/>	Pregnancy and maternity .....	<input type="checkbox"/>
Sex.....	<input checked="" type="checkbox"/>		

**Please provide a snapshot of the information you hold in relation to the protected groups above:**

### Information held on Service Users:

Within Adult services we hold client records for all service users on the PARIS client management system which provides greater detail around all of the protected groups. Unfortunately these records do not capture all of the service user information as a mandatory requirement nor can it easily disaggregate records to specific services i.e we cannot pull information on clients based on the services they use.

Therefore, in-house Day Services staff capture information on their clients manually on site to ensure that the information is as accurate as possible. This information is not as detailed as we would like and as highlighted above does not cover all protected characteristics.

As of August 2018, there were 35 attendees at Rose Cross day Service.

The information that we held on these attendees was as follows:

Sex	
Female	26
Male	9

Age	
65-74	8
75-84	11
85+	16

Marital Status	
Engaged	2
Married	8
Partner	1
Single	2
Widowed	22

Ethnicity	
Asian	1
Polish	1
South African	1
White	32

Religion/Belief	
Not stated	24
CofE/Church of Wales	8
Christian	1
Catholic	1
Bhuddism	1

Disability	
Yes	34
No	1

## Disability

As of August 2018 there were 35 Services Users for Rose Cross Day Service, 33 service users had been assessed as having complex needs.

For clarity, 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:

- Require support to remain at home due to 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.
- Require support to enable reablement or maintenance of daily living skills to enable the person to remain in the family home.
- 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.
- Respite required for family and carers where there is a risk of the family situation breaking down

**Information held on Staff at Rose Cross Day Service (NULL indicates the information is not recorded):**

AGE	GENDER	ANY DISABILITIES	NATIONALITY	WELSH SPEAKING	MARITAL STATUS	SEXUAL ORIENTATION	RELIGION	CARER
53	F	No	Null	No	Divorced	Heterosexual/straight	No religion	Null
45	F	No	Null	No	Null	Null	Null	Null
36	F	No	Null	No	Null	Null	Null	Null
66	M	No	British	No	Married	Heterosexual/straight	Christian	Null
31	F	Yes	Null	No	Null	Null	Null	Null
41	M	No	Null	No	Married	Null	Null	Null

**Any actions required, e.g. to fill information gaps? –**

As described manual records need to be maintained in relation to service user details on site at Rose Cross Day Service.

Swansea Council alongside regional partners including the Local Health Board are progressing with the implementation of the Welsh Community Care Information System – this will hold client records for all local authority and Health services and replace the current PARIS client management system used within Adult Social Services. The new system will be developed to better capture and easily extract information around our service users and protected characteristics.

Staff are encouraged to provide their profile details on our IT system, however this is not mandatory. We will continue to publicise and encourage all our staff to complete.

**Section 3 - Impact on Protected Characteristics (See guidance):**  
**Please consider the possible impact on the different protected characteristics.**

**Current & future Service Users & Carers**

	Positive	Negative	Neutral	Needs further investigation
Children/young people (0-18) →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Older people (50+) →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disability →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees) →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asylum seekers →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or (non-)belief →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh Language →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers) →	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage & civil partnership →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity →	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Thinking about your answers above, please explain in detail why this is the case.**

Negative impact

- Older people
- Disability
- Carers (inc. young carers).

We recognise that the proposed closure of Rose Cross Day Service specifically cannot be viewed as having a positive impact on current residents (many of whom have a disability) and carers. With this in mind of paramount importance is how move on arrangements for residents is managed to ensure all current residents with complex experience minimal impact to their wellbeing.

Following the recent assessments we know that 33 of the total 35 individuals who access Rose Cross Day Service have complex needs, therefore they will be offered an alternative location to continue to receive this service subject to any needs changing. All service users that have been assessed as having eligible needs are entitled to have those needs met. Where the eligible need is a complex need then that need can be met by the provision of a day service. Where the eligible need is not a complex need then that need can be met by the provision of other services, which may include signposting and support to access community services.

Current Service Users of Rose Cross Day Services who have been assessed as having complex needs would be offered a place in the nearest accessible day service to them. For Rose Cross, the majority would be relocated to St Johns in Manselton which is approximately one mile from Rose Cross. All service users will be fully supported throughout any move to an alternative day service.

Where the current service users have been assessed as not having complex needs, the Service User would cease using our internal Day Care services, but would be offered alternative support to meet their needs.

As part of the social work assessment, an individual move on plan would be determined which would ensure that any remaining needs and outcomes were met through access to appropriate 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.

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 social worker would work with them to put adequate arrangements in place to facilitate this.

We have demonstrated in Section 4 of this EIA how we have mitigated against the negative impact on these areas.

Neutral Impact:

- Race
- Asylum seekers
- Religion or (non) belief
- Sex
- Sexual Orientation
- Gender Reassignment
- Welsh Language
- Marriage and civil partnership
- Pregnancy and maternity
- Poverty/Social Exclusion

Although we have limited information on the individual protected characteristics of attendees, all eligible needs of current attendees at Rose Cross will be met, regardless of protected characteristic. All attendees will be supported to move on in line with their needs. There will be a disproportionate impact on females, as the majority of the attendees are female; however again all needs will be met regardless of gender.

The current provision of Day Services will remain unchanged in relation to these areas. Impact will only be attributable to assessment of whether the individual has complex or non-complex needs. As the proposed model describes we will continue to provide services to those with complex health needs and those older people with learning disabilities, mental health problems, sensory impairment or physical disabilities where these services are the only means of support to meet their outcomes, regardless of protected characteristics.

There will be a neutral impact on poverty and social exclusion as all those eligible for a service will still receive them, regardless of their financial circumstances.

Needs further investigation:

- Children/young people (0-18)
- Any other age group
- Gypsies & Travellers
- Community Cohesion

It is recognised that not enough information is held in relation to the areas listed above to

fully understand the impact of the proposals relating to the Rose Cross. However, the impact on gypsies and travellers is likely to be limited, but we don't know for certain whether any resident has come from a gypsy and traveller community. The impact on children, young people and any other age group is also likely to be limited due to the age range of those that attend the Hollies, but there will be an impact on carers of other ages.

It is unclear how the proposed closure will impact on community cohesion, but the day service itself does have limited links with the local community.

