



Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

Pwyllgor Trawsnewid Gwasanaethau Gofal Cymdeithasol a Threchu Tlodi

Lleoliad: Cyfarfod Aml-Leoliad - Ystafell Gloucester, Neuadd y Ddinas / MS Teams

Dyddiad: Dydd Llun, 23 Hydref 2023

Amser: 4.00 pm

Cadeirydd: Y Cynghorydd Ceri Evans

Aelodaeth:

Cynghorwyr: M Baker, Y V Jardine, A J Jeffery, H Lawson, A J O'Connor, J E Pritchard a/ac L V Walton

Gwyllo ar-lein: <https://bit.ly/48GgKnI>

Agenda

	Rhif y Dudalen.
1 Ymddiheuriadau am absenoldeb.	
2 Derbyn datgeliadau o fuddiannau personol a rhagfarnol. www.abertawe.gov.uk/DatgeluCysylltiadau	
3 Cofnodion: To approve Cymeradwyo a llofnodi, fel cofnod cywir, gofnodion y cyfarfod blaenorol.	1 - 4
4 Model Cyflwyno Darpariaeth Gofal Preswyl Mewnol.	5 - 59
5 Grant Galluogi Cymunedau. (For Information)	60 - 79
6 Cyllun Gwaith 2023-2024.	80

Cyfarfod nesaf: Dydd Llun, 4 Rhagfyr 2023 am 4.00 pm

Huw Evans
Pennaeth y Gwasanaethau Democraidd
Dydd Mawrth, 17 Hydref 2023

Cyswllt: Gwasanaethau Democraidd - (01792) 636923

Agenda Item 3



City and County of Swansea

Minutes of the **Social Care & Tackling Poverty Service Transformation Committee**

Multi-Location Meeting - Gloucester Room, Guildhall / MS

Teams

Monday, 11 September 2023 at 4.00 pm

Present: Councillor C R Evans (Chair) Presided

Councillor(s)

M Baker
J E Pritchard

Councillor(s)

A J Jeffery
L V Walton

Councillor(s)

H Lawson

Officer(s)

Gareth Borsden
Lee Cambule
Amy Hawkins
Simon Jones

Democratic Services Officer
Tackling Poverty Service Manager
Head of Adult Services & Tackling Poverty
Social Services Strategy and Performance Improvement
Officer

Anthony Richards

Poverty and Prevention Strategy and Development
Manager

Lisa Thomas

Senior Lawyer

Also present

Julia Manser – Swansea Council for Voluntary Services (SCVS)

Apologies for Absence

Councillor(s): A J O'Connor

15 **Disclosures of Personal & Prejudicial Interests.**

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

Councillor H Lawson declared a personal interest in Minute No 17 “ Swansea Council Volunteering Policy Development”.

16 **Minutes.**

Resolved that the Minutes of the Social Care & Tackling Poverty Service Transformation Committee held on 24 July 2023 be approved and signed as a correct record.

17 Swansea Council Volunteering Policy Development.

Anthony Richards presented a 'for information' report which detailed the background to the development of a Swansea Council Volunteering Policy which will set out consistent principles and practice by which volunteers are involved across the organisation.

The policy aimed to create a common understanding and definition of volunteering and clarify roles and responsibilities to ensure the highest standards were maintained consistently in relation to the management of volunteers within Swansea Council whilst also recognising the importance of volunteers to Swansea Council.

Julia Manser (SCVS) welcomed the draft policy and outlined and detailed her involvement and input into the ongoing development of the policy and indicated that the policy would be more aimed at formal volunteer roles within the Council such as those in care homes, and less aimed at informal activities like community litter picking etc.

It was proposed that the Swansea Council Volunteering Policy would include the principles of volunteering as defined by WCVA (Wales Council for Voluntary Action):

- Volunteering is undertaken by choice. Individuals have the right to volunteer, or indeed not to volunteer.
- While volunteers should not normally receive or expect financial rewards or incentives, they should be reimbursed for reasonable out of pocket expenses.
- The contribution of volunteers and paid staff should complement one another. Volunteers should not be used to replace paid staff or to undercut their pay and conditions of service. Volunteers should enhance the quality of the Council's activities.
- Effective mechanisms should be in place to support and develop volunteers.
- Volunteers and paid staff should be able to carry out their duties in safe, secure and healthy environments that are free from harassment, intimidation, bullying, violence and discrimination. All should be treated sensitively with regard to their preferred language.
- Volunteers should have access to appropriate opportunities for learning and development.
- There should be a recognised process for the resolution of problems, for both staff and volunteers.
- Volunteers should not be used to undertake the work of paid staff in the case of industrial disputes.
- Volunteering should be open and accessible to all
- Mutual Benefit – both the volunteer and the Council should benefit from the relationship
- The contribution of the volunteer should be recognised

The current draft Swansea Council Volunteering Policy was attached at Appendix A to the report. This draft policy takes account of best practice as identified by third sector Support Wales and as such defines volunteering, sets out standards and

commitments to roles and responsibilities, recruitment and selection, induction and training and support and supervision.

Following a meeting of the volunteering development working group during May, the draft Swansea Council Volunteering Policy was taken to the corporate safeguarding operational group during July for initial review and comments.

Work was ongoing in conjunction with human resources and organisational development and Swansea Council for Voluntary Service to both refine the draft policy and inform the development of a Volunteer Management Toolkit and Volunteer Handbook, incorporating feedback from the corporate safeguarding operational group.

A volunteering policy steering group has also been established comprising of officers from the tackling poverty service, human resources and organisational Development and Swansea Council for Voluntary Service. The steering group is set to meet during September to finalise the draft policy.

Funding had been secured from the shared prosperity fund to provide the resources required to support the completion and implementation of this work during 2023/24. It was anticipated that a volunteering development officer post would be established early in 2024.

This appointment would assist with the likely timescales for the implementation of the policy in 2024 due to the large amount of work needed with the development of the managers toolkit and volunteer handbook. The policy once finalised could be brought back to this committee for approval and sign off.

The volunteering policy steering group would continue working to complete the draft Swansea Council Volunteering Policy and develop a corporate volunteer handbook and tool kit for volunteer management as outlined within the draft policy.

Consistent baseline data for all volunteers hosted across services within Swansea Council was to be established along with engagement with current volunteers to undertake experience mapping and ongoing engagement and coproduction.

Members asked various questions and made comments about the proposals, and officers responded accordingly.

The Chair thanked the officer for the report and updates.

18 Work Plan 2023-2024.

The Chair referred to the circulated Work Plan for 2023-2024 and indicated that following on from the workshop to be arranged shortly on the Levelling Up Grant Process, the item be added to the agenda for the December meeting.

Resolved that the revised Work Plan as outlined above be noted,

Minutes of the Social Care & Tackling Poverty Service Transformation Committee
(11.09.2023)
Cont'd

The meeting ended at 4.37 pm

Chair

Agenda Item 4



Report of the Head of Adult Services & Tackling Poverty

Social Care & Tackling Poverty Service Transformation Committee - 23
October 2023

Internal Residential Care Provision Model of Delivery

Purpose:	This report includes the implementation of the recommendations from the Older People's Residential Care Homes Review 2018. The Covid impact, response and recovery, current position, developments and future plans and priorities for Council run older people's Residential Care Provision.
Policy Framework:	Social Services and Wellbeing (Wales) Act, Internal residential services provision for older people
Consultation:	Access to Services, Finance, Legal.
Recommendation(s):	It is recommended that: 1) The Social Care & Tackling Poverty Service Transformation Committee consider the report and give their views of the Internal Older People's Residential Care model of delivery.
Report Author:	Cathy Murray
Finance Officer:	Chris Davies
Legal Officer:	Carolyn Isaac
Access to Services Officer:	Rhian Millar

1. Background

- 1.1 In 2018/19 a review of Swansea Council's internal residential services provision for older people was undertaken. (Appendix A: Outcome report 17/09/18). The review looked at type and volume of usage of

each of these residential care homes and considered how these could be best utilised.

