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Residential Care - A New Model of Delivery

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

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

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

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

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

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

Proposed New Model of Delivery

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

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

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

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

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

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

- Strongly agree Tend to agree Tend to disagree Strongly disagree

2. Please explain your answer below

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

- **No longer provide any Residential Care internally - commissioning everything.** This would essentially mean we had no internal provision and no resilience in the event of market failure. Also, it is not cost effective for the independent sector to offer respite (as long-term beds always give them a better return than short-term beds) so there is no certainty for service users to secure respite in advance. They do not offer Reablement and would struggle to do so because of the therapy and domiciliary care input required. There is also a gap in the market between nursing and standard residential where complex falls; this particularly relates to people who require more specialist support which is more costly to deliver.
- **Continue with the current in house provision completely and deliver a degree of specialist services and standard residential care.** Social Services is facing unprecedented challenges in terms of the numbers of people who need to access our services and the increasing costs of providing them. We simply don't have enough resource to carry on providing services in this way. We need to get smarter in terms of how we support people. In line with the Social Services and Well-being Act, we need to encourage people to be as independent and self-supporting as possible so we can concentrate our services on those who really need them. There is no evidence to suggest that the Local Authority can deliver standard residential care better than the independent sector.

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

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

Building Condition:

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

Location:

- Availability of alternative residential provision in the vicinity

Current Level of Use:

- Current occupancy levels
- Current level of alignment with the new model

Dependencies:

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

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

The outcome of the evaluation led to the following overall scores

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

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

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

	Strongly Agree	Tend to agree	Tend to disagree	Strongly disagree
The criteria used to access each care home were the right ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposal to close parkway Residential care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

About You

To improve our services and service delivery to you and consider all your needs we hope you will complete the following questions.

These questions are optional.

In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only. The information will enable us to determine whether or not our proposal has more of an impact on any group compared to others.

6. Are you...?

- Male
- Female
- Prefer not to say

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

- Yes
- No
- Prefer not to say

8. How old are you ...

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

9. Would you describe yourself as...

Please mark all that apply

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> British | <input type="checkbox"/> Other British (please write in at end) |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Non British (please write in at end) |
| <input type="checkbox"/> English | <input type="checkbox"/> Gypsy/traveller |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Refugee/Asylum Seeker (please write in current/last nationality at end) |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Prefer not to say |

Write in here

10. To what 'ethnic' group do you consider

- | | |
|---|---|
| <input type="radio"/> White - British | <input type="radio"/> Asian or Asian British - Bangladeshi |
| <input type="radio"/> Any other White background (please write in at end) | <input type="radio"/> Any other Asian background (please write in at end) |
| <input type="radio"/> Mixed - White & Black Caribbean | <input type="radio"/> Black or Black British - Caribbean |
| <input type="radio"/> Mixed - White & Black African | <input type="radio"/> Black or Black British - African |
| <input type="radio"/> Mixed - White & Asian | <input type="radio"/> Any other Black background (please write in at end) |
| <input type="radio"/> Any other Mixed background (please write in at end) | <input type="radio"/> Chinese |
| <input type="radio"/> Asian or Asian British - Indian | <input type="radio"/> Other ethnic group (please write in at end) |
| <input type="radio"/> Asian or Asian British - Pakistani | <input type="radio"/> Prefer not to say |

Write in here

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

Please mark one box or write in

- | | |
|--|---|
| <input type="radio"/> No religion | <input type="radio"/> Jewish |
| <input type="radio"/> Christian (including Church of England, Catholic, Protestant, and all other Christian denominations) | <input type="radio"/> Muslim |
| <input type="radio"/> Buddhist | <input type="radio"/> Sikh |
| <input type="radio"/> Hindu | <input type="radio"/> Other |
| | <input type="radio"/> Prefer not to say |

Any other religion or philosophical belief (please write in)

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

- Yes
- No
- Prefer not to say

13. What is your sexual orientation

- Bisexual Prefer not to say
 Gay/ Lesbian Other
 Heterosexual

Please write in

14. Can you understand, speak, read or write Welsh?

Please mark all that apply

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

15. Which languages do you use from day to day?

Please mark all that apply

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

Please write in

16. Do you have any long-standing illness, disability or infirmity?

By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over time.

This could also be defined Under the Disability Discrimination Act 1995 as: "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."

- Yes
 No
 Prefer not to say

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

- Yes
 No
 Prefer not to say

Thank you for your participation