These areas will continue to be monitored as the EIA will remain open until such time as Rose Cross Day Service is closed, and these areas will be investigated further. However, it is considered that there is unlikely to be a significant impact on these areas as all attendees are known to us and any adverse impacts can be mitigated.

- **Potential Staff Impact**

There are 6 staff that currently work at Rose Cross Day service that will be affected if a decision is made to close this home (one has retired since the start to the consultation).

The majority of staff are female, so there is a disproportionate impact on females.

Staff have attended meetings and have been kept informed throughout the consultation and encouraged to take part in the 12 week staff consultation process. One to One meetings have also been offered to staff with management, HR and Unions to explain how the proposal will affect them and the redeployment process. Monthly meetings have been held by management/HR with Unions.

Staff have been offered to attend relevant training courses e.g. Selling You.

Swansea Council is committed to minimising compulsory redundancies. All staff at risk have been given access to the Redeployment list (our normal procedure for staff at risk. They have also been provided with a list of vacancies within the service area and advised that anything advertised will now be a temporary contract so vacancies will be made available to these staff at risk.

If a decision is made to close Rose Cross Day Service staff will be issued with formal notice, with Rose Cross Day Service likely to close by January 2019.

## **Section 4 - Engagement:**

**What engagement has been undertaken to support your view? How did you ensure this was accessible to all?**

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18. Documents were provided in English and Welsh and were available in large print on request. We identified the preferred language of the affected Services Users when communicating with them during the consultation.

Consultation information was provided via Corporate Communications to staff, and details were included on the intranet and internet, through the Media, Facebook and Twitter.

A Stakeholder Map was created with the service which identified stakeholders and has been used by the service to evidence engagement with the stakeholders.

**Consultation with stakeholders was as follows:**

- All Councillors were briefed regarding the proposals
- Ward Councillors - Cllr Child, the Cabinet Member, has spoken to or offered to speak to relevant Ward Councillors
- AM/MPs - letter issued to raise awareness of consultation
- Older Peoples Commissioner - letter issued to raise awareness of consultation
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings ongoing as necessary
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries
- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in CC and Guildhall reception
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required
- Ty Conwy and Llys y Werin ( commissioned day services) were made aware of consultation and hardcopy questionnaires provided
- Head of Adult Services met with Disability Liaison Group to raise awareness of consultation
- Swansea Council sheltered complexes – hardcopy questionnaires issued

**Consultation with affected Services Users and their families/carers was as follows:**

1. Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.
2. Consultation meetings took place at Rose cross on 8th May, 16th May and 21st May. It was recognised that not all attendees go to the service every day, so it was ensured that each attendee could attend at least one meeting. No family members chose to attend, but day service staff made sure that they had contacted each member so that they were aware of the consultation.

3. 1 to 1s arranged as necessary at various times.
4. Social Workers meeting with relevant affected Service Users to complete reviews to help determine if they had complex or non-complex needs to help inform their response to the consultation.
5. Other Council Day Care venues and Service Users made aware of consultation by management and Welsh/English hardcopy questionnaires provided.

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation. All staff affected were met with on 30<sup>th</sup> April, and 1 to 1 meetings between staff, management, HR and Unions (if they wanted support) were held with all affected staff during the consultation period.

**What did your engagement activities tell you? What feedback have you received?**

Info received	No. rec'd
Online Questionnaire	42
Hardcopy Questionnaires	50
Letters	0
Emails	0
<b>TOTAL</b>	<b>92</b>

92 respondents completed the questionnaire either online or on paper. The responses to both the paper and online questionnaire are amalgamated below.

(NB: numbers for each question differ as do the stats as some people chose not to answer all questions)

Regarding the overall proposed service model the following question was asked of all stakeholders:

**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)? Please expand your answer**

<b>Strongly agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
11	26	20	30

67 comments were received summarised into themes as below:

- Lack of logic of the rationale behind the proposed changes x 9
- Prevention/Isolation x 32
- Lack of viable alternatives x 7



- Don't just focus on complex needs because ..... x 11
- Do focus on complex needs (agree with model).... X 14
- Do focus on complex needs, however (agree in part)..... x 8
- Create alternatives
- Betraying older people x 3

Respondents were then asked, **Are there any other options you feel the Council should have looked at in relation to Day Services for Older People?**

59 comments were received and can be themed as follows:

- Support to make alternatives more realistic x 9
- Co-production x 6
- Day services should remain for those who need them X 19
- Change the way services are procured x 1
- Increase the budget x 2
- Joint working across health and other local authorities x 1
- Introduce charges to keep the services open x 3
- Save money from elsewhere in the budget x 1

Respondents were asked, **Considering the above, do you agree or disagree with the following**

	<b>Strongly Agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
The criteria used to access each day service were the right ones	11	24	16	20
The proposal to close Rose Cross Day Service	8	20	12	30

Finally respondents were asked, **If you disagree with either of the above please explain why and give any alternatives that you would like the Council to consider**

56 comments were received and are summarised as follows:

- Isolation will lead to decreased wellbeing x 8
- Local services x 8
- Lack of Logic
- Resistance to change x 11
- Use alternative venues and volunteers x 2
- Take funding from elsewhere x 1

- Don't use condition of building as a criteria x 1
- Be clearer about how the remaining services will be equipped to meet the increase in complex needs x 1

Limited feedback was received at the face to face meetings at Rose Cross Day Service, but the following has been recorded.

DATE OF MEETING	POINTS RAISED
THEME 1 – ALTERNATIVES	
16.5.18	Service users queried if they did not go to another day service they would still need somewhere to go, especially for those with no family living nearby.
THEME 2 – NEEDS	
16.5.18	Service users also raised a concern that they have specific needs, e.g. hearing loss and it takes time for people to understand this.

### **How have you changed your initiative as a result?**

No adverse impacts of the proposal to close Rose Cross Day Service on people with protected characteristics particularly older people and carers specifically in relation to Rose Cross were highlighted in the consultation. However, the overall responses received give us an indication of the potential impacts on attendees at Rose Cross.