- 1.2 In line with the principles of the Social Services and Wellbeing (Wales) Act, the Council agreed a model for Adult Services in 2017 which had the following key principles at its core:
- Better prevention
 - Better early help
 - A new approach to assessment
 - Improved cost effectiveness
 - Working together better
 - Keeping people safe.
- 1.3 In undertaking the review of Residential Care for Older People these principles were central to reaching a position of a preferred direction of travel: to focus on complex care, short-term residential reablement and respite, and commission standard residential care and nursing care in the independent sector. This meant that there were no new admissions for long-term residents with non-complex needs and all those with non-complex needs were signposted to the independent sector.
- 1.4 By designating more in-house beds as respite provision, carers have greater certainty and planning surrounding respite arrangements helping them to keep their loved ones at home for longer by providing them with a break.
- 1.5 The reablement provision was 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.
- 1.6 By adopting the review recommendations, the Council was able to provide better care for people with complex needs, including dementia. Staff have the right skills and knowledge to provide this type of care and our buildings have been set up in such a way to deliver support for those with more complex needs. The independent sector can be challenged to provide this level of care, typically it is more expensive to deliver because of the level of staffing required to meet complex needs.
- 1.7 Individuals are defined as having complex needs if they had needs attributable to one or more of the following features, and they required at least two 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 Percutaneous Endoscopic Gastrostomy (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.

1.8 The independent sector continues to provide the majority of standard residential care placements in Swansea. Refocussing internal provision to long-term placements only being those with complex care has provided market certainty for the independent sector surrounding the commissioning of standard residential care.

2. Covid impact, response and recovery

2.1 As a result of the Covid pandemic, internal Older People Residential Care Homes changed focus.

2.2 The Care Homes supported people leaving hospital ('Step-Down' as part of the Home First Initiative) who were not well enough to return home and needed a period of residential recuperation, rehabilitation and reablement.

2.3 The Care Homes supported people through temporary placements ('Step-Up') who had been living at home but had begun to struggle due to increased needs, family struggling or unable to support due to Covid restrictions.

2.4 The impact of Covid on older people has been significant, particularly in terms of mental health and wellbeing, physical health and social isolation. The Care Homes responded by offering emergency/short term placements to assess the changing needs of people with complex needs and their family situation. The Care Homes worked with Social Workers and health staff to identify appropriate support, enable and maintain residents' skills to return home or move into residential care. It also provided families with a break and supported hospitals to discharge patients into a safe and supportive environment, releasing beds to help manage the demand and pressures on hospitals.

2.5 Bonymaen Residential Care Home focussed on reablement, mostly for people leaving hospital, whilst Rose Cross, The Hollies, St Johns and Ty Waunarlyydd focussed on assessment and enablement, mainly from the community.

- 2.6 With the easing of Covid, the care homes continued to provide both step-up and step-down beds and opened up planned respite. The Care Homes also started to accept long-term complex care placements for residents where it was in their best interest to remain in that care home.
- 2.7 There is recognition that services are now supporting people with an increased level of complexity.

3. **Current model and delivery of Council run Older People Residential Care Homes**

- 3.1 The care homes have returned to the model agreed in the 2017 Older People's Residential Commissioning Review. Each service has a specific brief as follows:

Care Home	Location	Beds	Care Provided
Rose Cross	Penlan	25	Support for older people with complex physical health needs and moderate dementia
The Hollies	Pontardulais	22	Support older people with complex dementia
St Johns	Manselton	18	Support older people with complex dementia
Ty Waunarlyydd	Waunarlyydd	39	Support older people complex dementia. One 8-bed unit (Westfield) complex dementia step-down from hospital for settlement and assessment.
Bonymaen House	Bonymaen	24	Support older people for assessment & reablement home, usually from hospital.

- 3.2 For the split of the use of beds for long-term complex care, short-term residential reablement and respite per home, see **Appendix B**.

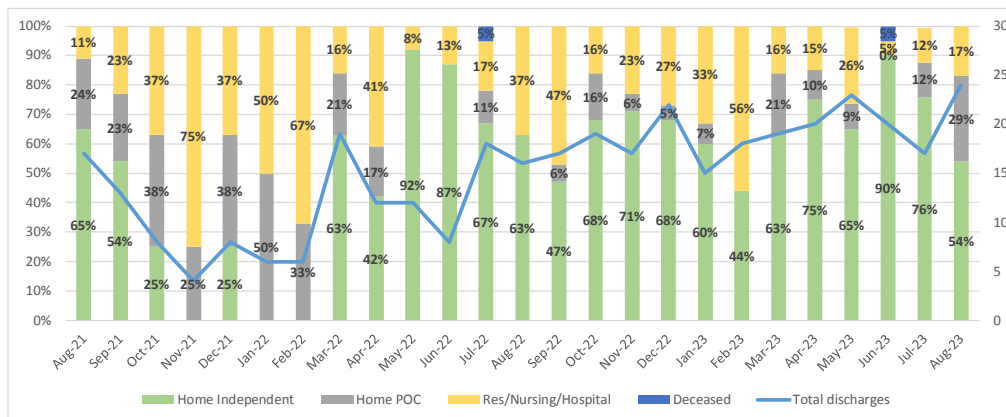
3.3 **Charging**

For internal Care Homes, the following means tested financial assessment charging applies:

- Step-up beds for assessment - 2 weeks no charge, then charges apply.
- Step-up beds due to temporary accommodation need – residential charges apply.
- Step-down beds for reablement – up to six weeks no charge, once assessment and reablement programme complete, charges apply – residential or non-residential, dependant on the person's move on plan.
- Long-term complex care – residential charges apply.
- Planned respite – non-residential charges apply.

3.4 Performance Management

Performance data is captured on a monthly basis for all the Care Homes and reported monthly via the Adult Services Performance reporting and is included every quarter to Adult Services Performance Scrutiny Meeting. Bonymaen performance has consistently supported the majority of residents returning home without a package of care, see graph below.



3.5 Person Centred Outcomes

All the Care Homes have been supported to develop a person centred outcome focussed approach. Guidance, training and paperwork to capture this is developed and applied across the Care Homes. This includes engaging with people on their assessments and support needs along with a 'My Story – What Matters to Me' approach, one page personal profile, Personal Support Plan, Living Well Document and service specific outcome reporting for example reablement journey. These are evidenced through outcomes recording sheets, individual perspective recording sheets, family recording sheets and outcome recording linked to national outcomes where possible. These are reviewed every three months and annually.

Some examples of the person centred outcome work include:

- The Care Homes have worked with Digital Community Wales to introduce technology to support the engagement of residents, families and staff. Through fully immersive Virtual Reality (VR) headsets, residents are supported to reminisce and remember their lives and experiences. This also includes assisting individuals who are reaching the end of their lives to feel connected to their community. Staff are able to support the resident's wishes, such as their favourite place that they would like to visit one last time. The visuals are accompanied by meaningful sounds and music, with the aim to reach all the senses.
- The use for exercise and reablement to enhance individuals physical and mental wellbeing in Bonymaen House. This involves partnership working with Physiotherapy, Occupational Therapy, Life after Stroke team and other health professionals.

- The Hollies and Ty Waunarlwydd are developing dementia friendly enabling environments to support the assessment and recovery of individuals in a familiar environment. When supporting individuals living with dementia, at times everyday life can become overwhelming for them. Developing a familiar environment, can positively support a person if they are feeling anxious and distressed and offer a distraction as well as a sense of purpose for the person. The environment also provides therapists to carry out the relevant assessments. Guidance and advice has been sought from Find Dementia Signage who specialise in developing dementia friendly environments, on designing, developing and creating environments in care homes, that make life easier for people living with dementia, enhancing care and quality of life.
- Ty Waunarlwydd has been funded via the Regional Investment Fund funding to provide 8 step-down beds (Westfield Unit), from acute hospital settings within Swansea and Neath Port Talbot, for people that are medically fit for discharge, live with complex dementia related needs, and require a settlement & assessment period to establish their future move on plans. This pilot initiative is focused on achieving better outcomes for people through a short-term specialist residential placement to establish future care plans in a non-hospital setting. **See appendix C** for feedback from residents and their families.

3.6 **Quality**

Feedback on services is captured through a number of quality audits, and regulatory visits as well as compliments and complaints. General observations and discussions with residents, staff and carers are that residential services are a home from home, a safe, friendly and nurturing place to live. Common themes are around care, compassion and kindness. The services capture the life stories of residents and work closely with families. Complaints are also captured and reviewed to improve the lives, experiences and outcomes of residents and their families. **See Appendix D** for example case studies on the outcomes and benefit to individuals and their families.

3.7 **Care Inspectorate Wales Inspections**

All the Care Homes are registered under Care Inspectorate Wales (CIW) and have had inspections in 2022 or 2023. CIW have reported:

- The Care Homes ensure people feel safe, secure, and protected from abuse and neglect. People are supported by knowledgeable, skilled staff who understand their role and responsibilities in the safeguarding process.
- People have control over their day to day lives. Care workers understand people and support them in a dignified, respectful way. People's individual care and support is identified within personal plans that are regularly reviewed. Plans are regularly reviewed to ensure they are up to date and reflect people's current needs. Pre-

assessments are carried out supported by good policy and procedures which show staff the needs and outcomes of people.

- People living with dementia and unable to communicate verbally are at ease in their surroundings, care, and support is provided in a location and environment with facilities that promote people's well-being and safety. People are engaged and supported to maintain daily living skills, washing dishes and undertaking their own laundry.
- Governance arrangements are good with systems in place to monitor and review the quality of care provided. The management teams show a good knowledge and understanding of the people living in the service. There is openness through inspection from the services. This was also reflected in the quality monitoring visits and reports generated by the Registered Individual. People are supported in services that meet their needs by staff with the knowledge, skills and understanding to support people to meet their needs and individual outcomes.
- **See appendix E** for links to the CIW reports and a summary of the CIW's assessment of Wellbeing, Care and Support, Environment and, Leadership and Management in the latest inspection reports.

3.8 **Partnership Working**

Partnership working has developed, particularly during Covid and continues to strengthen. Older people services teams have strengthened the relationship with partners and colleagues, working collaboratively and jointly with the Home First team, Health colleagues, social workers and discharge liaison nurses in the best interest of individuals and their families to return home or move on to the next stage of their life.

All the Care Homes work closely with Social Workers, health therapists and for Bonymaen particularly, the Home First Team within the hospitals. Working with the Hospital Discharge Liaison Nurses and Trusted Assessors, the development of a 'joint integrated assessment' has supported the sharing of information providing a better flow from hospital to residential reablement to home, or preferred residential home.

3.9 **Environment**

Working with staff and communities who use the residential care settings we have identified the need to implement essential up-grading and improvement works so adults and families have a safe, secure, accessible and friendly environment.

Work undertaken to date includes the refurbishment of the units in Ty Waunarlwydd and Rose Cross, new kitchens in Rose Cross and St Johns, redecorating, updating of laundry facilities, improving accessibility in the building and gardens and developing dementia friendly environments in the Hollies. Further works are planned for the next two years and the use of external grant funding is being maximised.

4. Current and Future Plans

4.1 Our vision for the internal Care Homes will remain to be the best we can be for the people of Swansea. Embedding our strengths-based ethos at the core of everything we do in line with the Adult Service Plan and our model of transformation, promoting and enabling independence and keeping people safe.

4.2 Our priorities are to:

- Continue to focus on long-term complex care, short-term residential reablement, assessment and respite.
- Maximise the use of the residential services by increasing both respite and long-term complex provision. This supports the Adult Services vision of supporting people to stay at home longer and offer long term care to individuals with the most complex dementia and health needs.
- Continue to ensure robust staffing structures to provide a consistent approach that meets the high level of need.
- Continuing to embed person-centred outcome focused approaches across our homes.
- Embed an enablement and reablement outcomes approach through staff training, development, and quality assurance.
- Continue with the capital programme to further support refurbishments and modifications in response to the changing and complex needs of residents.
- Further develop performance data and performance indicators to better inform on the delivery and improvement of services.
- Continue to robustly monitor and control expenditure across the Care Homes to ensure value and cost effective services.

5. Integrated Assessment Implications

5.1 The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, 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 Acts.
- 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.
- Deliver better outcomes for those people who experience socio-economic disadvantage.
- Consider opportunities for people to use the Welsh language.

- Treat the Welsh language no less favourably than English.
- Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

5.1.1 The Well-being of Future Generations (Wales) Act 2015 mandates that public bodies in Wales must carry out sustainable development. Sustainable development means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the ‘well-being goals’.

5.1.2 Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also takes into account other key issues and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language. The Integrated Impact Assessment Screening form is in **Appendix F**.

5.2 The principles and priorities underpinning our internal Residential Care Homes support positive outcomes for our communities and the people of Swansea. We focus on strengths, enablement and keeping people safe. Individual projects within each Home may require the completion of IIA screenings and full reports to ensure any impacts are fully understood, a positive co-productive and / or engagement approach is adopted wherever possible and detail of any risks and proposed mitigation are developed.

Background Papers: None

Appendices:

Appendix A	Outcome of the Residential Commissioning Review 17/09/18
Appendix B	Usage of beds per Internal Care Home
Appendix C	Comments from Service Users
Appendix D	Case Studies
Appendix E	CIW Inspectorate Report Highlights 2022-2023
	www.careinspectorate.wales/bonymaen-house
	www.careinspectorate.wales/rose-cross
	www.careinspectorate.wales/ty-waunarllwydd
	www.careinspectorate.wales/hollies-1
	www.careinspectorate.wales/st-johns
Appendix F	Integrated Impact Assessment Screening Form



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

Purpose:	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.
Policy Framework:	Social Services and Well-Being (Wales) Act 2014
Consultation:	A 12-week public and staff consultation was conducted from 30 th April 2018 to 23 rd July 2018.
Recommendation(s):	<p>Cabinet is asked to consider the following recommendations:</p> <ul style="list-style-type: none"> • Recommendation 1: Refocus the Council's 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.
Report Author:	Alex Williams
Finance Officer:	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 21st century needs.
- 1.4 In line with the principles of the Social Services and Wellbeing (Wales) Act, the Council agreed a model for Adult Services in 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 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.
- 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 9th 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 21st June 2016 to talk through their views on the options.
- 2.6 The detailed option appraisal was then held on 24th 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 19th 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
TOTAL	143	8.7 beds		13.3 beds	

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

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

- 3.7 Cabinet consequently agreed to publicly consult on Options 2, 3 and 4 at its meeting on 19th 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 31st January 2018 to evaluate each service against specific criteria.

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

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:

Home	Overall Score
Bonymaen House	200
Parkway	132
St Johns	139

Rose Cross House	171
Ty Waunarlwydd	190
The Hollies	162

- 4.7 Parkway therefore attracted the lowest score, and it 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 19th April 2018.

- 5.2 A 12-week public consultation consequently took place from 30th April 2018 to 23rd 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 8th May 2018, 21st May 2018, 5th June 2018 and 6th 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:

Theme	Number of comments relating to theme
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 respite 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
Total Saving	555,608

- 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, 19th 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

Adult Service Provision – Internal Care Homes - Functions & Bed Capacity – October 2023 – Appendix B

Care Home & Number of beds	Current capacity and functions	Number of beds per function	Category of care/age	Can support	Other information
Rose Cross 25 beds	<ul style="list-style-type: none"> Planned Respite Step up. Long Term Care 	10 3 12	Residential Age 55 and up	Physical complex needs with Dementia /LD	Subject to change/assessment/ environmental factors/staffing
St Johns 18 beds	<ul style="list-style-type: none"> Planned Respite Step up. Long Term Care 	5 8 5	Residential Age 55 and up	Dementia -low- moderate needs	Subject to change/assessment/ environmental factors/staffing
The Hollies 22 beds	<ul style="list-style-type: none"> Step up. Long Term Care 	15 7	Residential Age 55 and up	Dementia moderate advanced/	Subject to change/assessment/ environmental factors/staffing
Ty Waunarlwydd 39 beds	<ul style="list-style-type: none"> Step up. Planned Respite Long Term Care Step down 	15 8 8 8	Residential Age 55 and up	Dementia, moderate /advanced	Subject to change/assessment/ environmental actors/ staffing
Bonymaen House 24 beds	<ul style="list-style-type: none"> Reablement 	24	Residential Age 50 and up	Assessment & Reablement	Subject to change/assessment/ environmental factors/ staffing

Comments from Service Users Westfield Unit 2023

- It's been a wonderful stay.
- Staff have been wonderful, if it wasn't for them and the help they gave me I don't know where I would be.
- It's a lovely place.
- Good activities
- Its so nice to go out in the garden.
- I know I will need LTC, I have one wish that it will be here the live the rest of my days out, I'm happy here.
- Company is lovely.
- I like my bedroom.
- Its marvellous, you get a lovely welcome.
- Food is excellent.
- Nice having company meeting everybody.
- Enjoyed going in the garden.
- Staff are very helpful.
- Lovely friendly atmosphere
- Homely
- Everyone is nice.
- Very clean place.
- My bedroom is lovely and always clean.
- Nice and quiet at night, I get good sleep.
- I am enjoying my stay at ty waun
- Always get the best of everything.
- I get choices.
- Laundry is good.
- I like the photos and flowers that are placed around the unit.
- I can't speak more highly about ty Waun.
- They are very good at keeping us in touch with the doctors and nurses.
- Faultless
- Good food
- Good living quarters
- Very friendly
- Very helpful
- It's been a lovely stay.