Overall, there clearly is a risk of a negative impact on attendees at Rose Cross Day Service due to the need to move on if it were to close. However, the Council will seek to mitigate those risks and in some cases a move could be positive as they may find they are happier in any new environment with the ability to develop new relationships and have a positive impact on their wellbeing. Any move will need to be carefully planned following a thorough social work assessment and each individual supported during and following any actual move. The Council has prior experience of doing this from when the Beeches Day Service was amalgamated with Abergelli Day Service. This approach was successful and no adverse ongoing effects were experienced by former attendees at the Beeches.

In addition, during the consultation period, all those affected had a social work assessment to determine whether or not they had complex needs to help inform their response to the consultation. Of the 35 individuals who were still attending Rose Cross Day Service at the end of the consultation, 33 had been defined as having complex needs so in all likelihood would be offered an alternative day service as long as needs did not change.

The impact was also minimised by putting a hold on any new admissions to Rose Cross Day Service from the beginning of the consultation, therefore minimising the number of people potentially affected if the proposals went ahead.

There is clearly a potential negative impact on those staff affected, but this can be mitigated through the Council's redeployment policies, and the Council is confident that there are sufficient alternative vacancies elsewhere in Adult Services to accommodate them. There were 7 staff potentially at risk. At the time of writing the report, one of the staff had retired. No equalities issues had been raised through the 1 to 1 meetings with each member of staff that needed to be addressed.

In general whilst there was not majority support for the model or the proposal to close Rose Cross, there was still a level of support for the model itself which was demonstrated in some of the comments put forward. No viable alternatives were put forward which would allow

people to maintain independence and remain at home for longer in line with the principles of the Social Services and Wellbeing (Wales) Act at the same time as achieving the necessary savings required.

On balance therefore remodelling as per the proposals will allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act and Well Being of Future Generations (Wales) Act by providing a model of care that is sustainable for the future, and effectively meets the needs of an ageing population with more complex needs. The Council is therefore confident that the recommendations put forward in this report are appropriate despite there not being majority support for the proposals.

There were no proposed changes to the proposal to close Rose Cross in light of the consultation responses.

**Any actions required (e.g. further engagement activities, mitigation to address any adverse impact, etc.):**

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions. This communication plan will form a key part of the overall project plan should the proposals proceed.

Individual social work assessments will need to take place with all those affected at Rose Cross Day Service.

A communication plan for the ongoing engagement with stakeholders throughout the process will continue – reaffirming the purpose of the model of delivery and latest updates around decisions.

**Section 5 – Other impacts:**

Please consider how the initiative might address the following issues - see the specific Section 5 Guidance

<b>Foster good relations between different groups</b>	<b>Advance equality of opportunity between different groups</b>
<b>Elimination of discrimination, harassment and victimisation</b>	<b>Reduction of social exclusion and poverty</b>

**Please explain any possible impact on each of the above.**

The service model for Adult Services aims to impact on all of the above.

In general terms The Social Services and Wellbeing (Wales) Act 2014 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 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 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, 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 need to make sure 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.

Local Authorities also need to ensure a 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.

There will be stronger powers to keep people safe from abuse and neglect.

The Adult services model has interpreted this requirement and embedded into all service development, including the proposed model around Day Services.

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 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 proposed new model for Day Services supports this vision and the overarching Swansea Council model for Adult Social Care agreed in 2016.

#### **What work have you already done to improve any of the above?**

Using this vision as our touchstone a number of positive steps have been taken to address the 4 priorities listed. These include the development of integrated community Hubs which offer community based services staffed by Social Workers, Nursing staff, Occupational Therapists, Physiotherapists and other community support resources from both the Local

Health Board and Local Authority – their purpose is to offer a consistency of approach regardless of the individual’s geographical location, staff member providing contact and services which are offered.

It also promotes a service around the individual ensuring that everyone who needs to be involved is available to offer a timely intervention if needed

This model also provides greater consistency in our approach to safeguarding – ensuring that the vulnerable have the most robust processes and professional framework in place to keep them safe from abuse.

It has also enabled us to develop alternative models to traditionally managed care like Day Services – these include the Local Area Co-ordinators who work within the community and build upon the strengths that community can bring in assisting with achieving an individual’s personal outcomes. Our close working with the 3<sup>rd</sup> sector explores these options further and can help with the future development of other forms of support outside of traditional services available to the individual and the community around them. All of which facilitating the person’s ability to remain as independent as possible within their own communities for longer

The remodelling of Day Services alongside the other commissioning reviews of services allows us to refocus our limited resources into the most complex of needs and shift investment into the more sustainable and long term investment of building on those assets which already exist within the community.

**Is the initiative likely to impact on Community Cohesion? Please provide details.**

The offer of alternative community based support to those potentially no longer eligible for Day Services will assist with the maximisation of existing schemes and development/potential investment in expansion of these available community based services. This forms part of the wider Prevention Strategy and overall service model for Adult Services in Swansea. It is also a corporate priority across Swansea Council.

**How does the initiative support Welsh speakers and encourage use of Welsh?**

Across all adult services the ‘Active offer’ is in place - at its heart is the idea that being able to use your own language must be a core component of care – not an optional extra.

In an aim to achieve this Adult Services alongside the whole council are working towards mainstreaming welsh language services as an integral part of service planning and delivery. This continues to be a priority regardless of outcomes tied to this proposal.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

N/A

**Section 6 - United Nations Convention on the Rights of the Child (UNCRC):**

**Many initiatives have an indirect impact on children and you need to consider whether the impact is positive or negative in relation to both children’s rights and their best interests. Please read the UNCRC guidance before completing this section.**

**Will the initiative have any impact (direct or indirect) on children and young people (think about this age group holistically e.g. disabled children, those living in poverty or from BME communities)? If not, please briefly explain your answer here and proceed to Section 7.**

**All initiatives must be designed / planned in the best interests of children and young people.**

*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.*

*Please explain how you meet this requirement:*

Yes – we recognise that we need to ensure that all carers (regardless of age) are supported. For this reason, we have joint commissioning arrangements for Adult Services and Child and Family Services for services that support carers.

**Actions (to mitigate adverse impact or to address identified gaps in knowledge).**

We recognise that we need to ensure that all carers (regardless of age) are supported. For this reason, we have joint commissioning arrangements for Adult Services and Child & Family Services for those which support young carers. This proposal will ensure much needed respite for those carers supporting individuals with complex needs will continue to be provided.