Case Study

Mr F is an 89 year old gentleman who was referred to us via a Social Worker. Mr F had recently been released from prison to a flat that was adapted to meet his need and he was also waiting on a package of care. The Social Work assessment identified concerns around Mr F's ability to care for himself due to becoming institutionalised. He was using a wheelchair to support with mobility in prison which the Occupational Therapist felt may not be needed, therefore a reablement/assessment bed was identified. Mr F was assessed as high risk from self-neglect. Mr F was accepted into the service based on the Social Worker assessment.

Mr F Goal/Recovery and Reablement Plan:

- Practice Kitchen skills
- Confidence building
- Relieve anxiety around socialising.
- Practice activities of daily living - personal care
- Build exercise tolerance and improve distance.

Mr F started working with Home First physio and physio technician from week 1 where he was practicing step transferring from bed to chair and walking a few steps around his room. From Week two Mr F progressed on to a four wheeled walker and walking distance of up to 20 metres with support from 2 persons. By week 4 Mr F was mobilising up to 50 metres with a four wheeled walker independently. While Mr F worked with Home First therapy staff to improve his mobility, the Residential Care Officers worked with Mr F daily to support with personal care, they also completed kitchen assessments and medication assessments. They worked with Mr F to develop his confidence around others. Initially Mr F wouldn't leave his room, but eventually used the lounge and dining every day, chatting and socialising with other individuals.

The team worked closely with Mr F's Probation Officer, who was happy with the progress Mr F had made since been in BMH, they state he is like a new person, engaging with conversation and with others. The team also liaised with an officer from the Public Protection Unit to ensure Mr F met the requirements of his registration and they liaise weekly with Mr F's social worker to discharge plan.

Mr F has achieved his assessment/ reablement goals and while the outcome is for him to move to a long-term placement near his family. He is leaving BMH with increased mobility and not dependent on his wheelchair. Mr F's confidence has grown, he is engaging socially with others, and he feels like he is part of the community.

Case Study

E admitted June 2023 – Emergency Step up bed from the community.

Outcome - 10 weeks to return home with package of care and avoided Hospital admission.

E was in poor health, poor mobility, full range of personal and intimate care, potential neurological condition, depression, wakeful day and night with anxiety. Husband struggling to manage at home alone due to his poor health – package of care required.

Weeks 1 – 4:

Mrs and Mr E were supported with reassurance, chosen outcomes, inclusion, decisions, Physio, routine and information.

- Occupational Therapy (OT) assessment
- B12 injection administered
- Lithium Blood test
- Doctor adjusted medication
- Night medication prescribed
- Urine analyse undertaken
- Assessed by Social Worker

Weeks 5 - 6

- Social Worker review
- Therapies review
- Dentist arranged and visited to address mouth care
- Deterioration due to medication changes
- Loss of speech, mobility, swallowing
- Decrease in night medication,
- Gastronomy appointment made
- Review with GP
- Speech and Language Therapies team arranged and visited

Weeks 7 - 10

- Dr from Older Peoples mental health team intervention
- Prescribed medication
- Health condition confirmed
- Medication changes
- OT intervention
- Excellent recovery in health and wellbeing
- At Home Package of Care confirmed
- Meet with Domiciliary Care Provider
- Discharge home with husband
- Future respite recommended for both Mr and Mrs E, particularly around medication changes to avoid crisis.

“This is just a short note to thank you and all your staff for looking after my wife for the past ten weeks. We such greatly appreciate the skills, patience, and medical know-how of so many of your colleagues. We especially appreciate the way you coordinated the visits of the doctors, nurses, and other medical specialists. We made some real friends upstairs at Rose Cross.” Mr E

Case Study

Care Home received a phone call - 15th June in office hours from Social Worker (SW) to check if we had availability to support a step-up referral from the community for Mrs M, as her son was unable to continue with the level of support Mrs M required at the time and he was struggling to cope.

We confirmed that we did have a step-up bed available and gathered some initial information from SW to establish if we were able to meet Mrs M needs. SW informed us that she required a two week placement in order to do a more comprehensive assessment to understand what level of support Mrs M required to be able to return home.

We contacted Mrs M son to arrange a suitable time and date to undertake our own initial assessment to confirm that we were able to support the request for the two-week stay and the outcome was that we were able to support.

We arranged for Mrs M to come into Hollies the following day. During Mrs M stay we collaborated with various professionals which included a GP, Community Psychiatric Nurse and District Nurse.

SW came out to Hollies to undertake an assessment with Mrs M and gather information from Managers and Residential Care Officers at The Hollies regarding the level of care and support we were providing to Mrs M. The outcome of SW assessment was that she felt Mrs M would be able to return home with a package of care – 4 calls a day. At the time there was a quite a long waiting list for a package of care, we confirmed that we were able to support Mrs M until the care at home was in place.

On 7th September Mrs M son confirmed that a meeting had been arranged with the Domiciliary Care provider on 12th September to undertake various assessments at her home address and to discuss and agree the arrangements with the care times and start date.

On 25th September Mrs M returned home with a package of care, 4 calls a day. We spoke to her son in early October and he informed us that it took about a week for his mum to adjust and settle back in at home and everything is going really well. Mrs M came on the phone to say hello and sounded happy and content. Son was very complimentary regarding the care provider and passed on his thanks to us as a service for the care and support we had provided to his mum during her stay. During our conversation we reassured son that should he need any further support in the future to let us know.

CIW Inspection Reports
Highlights
2022-23

St Johns – August 2023

Wellbeing –

People are treated with dignity and respect. People are supported by staff who know them. People can make everyday choices and maintain their independence as much as they are able. People are supported to access health care and services to maintain their health and wellbeing. People are protected from abuse and neglect. The provider has robust safeguarding policies and procedures in place, which are aligned to current legislation and national guidance. Staff told us they are aware of their role and responsibilities in keeping people safe. Staff are aware of the reporting process and are confident in whistleblowing if needed. Safeguarding training is provided along with appropriate recruitment checks.

Care and Support –

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. The service has personal plans in place reflecting the support needs of people which are regularly reviewed.

Environment –

The provider has systems in place to mitigate risks to the health and safety of people. The service is managing a large refurbishment project which is affecting staff moral. However, the RI and management team have systems in place to support staff and the wellbeing of people

Leadership and Management –

There is good governance by the Responsible individual (RI). The RI regularly visits the service, speaks to people, relatives, and staff to gather, and respond to feedback. The provider has systems in place for the smooth running of the service. The RI regularly visits the service. Staff told us; “The RI, is always in the service, he comes in and talks to people and staff I always find him approachable”. Feedback gathered informs the quality visits and quality of care reviews completed by the RI. The reviews show the manager has guidance on their role and actions to be addressed for improvement of the service.

Bonymaen House – August 2023

Wellbeing –

People feel safe, secure, and protected from abuse and neglect. People are supported by knowledgeable, skilled staff who understand their role and responsibilities in the safeguarding process. People have control over their day to day lives. People are encouraged to write their own outcomes as part of the assessment and rehabilitation process. We saw documentation to support this. People told us they are happy with the service and with the help and support they receive in order to return home. People are treated with dignity and respect. People told us they are happy and comfortable; we saw interactions which showed engagement with people affording respect and equality. They have facilities which encourage independence and reablement. Communal and private areas where they

can socialise or have time alone. People are encouraged to carry out daily activities, we saw people making their own breakfast and drinks at the breakfast station. We saw people and relatives socialising in the communal areas.

Care and Support –

Care workers promote the independence of the individual with risk assessments and bespoke personal plans written by the individual alone or with the support of staff. Plans detail their likes, dislikes and set out goal steps to support them to achieve their outcomes and aspirations. “From day one we all saw what a positive difference the home made, not just with his health but with his morale it's like a second home”. The service has a comprehensive pre assessment process, supported by good policy and procedures which show staff the needs and preliminary outcomes for people. The provider has good mechanisms in place to safeguard vulnerable people they support.

Environment –

The provider ensures that people's care, and support is provided in a location and environment with facilities that promote people's well-being and safety. The service is comfortable, clean and well maintained, with facilities which support the rehabilitation and well-being of people. We saw a gym used by people supported by a physiotherapist. People told us; “I'll see the physio again tomorrow, it's really good that they are here in the building, and I don't need to travel anywhere”. Rooms are personalised to the taste of people and are suitably furnished. We saw information boards with daily activities and the names of those staff on duty. People told us it gives them confidence to know what's going on.

Leadership and Management –

The (RI) makes themselves available to speak to people and staff in the service. This is clearly reflected within the regulatory visit reports and the quality-of-care reviews produced by the RI to support and improve the well-being of people.

The service has good systems in place to monitor and review the quality of care and support being provided. There is a strong management team who show a good understanding of the people living in the service and their role in people's assessment and rehabilitation. Staff told us they feel supported by the manager and are proud of the work they do as a team to support people achieve their outcomes. From walking a few steps or going home without a support package of care.

Ty Waunarlwydd – June 2023

Wellbeing –

People are happy, active and as healthy as they can be. People told us; “The home is really friendly, everybody is friendly, and everything is good I don't dislike anything.” People have a voice and are listened to. People are supported to make choices about the things that are important to them to support their well-being.

Personal plans contain information on people's preferences, likes and dislikes. The RI makes themselves available to speak to people in the service. People live in suitable accommodation that supports and encourages their well-being. People's physical and emotional well-being is supported well. People receive good quality care which is person centred and meets their needs. We saw people supported to engage in activities. People and relatives are included in the review process.

Care and Support –

People are well supported. Personal plans give instructions to staff on the support of people to meet their personal outcome. The standard of care is good. We saw good interactions and engagement with people. We saw people making drinks, helping with laundry collection and one person washing dishes independently. Staff and people told us these activities are a daily occurrence. The provider has mechanisms in place to safeguard people they support. We saw a comprehensive safeguarding policy and procedure in place to safeguard people.

Environment –

The home is very large split into four separate accommodation areas, each having their own kitchenette and communal area. Resulting in smaller numbers of individuals being supported. Which suits the needs of people and fosters a more person-centred environment and approach to care and support. We saw people are engaged and supported to maintain daily living skills, washing dishes and carrying laundry. People's rooms are suitably furnished and contain items important to them. The provider has systems in place to identify and mitigate risks to the health and safety of people.

Leadership and Management –

Governance arrangements around the service is good. The service has systems in place to monitor and review the quality of care provided. The management team show a good knowledge and understanding of the people living in the service. There was an openness through inspection from the team as a whole. This was also reflected in the quality monitoring visits and reports generated by the RI. People are supported by a service that meets their needs by staff with the knowledge skills and understanding to support people to meet their needs and individual outcomes.

Rose Cross – May 2023

Wellbeing –

People feel safe, secure, and protected from abuse and neglect. People are supported by skilled staff who received safeguarding training and understand their role and responsibilities to safeguard people. People have control over day-to-day life. People told us they have good relationships with staff. We also observed sensitive interactions with people by staff. Staff commented they feel supported by the manager. People are treated with dignity and respect. Individuals are supported by familiar staff who know them well. People look well kempt, comfortable and cared for. Individuals are encouraged to make everyday choices to maintain their independence as much as they are able. We saw staff assisting people sensitively.

Care and Support –

This is a well-managed service with a strong ethos of placing the individual at the centre of the service. We observed people being actively supported to engage in meaningful activities. Personal files contain social history for each person so staff can get to know people and their lives before coming to the service. Plans are regularly reviewed to ensure they are up to date and reflect people's current needs. Pre-assessments are carried out supported by good policy and procedures which show staff the needs and outcomes of people. The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the

safeguarding process and are confident to raise a concern. Staff know the people well and recognise any deterioration in health and seek medical attention when needed. This was seen in health records and daily notes. We saw staff are familiar with the likes and dislikes of people they support. This was evident in the “what is important to me” document. People are supported to maintain relationships with relatives. We were told by relatives; “I only have positive things to say, the manager has been up front, they know your name when you come in and you’re included”.

Environment-

The physical environment supports people's well-being. The service is a pleasant place to live bedrooms are decorated to reflect the individual's tastes. The environment offers people access to a range of communal areas as well as the privacy of their own bedrooms. The provider ensures that people's care, and support is provided in a location and environment with facilities that promote people's well-being and safety. The service is comfortable clean, tidy, and well maintained, and support people's needs, for both long- and short-term care and support. People appear happy in the communal areas and people's rooms are suitably furnished containing personal items important to them. Areas of the home have been refurbished such as flooring in the hallways and new kitchenette. Staff told us they are happy with the changes made within the home and as a result of the changes people and visitors will have access to a room and kitchenette promoting a more inclusive and engaging environment.

Leadership and Management -

The service has good oversight and clear governance arrangements in place with strong line management and methods of communication. The Responsible Individual (RI) makes themselves available to speak to people in the service. This is reflected within the quality monitoring reports.

The service has good systems in place to monitor and review the quality of care and support being provided. The management team show a good knowledge and understanding of the people living in the service and their regulatory responsibilities. There was an openness throughout the inspection from the team as a whole.

The Hollies – July 2022

Wellbeing-

The Hollies has a warm, homely welcoming atmosphere where care workers prioritise the care and support of its residents. People, relatives, and professionals have confidence in the care provided. Care workers understand people and support them in a dignified, respectful way. People's individual care and support is identified within personal plans that are regularly reviewed.

People have choice and control over how they live. Care records identify people's care preferences and routines, which care workers know and respect. Risk assessments are present and support staff to keep people safe. People are supported to stay connected with family and friends. People and relatives engage in the assessment and personal planning and review process. Relatives are encouraged to visit loved ones; we saw they were made to feel welcome during the inspection visit. Staff work hard to promote people's wellbeing by regularly interacting with them and adapting the way they communicate with people. The service helps protect people from harm and neglect. We found people feel safe whilst living at The Hollies.

Care and Support –

Caring and attentive staff, support people knowledgably and well, this was observed throughout the inspection. One individual living with dementia could no longer speak English reverting to her native language. Care workers communicated through body language, gestures, touch, and facial expressions, along with basic phrases in their language. Other language resources to aid communication are also used. Risk assessments support the individuals care and support needs within their personal plans. Staff update these regularly to ensure they remain accurate. They include detailed information about people's care preferences, routines and the health and safety equipment they need. There are good levels of detail capturing people's social and family histories. The service provides personal care and support for a high number of people living with dementia. The service is very well managed, with staff demonstrating a real understanding in dementia care.

Environment-

We saw people living with dementia unable to communicate verbally at ease in their surroundings. Care workers are confident in using distraction techniques and comfortable using emotional support if people become agitated. A social care professional with a good working knowledge of the service said, "there is always a lovely home feel and they welcome me as a social worker". Overall, there are effective measures in place to reduce health and safety risks and to maintain consistently good standards of hygiene and infection control.

Leadership and Management –

Managers prioritise people's needs and have strong governance arrangements in place ensuring the service runs smoothly. The service has an experienced, professional management team highly regarded by people, staff, and external professionals. Audits undertaken evidence monitoring is ongoing and timely action taken to address any practice issues to ensure people receive quality care. Care workers told us "The managers door is open if we want to speak to them" and "I have excellent support, they are very kind and supportive".

Integrated Impact Assessment Screening Form – Appendix F

Please ensure that you refer to the Screening Form Guidance while completing this form.

Which service area and directorate are you from?

Service Area: Adult Social Services

Directorate: Social Services

Q1 (a) What are you screening for relevance?

- New and revised policies, practices or procedures
- Service review, re-organisation or service changes/reductions, which affect the wider community, service users and/or staff
- Efficiency or saving proposals
- Setting budget allocations for new financial year and strategic financial planning
- New project proposals affecting staff, communities or accessibility to the built environment, e.g., new construction work or adaptations to existing buildings, moving to on-line services, changing location
- Large Scale Public Events
- Local implementation of National Strategy/Plans/Legislation
- Strategic directive and intent, including those developed at Regional Partnership Boards and Public Services Board, which impact on a public bodies functions
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- Major procurement and commissioning decisions
- Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services
- Other

(b) Please name and fully describe initiative here:

This is an IIA Screening for a report to the Social Care and Tackling Poverty Service Transformation Committee on the internal older adults Residential Care provision.

The report includes an update on the implementation of the recommendations from the Older People's Residential Care Homes Review completed in 2018. The response by the internal Care Homes to the Covid pandemic, the recovery and the current model of delivery. The report also includes details of the person-centred outcomes approach implemented by all the Care Homes and how the services ensure quality and compliance with registration requirements and regulations.

The report also summarises current and future plans for the continued delivery of Council run older people's residential care.

The Social Care and Tackling Poverty Service Transformation Committee Scrutiny Panel is being asked to consider the report and give its views on the Older Person's Residential Care model of delivery to the Cabinet Member for Care Services.

There is no impact for the report itself. Recommendations made by the committee to inform future activity may require further investigation through the full IIA process which would be actioned at the appropriate time.

Integrated Impact Assessment Screening Form – Appendix F

Q2 What is the potential impact on the following: the impacts below could be positive (+) or negative (-)

	High Impact		Medium Impact		Low Impact		Needs further Investigation	No Impact
	+	-	+	-	+	-		
Children/young people (0-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Older people (50+)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Generations (yet to be born)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or (non-)belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 What involvement has taken place/will you undertake e.g. engagement/consultation/co-productive approaches?