Impact on this group will continue to be monitored if the proposal is approved. Communication and engagement with alternative provisions for non-complex clients will be managed as part of transition if the proposal is approved.

**Section 7 - Monitoring arrangements:**

**Please explain the monitoring arrangements for this initiative:**

**Monitoring arrangements:**

EIAs to be continually updated in line with decision making and further consultation

Corporate communications team and Access to Services team will continue to be engaged in process with key updates provided as and when possible

Social work assessments for attendees at Rose Cross and to manage impact of change (if approved)

Ongoing project monitoring of overarching project plan to ensure project is delivered in line with objective and any adverse impacts are mitigated.

Implementation of model and affected processes to be mapped and planned appropriately (if approved)

**Actions: Known next steps listed in above section**

Ongoing update of EIA.

(Dependent on decision) commencement of social work assessments for existing service users

(Dependent on decision) finalisation of revised project plan.

(Dependent on decision) implementation of proposed model and associated day service closure.

(Dependent on decision) monitoring of outcomes and impact on non-eligible clients to be developed and produced

## Section 8 – 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 9 - 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](mailto: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.

## EIA 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
Inform Rose Cross attendees and their families, and staff of outcome of Cabinet Decision	Head of Service	Post Cabinet on 20/09/18	Letters issued	
Inform key stakeholders of outcome	Head of Service	Post Cabinet on 20/09/18	Letters/emails issued	
Revise overall project plan (if approved)	Project Management Support	Post Cabinet on 20/09/18	Project plan completed	
Commencement of Social Work Assessments to manage impact of change (if approved)	Principal Officer for Service Provision	Post Cabinet on 20/09/18	Monitoring that all assessments are taken	
Support before, during and after moves from Day Services (if approved)	Allocated Social Workers	Post Cabinet on 20/09/18	Ongoing monitoring by social workers	
Closure of Rose Cross Day Service (if approved)	Head of Service	Early 2019	Rose Cross Day Service closes	
Ongoing revision to EIA	Project Management Support	Ongoing	Evidence of EIA being updated.	

\* Please remember to be 'SMART' when completing your action plan (Specific, Measurable, Attainable, Relevant, Timely)



# **Appendix 6: Day Care Services - Consultation Summary Report August 2018**

## **CONSULTATION REPONSES - Stakeholder Consultation**

### **1.1 Introduction**

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18. Documents were provided in English and Welsh and were available in alternative formats on request. We identified the preferred language of the affected Services Users when communicating with them during the consultation.

Consultation information was provided via Corporate communications to staff, via details on the intranet and internet, Media, Facebook and Twitter.

A Stakeholder Map was created with the service which identified stakeholders and has been used by the service to evidence engagement with the stakeholders:-

#### Affected Services Users and their families/carers.

- Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.
- Several visits made by Senior Management to meet affected Service Users/families at various times at venues.
- 1 to 1s arranged as necessary at various times.
- Social Workers meeting with relevant affected Service Users to complete reviews to help determine if had complex or non-complex needs to help inform their response to the consultation.
- Other Council Day Care venues and Service Users made aware of consultation by management and Welsh/English hardcopy questionnaires provided.

#### Other

- All Councillors briefed regarding the proposals
- Ward Councillors - Councillor Child has spoken to or offered to speak to relevant Ward Councillors.
- AM/MPs - letter issued to raise awareness of consultation.
- Older Peoples Commissioner - letter issued to raise awareness of consultation.
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings ongoing as necessary.
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries.

- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in CC and Guildhall reception.
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required.
- Ty Conwy and Llys y Werin ( commissioned day services) were made aware of consultation and hardcopy questionnaires provided.
- Head of Adult Services met with Disability Liaison Group to raise awareness of consultation.
- Swansea Council sheltered complexes – hardcopy questionnaires issued.

### Staff and Trade Unions

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation.

### **1.2 Information received during consultation is summarised as : -**

Info received	No. received
Online Questionnaire	42
Hardcopy Questionnaires	50
Letters	0
Emails	0
<b>TOTAL</b>	<b>92</b>

Further details on number of respondents from different groups and methods of responding are given in the sections below. The number of respondents giving similar comments in each group have been provided.

92 respondents completed the questionnaire either online or on paper. The responses to both the paper and online questionnaire are amalgamated below. One online response was received after the consultation deadline, but was accepted on the basis of ensuring that as wide a range of views as possible was considered.

NB: numbers for each question differ as do the statistics as some people choose not to answer all questions.

**Feedback Received:**

**Question 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)?**

<b>Strongly agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
11 (12.6%)	26 (29.9%)	20 (22.9%)	30 (34.5%)

**Question 2 asked people to expand on their answer. 67 people responded.**

Key themes were:

Key Themes	Response Nos
Lack of logic of the rationale behind the proposed changes	9 (13%)
Prevention/Isolation	32 (47%)
Lack of viable alternatives	7 (10%)
Don't just focus on complex needs because .....	11 (116%)
Do focus on complex needs (agreement with model)....	14 (20%)
Do focus on complex needs, however.....	8 (11%)
Create alternatives	
Betraying older people	3 (4%)

**Question 3: Are there any other options you feel the Council should have looked at in relation to Day Services for Older People?**

59 comments were received

Key themes/comments	Nos commented
Support to make alternatives more realistic	9 (15%)

Co-production	6 (10%)
Day services should remain for those who need them	19 (32%)
Change the way services are procured	1 (1%)
Increase the budget	2 (3%)
Joint working across health and other local authorities	1 (1%)
Introduce charges to keep the services open	3 (5%)
Save money from elsewhere in the budget	1 (1%)

**Question 4 asked respondents, considering the above do you agree with:**

	<b>Strongly Agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
The criteria used to access each day service were the right ones	11 (15.5%)	24 (33.8%)	16 (22.5%)	20 (28.2%)
The proposal to close Rose Cross Day Service	8 (11.4%)	20 (28.5%)	12 (17.1%)	30 (43%)
The proposal to close The Hollies Day Service	12 (16.7%)	18 (25%)	15 (20.8%)	27 (37.5%)

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

56 comments were received as follows:

Key themes/comments	Nos commented
Isolation will lead to decreased wellbeing x 8	8 (14%)