Please provide details below – either of your activities or your reasons for not undertaking involvement

Co-productive approaches with residents, service users, carers and partners continue to shape our delivery across internal service provision. All Social Work and therapies assessments and care and support plans are co-produced with service users, applying a person-centred strength-based approach.

The report also illustrates the approach taken to embed a person-centred outcomes approach across the internal Care Homes where temporary and long-term residents are fully involved in their assessments, care and support plans, personal profile, personal support plan, 'what matters to me' approach, Living Well document and outcome recording and review.

Q4 Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:

a) Overall does the initiative support our Corporate Plan's Well-being Objectives when considered together?

Yes No

b) Does the initiative consider maximising contribution to each of the seven national well-being goals?

Yes No

c) Does the initiative apply each of the five ways of working?

Yes No

Integrated Impact Assessment Screening Form – Appendix F

d) Does the initiative meet the needs of the present without compromising the ability of future generations to meet their own needs?

Yes

No

Q5 What is the potential risk of the initiative? (*Consider the following impacts – equality, socio-economic, environmental, cultural, legal, financial, political, media, public perception etc...*)

High risk

Medium risk

Low risk

Q6 Will this initiative have an impact (however minor) on any other Council service?

Yes

No

If yes, please provide details below

The provision of internal residential care does impact on other areas of the Council including Revenues and Benefits in relation to social care charging, integrated teams including Occupational Therapists and Housing if adaptations are needed to support people returning to their own homes following a temporary stay.

Q7 Will this initiative result in any changes needed to the external or internal website?

Yes

No

If yes, please provide details below

Q8 What is the cumulative impact of this proposal on people and/or communities when considering all the impacts identified within the screening and any other key decisions affecting similar groups/ service users made by the organisation?

(You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups/ communities more adversely because of other decisions the organisation is making. For example, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, e.g., disabled people, older people, single parents (who are mainly women), etc.)

There is no impact for the report itself.

Views made by the committee to inform future activity may require further investigation through the IIA process which would be actioned at the appropriate time.

We recognise that the delivery of internal Residential Care; long-term, respite, residential reablement or assessment placements, impact people and carers at different times and often when they are most vulnerable. The internal residential care model of delivery is key in ensuring the most appropriate use of Council resources, supporting people to remain as independent as possible, supporting carers, supporting people to achieve their outcomes and ensuring quality services where they are needed.

Outcome of Screening

Integrated Impact Assessment Screening Form – Appendix F

- Q9 Please describe the outcome of your screening using the headings below:**
- **Summary of impacts identified and mitigation needed (Q2)**
 - **Summary of involvement (Q3)**
 - **WFG considerations (Q4)**
 - **Any risks identified (Q5)**
 - **Cumulative impact (Q7)**

This is an IIA Screening for a report to the Social Care and Tackling Poverty Service Transformation Committee on the internal older adults Residential Care provision.

The Social Care and Tackling Poverty Service Transformation Committee Scrutiny Panel is being asked to consider the report and give its views on the Older Person's Residential Care model of delivery to the Cabinet Member for Care Services.

The principles and priorities underpinning our internal Residential Care Homes support positive outcomes for our communities and the people of Swansea. We focus on strengths, enablement and keeping people safe. Individual projects within each Home may require the completion of IIA screenings and full reports to ensure any impacts are fully understood, a positive co-productive and / or engagement approach is adopted wherever possible and detail of any risks and proposed mitigation are developed.

(NB: This summary paragraph should be used in the 'Integrated Assessment Implications' section of corporate report)

Full IIA to be completed

Do not complete IIA – please ensure you have provided the relevant information above to support this outcome

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email.

Screening completed by:
Name: Cathy Murray
Job title: Principal Officer Service Provision
Date: 12/10/23
Approval by Head of Service:
Name: Amy Hawkins
Position: Head of Adult Services and Tackling Poverty
Date: 12/10/23

Please return the completed form to accesstoservices@swansea.gov.uk

Agenda Item 5



Report of the Director of Social Services

Social Care and Tackling Poverty Service Transformation Committee –
23 October 2023

Enabling Communities Grant

Purpose:	The report is to update the committee on a recent workshop regarding the development of a new grant process.
Report Authors:	Mark Gosney/Anthony Richards
Finance Officer:	Chris Davies
Legal Officer:	Mathew Joyce-Brown
Access to Services Officer:	Rhian Millar
For Information	

1. Background

- 1.1 During a Cabinet meeting in May, a report was agreed under Financial Procedural Rule 5 for Additional Revenue Provision for Residual Economic Recovery Fund 2023/24
- 1.2 One of the approved schemes to be funded from residual balance of ERF 23/24 was a Levelling Up Proposed Investment of £1 million to target and support areas of multiple deprivation.
- 1.3 This funding will target and support areas of multiple deprivation through a 'levelling up' approach which can restore a sense of community, local pride and belonging. It will help local leaders and communities to work together, especially in those places that may lack local agency.
- 1.4 We are committed to levelling up inequality across our communities. Inequality comes in many forms and disproportionately affects areas of disadvantage, although not exclusively.

- 1.5 On the 24th July 2023, representatives from the Partnership and Commissioning Service presented information on Levelling Up funding to the committee. The advice from the Committee was to deliver a workshop to discuss potential options for use of the funding, and report back to the Social Care and Tackling Poverty Service Transformation Committee.

2. Workshop

- 2.1 The workshop took place on the 4th October 2023 and the presentation can be found under Appendix 1.

- 2.1.1 Committee members explored the possibilities of developing one grant process which will deliver the principles and learning currently provided by the following three schemes; Swansea Spaces, COAST and Holiday Food:

Swansea Spaces: Welsh Government funding of £83,831.00 for organisations to provide warm hub provision in response to the cost-of-living crisis;

COAST: Uk Shared Prosperity funding of £581,765.76 for organisations to provide fun, enjoyable activities aimed at improving wellbeing for children young people and families and the 50+;

Holiday Food: Levelling Up funding of £140,080.27 for organisations to provide food provision in response to the Welsh Government withdrawal of FSM holiday payments.

- 2.1.2 Utilising the one grant would provide one portal for applicants to apply for grant funding for the provision of all of the elements currently provided by these three schemes.

- 2.1.3 Feedback and evaluation from participants and projects have highlighted that there is a need for the three schemes and a positive impact has been evidenced for each element of them.

- 2.1.4 This approach would reduce administration for both council officers and providers.

3. Benefits/Opportunities of approach

- 3.1 Build on existing use of the council's web-based systems to receive and collate applications by hosting it on council webpage.

- 3.2 Use all networks to promote opportunities.

- 3.3 Reduce chance of duplication of requests for funding and work effort by bringing together grant schemes.

- 3.4 Reduce administration for both council and partners.
- 3.5 Tackling Poverty and Commissioning teams working together will ensure cross working opportunities are undertaken, effective management process carried out to include the evaluation and monitoring process. It will allow for a wider network of stakeholders to be communicated with, allowing the messages to reach a further audience.
- 3.6 This approach will contribute to Swansea Council's priorities of:
- Tackling poverty
 - Vulnerable children and families
 - Tackling discrimination
 - Domestic abuse and violence
 - Human rights awareness

4. Conclusions and next steps

- 4.1 Following the workshop, committee members concluded that developing one grant scheme that encompassed all the elements of the three schemes of COAST, Swansea Spaces and Holiday Food and that launching it as one "Enabling Communities" grant was the best approach.
- 4.2 The grant would be launched in November, making it available over the winter period.
- 4.3 Delivery of the grant schemes would be between December 2023 and March 2024 with an evaluation and reporting period in April 2024.
- 4.4 The new grant process will combine the three schemes and each scheme will adhere to the original purpose and guidance of targeting geographical and non-geographical areas of need by providing warm and welcoming spaces, food for school age children and young people and activities for children, young people and families and the 50+ community.

5. Integrated Assessment Implications

- 5.1 The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, 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 Acts.
 - 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.
- Deliver better outcomes for those people who experience socio-economic disadvantage.
- Consider opportunities for people to use the Welsh language.
- Treat the Welsh language no less favourably than English.
- Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

5.2 The Well-being of Future Generations (Wales) Act 2015 mandates that public bodies in Wales must carry out sustainable development. Sustainable development is the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the 'well-being goals'.

5.3. Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also takes into account other key issues and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language.