Local services	8 (14%)
Lack of logic	
Resistance to change	11 (19%)
Use alternative venues and volunteers	2 (3%)
Take funding from elsewhere	1 (1%)
Don't use condition of building as a criteria	1 (1%)
Be clearer about how the remaining services will be equipped to meet the increase in complex needs	1 (1%)

#### Mitigating responses to themes

14 respondents indicated ***support for the model and agreement that the Council should focus on complex needs to ensure those most in need continued to receive services and that they were financially sustainable for the future.***

6 respondents suggested ***that community-based options often provided a better solution for people than a traditional day service.***

9 respondents felt that ***there was a lack of logic and rationale behind the proposed changes.*** They found it difficult to understand how if the number of people with low and high level needs were both increasing, the Council could justify closing services. They did not believe that there was a genuine reduction in demand and felt the proposals were contrary to the principles behind the Social Services and Wellbeing (Wales) Act. Family members of those that attended the Hollies felt that the service was under-promoted which was the reason for low attendance.

As people are living longer, there are a lot more people needing support than there used to be. Although there are more people with dementia and other complex needs, there are more people remaining in their own homes, with non-complex needs, where day services may not be the best way to support them to continue to be part of their local community. Therefore the rationale is to refocus the internal and commissioned day services to provide specialist complex care, upskilling staff to focus on these needs.

In reviewing the use of day services, there is a significant under use hence the proposal to reduce the number of day services. The number of referrals into day

services has decreased significantly over the years with people no longer wanting traditional day services. People would rather socialise in their own communities and remain independent as long as possible. Our proposed model focuses on complex needs to help those who are less independent to remain at home for longer and offer much needed respite to families. It is intended that those with less complex needs would be supported through other means such as Local Area Coordinators who can help them to find connections in their own communities. The proposal are entirely in keeping with the Social Services and Wellbeing (Wales) Act with promoting independence and enabling people at their core.

32 comments were received stating that **day services acted as preventative services which were often the only chance that older people had to socialise and taking this away would lead to further loneliness and isolation and have a detrimental impact on wellbeing. There was also a concern that there were a lack of viable alternatives.** There was consequently a perceived negative equality impact on older people with disabilities, and a valid concern that a move could confuse some older people and be detrimental to their overall wellbeing.

It is acknowledged that social isolation is important to address for older people and although day services help to prevent this, their primary role is to support people with their social care needs and provide respite to their families. The Council will maintain day services and one of the key criteria for complex needs and hence entry into the remaining services is outlined in paragraph 2.15 and relates to a complex need being determined if there is evidence that a day service is the only option to support the wellbeing of older people where there is a risk of loneliness, isolation and depression which could lead to significant mental ill-health.

If the only need is in relation to social interaction and there is no significant risk to mental ill-health, other options will be looked at. Local Area Coordination is one means to help people engage or re-engage with their community. It is recognised that Local Area Coordination does not cover all areas of Swansea yet and transport is sometimes an issue in parts of Swansea, but Adult Services also works closely with the third sector in supporting local and self-running groups.

As part of the Adult Services model, social work practice has been reviewed and training provided to shift from a service based response to a needs and outcomes based approach where people are provided with advice and information to help them resolve their problems by making best use of resources that exist in their communities and encouraging people to develop their own solutions that don't require complex assessment and formal provision of care. Where necessary, by using simple assessment processes that are proportionate to people's needs and risks, they will provide targeted and co-ordinated interventions based on pre-emptive and preventative approaches which support people to continue to feel confident to live independently at home.

The Council has a duty to ensure that it promotes the wellbeing of vulnerable adults, and by using a different approach to assessment, supporting people to access alternatives, and continuing to support people with complex needs, it will be able to effectively do this. In the event that Hollies and Rose Cross Day Services were to close, a social worker would work with the individuals and their families to determine

move on arrangements and ensure that each individual was properly supported and any adverse effect mitigated. The social worker would maintain contact with the individual for a period after moving on to ensure that no issues emerged that needed to be addressed. The potential negative impacts of no longer offering day services for non-complex needs on older people with disabilities can therefore be effectively mitigated.

Added to the above, 15 respondents suggested ***there was potential to create alternatives to day services through co-productive approaches to which older people could contribute, but support was needed including suitable transport.*** Alternatives suggested included using venues like church halls and schools to run initiatives such as art sessions, debating clubs, music appreciation groups, carpentry, gardening, dance and cookery.

Adult Services and the Council are committed to a co-production approach to commissioning different forms of support. Older people have the opportunity to be part of the planning and reshaping of support through the commissioning process. Support from Local Area Coordinators and existing third sector organisations can also help people develop alternative initiatives.

11 comments received suggested ***the Council should not focus on complex needs only because it was felt that there were no alternatives and the proposed closures would impact negatively on the respite needs of carers.*** Family members at the Hollies also expressed a view that anyone should be allowed to attend a day service who wanted to.

The availability of alternatives has been outlined above. In relation to carers, the Adult Services model recognises that more people wish to remain in their own home so as well as focusing on complex care, it will concentrate on providing reablement and respite to support people to remain in their own homes for as long as possible and to support their family carers to help them in their caring role. Under the definition of complex needs, it is explained that someone would be considered as having complex needs and consequently eligible for day services going forward if it can be demonstrated that respite is required for family and carers where there is a risk of the family situation breaking down and a day service is the only option to provide this respite.

Council day services are provided for people with an eligible social care need. The Council therefore does not concur with the view that anyone should be allowed to attend a day service if they want to. Day services are expensive to run, and those without social care needs should be supported to access alternative options in their local communities.

***Despite expressing concerns over social isolation and the impact on carers, 8 respondents still stated that they were in support of the proposals having taken account of this potential negative impact.***

There was a ***perception from 3 respondents that older people had been betrayed having contributed all their lives through taxes only to be denied the support they need.***

All those with an eligible assessed need would be given the support that they required. All individuals in need of support will be supported through targeted and co-ordinated interventions based on pre-emptive and preventative approaches which support people to continue to feel confident to live independently at home. Where people have complex needs which require specialist and/or longer term support, social workers will work with individuals and their families and social networks to ensure that high quality and cost effective services are available to meet these needs and ensure positive outcomes.

4 respondents felt ***the proposals were about savings and in the future more people will not be able to cope and need support to meet other people.***

Those with complex needs would still receive a service, but the Council believes that the needs of people with less complex needs are better met through alternative means. The need to make savings is undoubtedly a factor. The Council is facing significant budget pressures and at this time of the financial year projecting an overall overspend with a key factor being a significant overspend in Adult Social Care. As a consequence all Councils have to make significant savings, but in doing so need to ensure that they can deliver sustainable services to meet the needs to an ageing populations with more complex needs.

1 respondent expressed a ***concern that areas to the North and East of Swansea would no longer have day services in the event that Rose Cross and the Hollies day services were to close.***

Whilst it is correct that there would no longer be a Council-run day service in the North of Swansea, the Council commissions Llys Y Werin in Gorseinon.

There was a ***concern from 1 respondent that attendees would have longer journeys to access day services in the event that Rose Cross and the Hollies day services were to close.*** This was a particular concern for those that attended the Hollies and was raised in the face to face consultation meetings.

In the event that Rose Cross were to close, it is envisaged that those who were assessed as having complex needs would in all likelihood go to St Johns Day Service in Manselton which would mean that their journey to the service was unlikely to be any longer. If the Hollies day service were to close, it is envisaged that those assessed as having complex needs would go to Llys Y Werin in Gorseinon which is approximately 3 miles from the Hollies. Day services currently do not cover every part of Swansea and journeys do vary in length. However day services try and plan for people who live close to each other to come in to the services on a specific day, reducing the length of the journey.

11 people stated that they ***did not want things to change and were worried about the impact and people 'losing out'.*** Comments were made at one of the consultation meetings at Rose Cross that it took time for people to understand their needs, and they were concerned about this in any move on arrangements.



Whilst this is a legitimate view, doing nothing is not an option if services are going to be reshaped to meet the 21<sup>st</sup> century needs of those most vulnerable and the budgetary savings required are going to be achieved. Where people are already using the 2 day services, should they close, social workers and the day services will work closely with them and their families to seek alternative support to meet their needs, which may be another day service if they are assessed as having complex needs. A transition plan will be developed to help in any move on arrangements, such as visits to the alternative day service if applicable or support in terms of what they do next. Part of this will be to ensure that those that need to know, understand any particular needs and can support the individual affected appropriately.

***Comments were made by the attendees and family members at the Hollies that people would be split up and lose friendships.***

Part of the move on plan will include support to maintain friendships and keep in touch if individuals no longer continue to attend the same service.

***Comments were made by attendees and family members at the Hollies that Pontarddulais has its own unique culture, and the culture would be different at an alternative day service.***

Whilst it is recognised that Pontarddulais does have its own culture, not all 14 attendees at the Hollies come from Pontarddulais as several travel from further afield. It is hoped that those with complex needs would move together to an alternative day service so in doing this, the impact would be minimised.

There was one comment that ***the condition of the building should not have been a factor considered within the evaluation criteria used to determine which day services should close.***

Careful consideration was given to developing the evaluation criteria to ensure that each service was evaluated as objectively as possible. It was felt that the condition of the building was an important factor due to the ongoing maintenance costs which could affect sustainability going forward. In addition, the suitability of the building to deliver the preferred future model was an important factor within the evaluation exercise.

There was one comment that ***the Council needed to be clearer how the remaining services will be equipped to meet the increase in complex needs going forward.***

Many of our services already deliver services for those with complex needs and already have the staffing and facilities in place to do this. Going forward the Council will ensure that staff are appropriately trained and upskilled and any capital works are undertaken to make buildings fit for purpose using an allocation that has been set aside in the Councils capital programme for this purpose.

#### *Counter proposals and responses*

The first counter proposal was that ***savings should be made elsewhere in the Council and day services should consequently remain for those that need them. It was proposed that the budget for day services should be increased. This***

*included a proposal that the number of councillors should be cut by half, and money should not be spent on the Kingsway.*

The Council is not proposing to stop all day service for older people and services for people with more complex needs will be maintained. As previously outlined the Council as a whole is experiencing unprecedented budget pressures and is forecasting a significant overspend this financial year. The Council is consequently exploring all opportunities to ensure services are sustainable in the future and can be delivered within the budget available. Significant savings are being achieved year on year but re-shaping of services is essential for the Council to continue to meet its legal duties to provide care for an aging population with increasing needs. Adult Services is one of the largest areas of spend of the Council, so it is not financially viable for savings to only be made elsewhere in the Council.

The number of Councillors is determined by Welsh Government, and is beyond the control of the Local Authority, so there is no opportunity to make a saving in relation to this. The money that has been invested in the Kingsway cannot be used for other purposes, as its use is determined by Welsh Government.

A further counter proposal was put forward to ***change the way in which services were procured to release savings. There was a belief that bringing services in-house would be cheaper for the Council.***

Unfortunately, this is not the case. Delivering services in-house is generally much more expensive for the Council due to the high overheads as well as the favourable terms and conditions of staff. Bringing services in-house would cost the Council significantly more so would not be a viable option.

Conversely, one counter-proposal was that ***all day services should be outsourced as it was believed that this would be more cost effective.***

It would indeed be more cost effective to outsource all Council run day services for older people. However, the Council wishes to maintain a level of service to ensure that it can meet complex needs and have security of provision. With any outsourcing, there is often fragility in the market and provider failure can lead to detrimental outcomes for service users who are faced with no longer receiving a service. There have been significant lessons learnt from other Local Authorities that have gone down this route, and it is considered good practice to retain an element of the service in-house.

There was one suggestion that ***joint commissioning across health and social care would achieve savings for the Council.***

There is already a programme in place called the Western Bay Health and Social Care Programme which is a collaboration between the Health Board, Local Authorities and third sector in the Western Bay region. This programme is exploring every opportunity to make efficiencies across health and social care, but even by doing this further savings still need to be found by Adult Services.

The final counter proposal was that ***charges should be introduced to keep day services for older people open.***

Charges for day service were agreed as part of the Council's budget setting process for 2018/19. Charges are due to be introduced in October 2018, and the anticipated additional income generated has already been taken into consideration. There are therefore no further savings that can be achieved through charging.