5.4 The IIA screening process outlined there is no reputational risk to the council or any negative impact on any protected characteristics. The impacts are positive. (Appendix 2 – IIA)

6. Legal Implications

6.1. There are no legal implications.

7. Financial Implications

7.1. Whilst there are no direct financial implications arising from this report, it may lead to decisions being taken at a later date that may have costs attached. Any such costs will need to be managed within departmental resources at that time with due regard to the Council's medium term financial plan.

Background papers: None

Appendices:

Appendix 1 - Presentation to STC 4th October

Appendix 2 - IIA Screening Form

Levelling Up Grant Proposal 2023/24

Social Care and Tackling Poverty Service
Transformation Committee - Workshop

4th October 2023



Context

Bevan Foundation: Snapshot of Poverty in Summer 2023

- More than one in seven households in Wales (15%) sometimes, often or always struggle to afford essential items.
- Large numbers of people are going without essentials including more than one in four (26%) eating smaller meals or skipping meals in their entirety.
- Debt is a significant problem with 29% of people borrowing money between April 2023 and July 2023 and 13% being in arrears on at least one bill for at least one month.
- The cumulative effect of the cost-of-living crisis can make life even more difficult for people. More than four in ten people who have cut down on the size of meals or skipped meals entirely have borrowed money from friends and family (45%) or on a credit card (42%) since April 2023.
- People's health is being negatively affected by their financial position. 45% of people report this in respect of their mental health and 28% report this in respect of their physical health.

<https://www.bevanfoundation.org/resources/snapshot-of-poverty-summer-2023/>



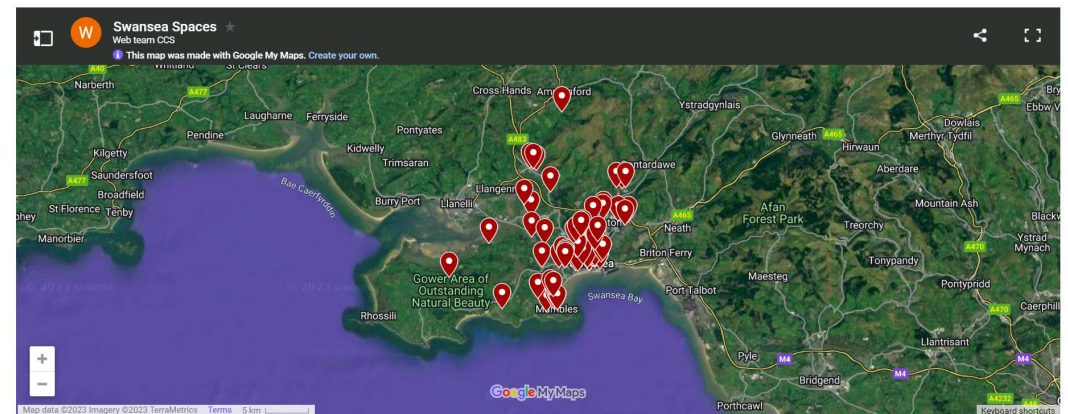
Swansea Spaces (Warm Hubs)

Description	Welsh Government funding for organisations to provide warm hub provision in response to the cost-of-living crisis
Grant Value	£83,831
Grants Awarded	70 successful applications
Grant Spend	Enrichment Activities / Resources, Travel Costs, Refreshments and Food. Kitchen Equipment, Volunteer Expenses, Charging Equipment, Overhead Contributions, Internet Access, Furniture



Over 90 Swansea Spaces established winter 22/23

Map of Swansea Spaces



<https://www.swansea.gov.uk/swanseaspaces>

COAST (Creating Opportunities Across Swansea Together)

Description	UK Shared Prosperity funding for organisations to provide fun, enjoyable activities aimed at improving wellbeing for children, young people and families and 50+.
Grant Value	£581,765.76
Grants Awarded	140 successful applications
Grant Spend	Range of sport and health, cultural, environmental, ICT and social activities across the Summer for children, young people and families and 50+.

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Est 20,000 children, young people, families and over 50s took part in activities

<https://www.swansea.gov.uk/article/23502/COAST-Creating-Opportunities-Across-Swansea-Together-events>



COAST - Children and young people

Activities available between 15 July and 30 September 2023 for children, young people and families who reside or who are supported in Swansea.



COAST - 50+

Activities available between 15 July and 30 September 2023 for those aged 50+ who reside or who are supported in Swansea.

Holiday Food Fund (Summer 2023)

Description	Levelling Up funding for organisations to provide food provision in response to the WG withdrawal of FSM holiday payments
Grant Value	£140,080.27
Grants Awarded	43 successful applications
Grant Spend	Food parcels, meals, food vouchers

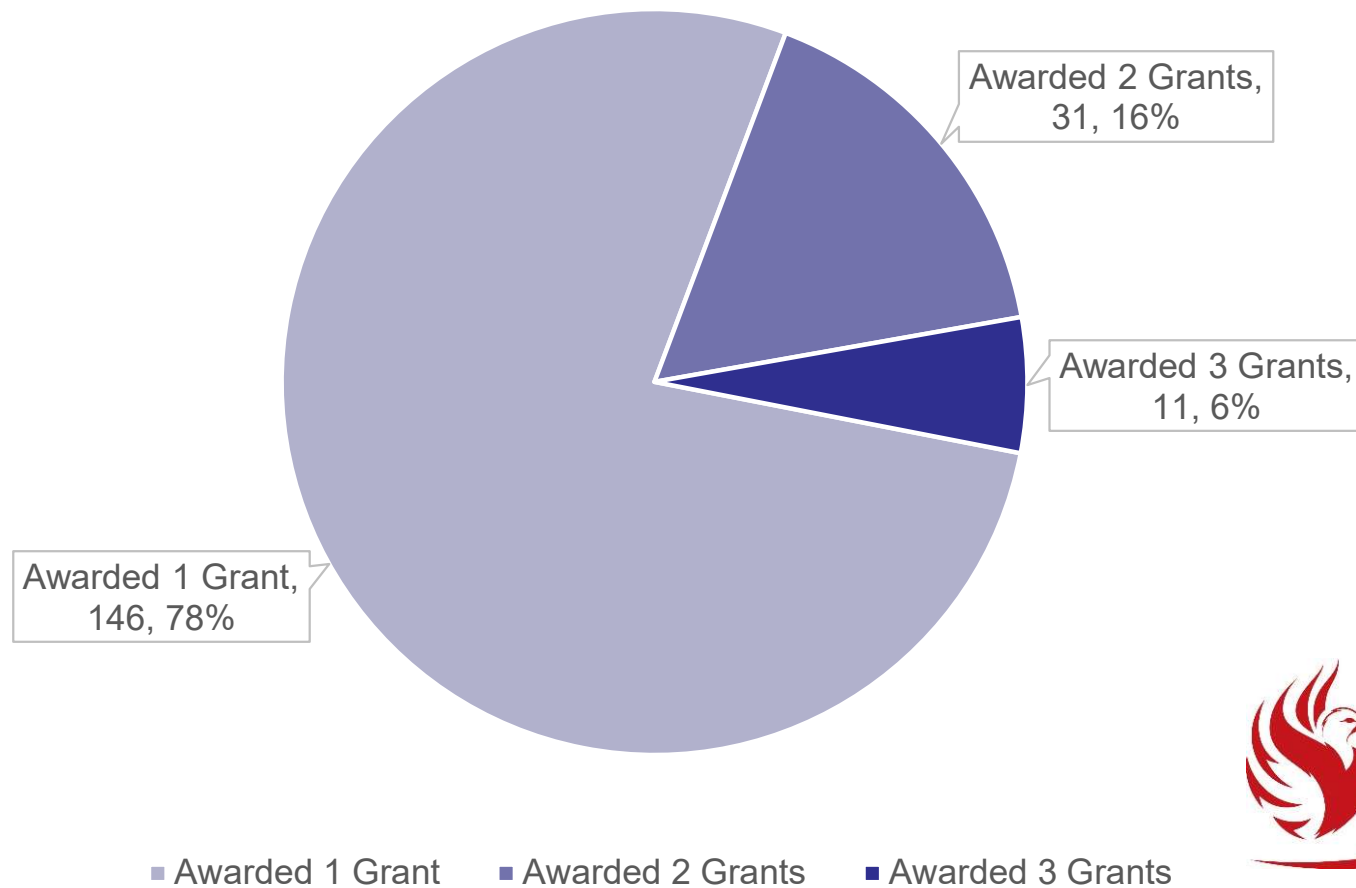


Over 65,000 estimated meals provided

<https://www.swansea.gov.uk/Summerfoodupdate>

Combined Overview

- £805,677.03 of funding supporting communities
- 253 grant applications approved
- 188 unique grant recipients



Difference Made

Holiday Food Fund (Summer 2023)

“Without exception every family who received vouchers expressed their heartfelt thanks. In the week before we received the grant, several parents had come in tears saying that they didn’t have money to buy food to feed their children without free school meals that they usually received.