Themes and responses from meetings with Service Users and Family/Carers at the Hollies

Meetings were held with Senior Managers and Councillors at Rose Cross on 8<sup>th</sup> May, 16<sup>th</sup> May and 21<sup>st</sup> May and Hollies on 17<sup>th</sup> May and 11<sup>th</sup> June.

Of the total number of current Services Users 62 (14 Service Users at the Hollies and 35 at Rose Cross), 23 affected service users, 1 family member and 9 staff attended the above meetings.

The following points were raised at the meetings at the Hollies.

Date of meeting	Points raised	Response
<b>Theme 1. Friendships &amp; Social Contact</b>		
11.6.18	Family members were concerned that people would be split up and lose friendships.	This was acknowledged and where possible, this would be accommodated. The manager of the Hollies would work closely with social workers to help maintain these friendships.
11.6.18	It was felt the proposals were about savings and in the future more people will not be able to cope and need support to meet other people.	It was explained that people will need social contact but a day service may not be the route to meet this. Councillor Child explained that there are financial pressures and although Social Services is being protected but there is an increase demand for people to stay in their own homes, for reablement and respite. A day service could provide respite for the carer but not solely for social contact.
<b>Theme 2. Day Service use</b>		
17.5.18	It was also queried why Hollies would close when we are paying Llys Y Werin.	It was explained that all day services were looked at as the most suitable for the model going forward, including locality, building. The matrix to score the services has been sent out. Other support such as the Local Area Co-ordinators are available to seek alternatives, alongside social workers. Councillor Lloyd gave an example in St Thomas, where there is no day service but a

		number of groups that people were supported to access including transport.
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17.5.18	Family member raised another concern that the service is under promoted and that is why there are low numbers and staff are told to do this (social workers).	See below
11.6.18	A family member felt that the day centres are under promoted by social workers and why not provide 5 days?	It was explained that the day services were underused and that some were cheaper to run than others. Social workers will look at needs but not all want or need a day service, but only social contact. Social workers will look at other options.
11.6.18	One family member proposed that day services could be open 5 days a week and should be advertised and there would be take-up	It was explained again that the purpose of the day service is for social care not social contact.
11.6.18	It was challenged that the decision discriminated against the Hollies as the service is further away from facilities and an easy target. In response, the key factor was the under-utilisation of the service and was a fair comparison.	Head of Service explained the scoring matrix and why Hollies had scored lower than other day services. The matrix is scored, based on the new model of care.
11.6.18	It was questioned why referrals to the service had been stopped	It was explained that it was to minimise those affected.
11.6.18	A family member thought that anyone who wanted to attend a day service should be able to	It was clarified again that Social Services provide or fund day centre who need social care based on assessed needs only.  Local Area Co-ordinator confirmed that for social contact, there are other ways of meeting this and there are community solutions.

**Theme 3. Alternatives**

11.6.18	The family member queried what else was around this area and how people would get there without transport.	It was clarified that social contact is not social care (although social contact is an added benefit if someone who has social care needs attends a day centre). If the person does not have complex needs, then other options will be looked at. Local Area Co-ordinator explained his role and for social contact only, non-service solutions would be found. He gave an example of a gentleman (83) whose wife was in a nursing home and he was socially isolated and depressed. Day service could have been an option but in discussion with him, Local Area Co-ordinator discovered he wrote poetry and now attends poetry groups, visits schools to read poetry and is no longer isolated. Local Area Co-ordinator acknowledge it would not work for all but it is about seeing the person's abilities and looking at different ways to support them and has worked. Local Area Co-ordinator connects people naturally and tailors support to individual need.
1.6.18	Family member asked where people would go if the service closed	Llys Y Werin being the likely choice although St Johns could be an option.

**Theme 4. Financial**

17.5.18	The issue of the Kingsway was raised and the waste of money when it could have been spent elsewhere.	Councillor Lloyd explained that this is capital money and can be borrowed for infrastructure projects. It is not revenue and cannot be used for that. Revenue is decreasing and with people living longer, we need to plan for the future. Each individual will be supported in future arrangements.
11.6.18	The issue of money spent on The Kingsway, Castle Gardens and the Mansion House was raised	The difference between capital and revenue monies was explained. There are no plans to use the day centre building but likely to be used to complement the residential service. There is no value in the building due to the access.

11.6.18	It was explained again that the purpose of the day service is for social care not social contact.	Councillor Child replied that in an ideal world there would be more locally but there isn't enough money and it is getting less. Even though Social Services and Education are protected there will still have to be cuts. The Council have put in £6m this year to keep the services going whilst changes are made but it can't afford to increase provision and has to decide where best the money should be spent. Head of Service explained that if the proposal are agreed there should be £750k savings. If the services do not close, the Council will have to seek these savings elsewhere. The proposals have considered a range of options but any counter proposal are welcome.
<b>Theme 5. Location</b>		
11.6.18	Concern over travel time was also raised	Day services are not in every local area, this is already the case including The Hollies. As with day service charges this may mean some chose not to use the day service.
17.5.18	Family member pointed out that if service users are moved to Llys Y Werin in Gorseinon, the journey will be longer	Some service users stated that for them the journey would be shorter.
11.6.18	Another point raise was and that Pontarddulais and Gorseinon have their own culture.	
<b>Theme 6. Needs</b>		
17.5.18	Family members raised concerns that if their relative is moved they will be confused and it will be detrimental to their needs	It was suggested this can be fedback via the survey.

11.6.18	It was raised that the Council do not realise that the people are in their 80s and 90s	This was refuted.
11.6.18	A family member asked if an Equality Impact Assessment has been completed	This was confirmed. The EIA is live and will be updated during the consultation and will inform the Cabinet decision.
11.6.18	Information on 750 houses being built in the area was discussed, and a point raised that there may be more old people living in the area.	In response, it cannot be assumed that they would all need a day service as it may be they need social contact if anything at all.
11.6.18	Concern over needing support in which case likely to be complex	If so, offered a day service. If not, the social worker and Local Area Co-ordinator will support the person and family to find other options. Head of Service explained how another service area (Older People with Learning Disability) where people were supported to move on to other day services or other activities in the community. Each person had an individual plan and supported during and after the move and monitored after the change. All worked out well. This approach will be adopted for the Hollies.
<b>Theme 7. Consultation</b>		
11.6.18	It was questioned why local councillor were not informed of these consultation	Head of Service explained that these consultations were for service users and families, not a public meeting. Councillor Child confirmed that councillors were made aware of the proposals and have attended other consultation e.g. Parkway. He also offered the chance for local councillor to discuss the proposal with him. It was also explained that the general consultations have been promoted in libraries, in the local press and stakeholders contacted.



The following points were raised at the meetings at Rose Cross.

Date of meeting	Points raised	Response
<b>Theme 1. Alternatives</b>		
16.5.18	Service users queried if they did not go to another day service they would still need somewhere to go, especially for those with no family living nearby.	It was explained that other options would be looked at and take into consideration that people would like to stay in contact.
<b>Theme 2. Needs</b>		
16.5.18	Service users also raised a concern that they have specific needs, e.g. hearing loss and it takes time for people to understand this.	This is recognised and there would be a transition period for people to get to know each other and their needs if they moved to another service or group. Social workers will support each person, look at options and visit other places to ensure it is the right place.

### 1.3 Equalities characteristics of the respondents to the questionnaire:

We asked respondents who completed the questionnaire to complete an equalities questionnaire. There were a total of 92 respondents to the questionnaire. The results were as follows:

#### Are you...?

24 (28.9%) Male  
 53 (63.9%) Female  
 6 (7.2%) Prefer not to say

#### Is your gender the same as that which you were assigned at birth?

73 (92.4%) Yes  
 2 (2.5%) No  
 4 (5.1%) Prefer not to say

**How old are you ...**

0 (0.0%)	Under 16	11 (12.8%)	56 - 65
0 (0.0%)	16 - 25	9 (10.5%)	66 - 75
1 (1.2%)	26 - 35	23 (26.7%)	76 - 85
5 (5.8%)	36 - 45	22 (25.6%)	Over 85
12 (14.0%)	46 - 55	3 (3.5%)	Prefer not to say

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

41 (48.8%)	British	0 (0.0%)	Other British (please write in at end)
48 (57.1%)	Welsh	0 (0.0%)	Non British (please write in at end)
6 (7.1%)	English	0 (0.0%)	Gypsy/traveller
1 (1.2%)	Irish	0 (0.0%)	Refugee/Asylum Seeker (please write in current/last nationality at end)
0 (0.0%)	Scottish	2 (2.4%)	Prefer not to say
Write in here			
1 (100.0%)			

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

78 (94.0%)	White - British	2 (2.4%)	Asian or Asian British - Bangladeshi
0 (0.0%)	Any other White background (please write in at end)	0 (0.0%)	Any other Asian background (please write in at end)
0 (0.0%)	Mixed - White & Black Caribbean	0 (0.0%)	Black or Black British - Caribbean
0 (0.0%)	Mixed - White & Black African	0 (0.0%)	Black or Black British - African
1 (1.2%)	Mixed - White & Asian	0 (0.0%)	Any other Black background (please write in at end)
0 (0.0%)	Any other Mixed background (please write in at end)	0 (0.0%)	Arab
0 (0.0%)	Asian or Asian British - Indian	0 (0.0%)	Other ethnic group ( please write in at end)
0 (0.0%)	Asian or Asian British - Pakistani	2 (2.4%)	Prefer not to say
Write in here			
3 (100.0%)			

**What is your religion, even if you are not currently practicing?**

**Please mark one box or write in**

18 (22.0%)	No religion	0 (0.0%)	Muslim
58 (70.7%)	Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)	0 (0.0%)	Sikh
0 (0.0%)	Buddhist	2 (2.4%)	Other
0 (0.0%)	Hindu	4 (4.9%)	Prefer not to say
0 (0.0%)	Jewish		
Any other religion or philosophical belief (please write in)			
1 (100.0%)			

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

32 (43.8%)	Yes
36 (49.3%)	No
5 (6.8%)	Prefer not to say

**What is your sexual orientation**

1 (1.5%)	Bisexual	9 (13.4%)	Prefer not to say
0 (0.0%)	Gay/ Lesbian	1 (1.5%)	Other
56 (83.6%)	Heterosexual		
Please write in			
6 (100.0%)			

**Can you understand, speak, read or write Welsh?**

**Please mark all that apply**

20 (24.7%)	Understand spoken Welsh	6 (7.4%)	Learning Welsh
10 (12.3%)	Speak Welsh	48 (59.3%)	None of these
8 (9.9%)	Read Welsh	5 (6.2%)	Prefer not to say
6 (7.4%)	Write Welsh		

**Which languages do you use from day to day?**

**Please mark all that apply**

80 (96.4%)	English	0 (0.0%)	Other (write in)
7 (8.4%)	Welsh	3 (3.6%)	Prefer not to say
Please write in			
2 (100.0%)			

**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."**

43 (52.4%) Yes  
32 (39.0%) No  
7 (8.5%) Prefer not to say

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

43 (61.4%) Yes  
23 (32.9%) No  
4 (5.7%) Prefer not to say

**1.4 Consultation with affected staff and Unions**

- Staff briefing meetings held by management, Chief Social Services Officer, Head of Adult Services, Human Resources and Trade Union representation prior to the start of the consultation. In addition meetings with the same group were held during the consultation to brief staff in combination with one to one's arranged as necessary with management/HR and Unions (if requested).
- Frequently Asked Questions (FAQs) created and distributed to relevant affected staff following meetings.
- Staff have been encouraged to participate in the consultation. The primary concern raised by staff was the impact on their jobs. There were 12 staff potentially at risk in the Hollies and Rose Cross Day Services. All staff were given immediate access to the Council's redeployment opportunities. At the time of putting the final recommendations to Cabinet 1 staff member at Rose Cross had retired and it had been confirmed that the staff at the Hollies were no longer at risk due to their dual employment in the co-located residential home. There were sufficient vacancies across Adult Services to give the Council confidence that the remaining staff could be accommodated if they wished to remain in employment with the Council. A number of employees had also expressed an interest in the Council's Early Retirement/Voluntary Redundancy scheme and been given provisional figures. This option would be progressed for those staff who wanted to access it, if the final proposals were agreed.
- No formal response has been received from staff.
- Monthly meetings held with Trade Unions; no formal response had been received from the Trade Unions.