We distributed the vouchers in two payments so one payment was for one week, the second was for three weeks. One asylum seeker mother told us that they went to Tesco to buy food. Her daughter said that it was the only time that they had every been able to use a big trolley for their food shop. For most of us, it wouldn’t be unusual but for one child it was unusual and a great delight. In addition, she told us, they were able to buy a treat—pizza for the family’s dinner.” – Swansea Asylum Seekers Support

Swansea Spaces (Warm Hubs)

“Made a massive impact in our community, a lot of people in our village that were too scared to come out after covid, many had not left their houses since. As weeks went by and word of mouth got out, seen more of them coming to the village hall, for some the difference has been immense.” – Felindre Welfare Hall

Difference Made

COAST (Creating Opportunities Across Swansea Together)

“Without the COAST funding we would not have been able to deliver the activities across the summer holidays and I know many of the young people and families that attended would not have been able to participate in other activities due to accessibility or other issues”.

“Fantastic class, giving children an opportunity to experience new skills and make friends. Would love Swansea CC to put more of these events on.”

“The COAST funding has allowed The Friends of Ravenhill Park to introduce activities that would not be available to local children, it has been a massive help and a great addition to the park. We are finding that the children and their parents are visiting an activity and then spending time in the park, the outdoors and doing what children used to do ‘play’.”

“Many parents don’t speak the Welsh language at home, so this activity funded by Coast is seen as not only keeping the children fit and active and introducing new friendships; but also helping them with their language during the school holidays so when they returned to school in September it wasn’t so much of a shock.”

[COAST Presentation Short.mp4](#)

Lessons Learned

- Clear evidence of need
- Strong Third Sector and partnership working
- Combining food and activities reduces stigma and social isolation
- Provision in communities increased reach of food poverty scheme
- Collaboration and sharing resources adds value and improved outcomes
- 31 organisations applied for more than one grant
- Very little support in holidays without schemes
- Joined up approach across council departments delivered efficient, effective programmes.

Proposal Summary

- Develop one brand and grant scheme 'Levelling Up Across Communities in Swansea' that provides three distinct elements (Swansea Spaces, COAST and Holiday Food).
- This brand would provide 1 portal for applicants to apply for grant funding for the provision of Swansea Spaces, things to do and food for school aged children throughout the Winter over holidays and weekends.
- Feedback and evaluation from participants and projects have highlighted the need and impact of each element.
- This approach would reduce administration for both council officers and providers.
- Suggested budget £430,000

Delivery

- Build on existing use of the councils web-based systems to receive and collate applications by hosting it on council webpage.
- Use all networks to promote opportunities.
- Reduce chance of duplication of requests for funding and work effort by bringing together grant schemes
- Reduce administration for both council and partners.
- Tackling Poverty and Commissioning teams working together it increases the networks this will be communicated to and increases the team to manage the process including evaluating and monitoring.
- This approach would improve spend efficiency

Questions?

- Any queries?
- Is this the right approach?
- Are there any amendments/suggestions you would like to make?

Integrated Impact Assessment Screening Form – Appendix 2

Please ensure that you refer to the Screening Form Guidance while completing this form.

Which service area and directorate are you from?

Service Area: Child and Family, Partnership and Commissioning

Directorate: Social Services

Q1 (a) What are you screening for relevance?

- New and revised policies, practices or procedures
- Service review, re-organisation or service changes/reductions, which affect the wider community, service users and/or staff
- Efficiency or saving proposals
- Setting budget allocations for new financial year and strategic financial planning
- New project proposals affecting staff, communities or accessibility to the built environment, e.g., new construction work or adaptations to existing buildings, moving to on-line services, changing location
- Large Scale Public Events
- Local implementation of National Strategy/Plans/Legislation
- Strategic directive and intent, including those developed at Regional Partnership Boards and Public Services Board, which impact on a public bodies functions
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- Major procurement and commissioning decisions
- Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services

(b) Please name and fully describe initiative here:

Enabling Communities fund

Develop one brand and grant scheme 'Enabling Communities' that provides three distinct elements (Swansea Spaces, COAST and Holiday Food).

This brand would provide 1 portal for applicants to apply for grant funding for the provision of Swansea Spaces, things to do and food for school aged children throughout the Winter over holidays and weekends.

Feedback and evaluation from participants and projects have highlighted the need and impact of each element.

This approach would reduce administration for both council officers and providers.

Suggested budget £430,000

Q2 What is the potential impact on the following: the impacts below could be positive (+) or negative (-)

	High Impact		Medium Impact		Low Impact		Needs further investigation
	+	-	+	-	+	-	
Children/young people (0-18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Generations (yet to be born)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asylum seekers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or (non-)belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh Language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 What involvement has taken place/will you undertake e.g. engagement/consultation/co-productive approaches? Please provide details below – either of your activities or your reasons for not undertaking involvement

Enabling Communities is developed from COAST, Swansea Spaces and the food provision in summer.

All of the elements have had significant engagement and consultation from providers and members of the public which has been utilised to develop this approach. The panel that allocates the funding will include Swansea council and Third Sector partners.

Q4 Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:

a) Overall does the initiative support our Corporate Plan's Well-being Objectives when considered together?

Yes No

b) Does the initiative consider maximising contribution to each of the seven national well-being goals?

Yes No

c) Does the initiative apply each of the five ways of working?

Yes No

d) Does the initiative meet the needs of the present without compromising the ability of future generations to meet their own needs?

Yes No

Q5 What is the potential risk of the initiative? (Consider the following impacts – equality, socio-economic, environmental, cultural, legal, financial, political, media, public perception etc...)

High risk

Medium risk

Low risk

Q6 Will this initiative have an impact (however minor) on any other Council service?

Yes

No

If yes, please provide details below

The fund can be utilised to support council initiatives and priorities. These will go through the same process as non-council applications.

Q7 What is the cumulative impact of this proposal on people and/or communities when considering all the impacts identified within the screening and any other key decisions affecting similar groups/ service users made by the organisation?

(You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups/ communities more adversely because of other decisions the organisation is making. For example, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, e.g., disabled people, older people, single parents (who are mainly women), etc.)

Building on from the COAST was an activities programme which provides one off, or a limited series of activities for school holiday periods. Dependent upon how the fund grants are awarded there is potential to impact all aspects of society, however spending is limited both by time and budget, and demand outstrips the funds allocated, Whilst the activities can make major impact on individual holiday experience, levels of finance available and the nature of many of the one off activities conclude COAST will have a minor long term impact on communities.

Outcome of Screening

Q8 Please describe the outcome of your screening below:

- Summary of impacts identified and mitigation needed (Q2)
- Summary of involvement (Q3)
- WFG considerations (Q4)
- Any risks identified (Q5)
- Cumulative impact (Q7)

Enabling Communities is a fund which awards grants to community and third sector organisations for Children and families and over 50s to provide free at point of delivery activities for School holiday period(s).

Dependent upon how the fund grants are awarded there is potential to impact all aspects of society, however spending is limited both by time and budget and demand outstrips the funds allocated, whilst the activities can make major impact on individual holiday experience, levels of finance available and the nature of many of the one off activities conclude Enabling Communities will have a minor long term impact.

The funding provides positive school holiday experiences rather than longer term policy risks, hence council's reputation will not be at risk.

(NB: This summary paragraph should be used in the relevant section of corporate report)

Full IIA to be completed

Do not complete IIA – please ensure you have provided the relevant information above to support this outcome

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email.

Screening completed by:
Name: Mark Gosney
Job title: Partnership and Commissioning Officer
Date: October 2023
Approval by Head of Service:
Name: Jane Whitmore
Position: Head of Partnership and Commissioning.
Date: October 2023

Please return the completed form to accesstoservices@swansea.gov.uk

Agenda Item 6



Report of the Chair

Social Care & Tackling Poverty Service Transformation Committee 23 October 2023

Work Plan 2023-2024

Date of meeting	Agenda items and Format	Lead Officer(s)
12 June 2023	<ul style="list-style-type: none">Work Plan Discussion	
24 July 2023	<ul style="list-style-type: none">Levelling Up Grant Process and CriteriaTackling Poverty Strategy	Jane Whitmore / Mark Gosney / Amy Hawkins Lee Cambule / Anthony Richards / Amy Hawkins
11 September 2023	<ul style="list-style-type: none">Volunteering Strategy	Lee Cambule / Anthony Richards / Amy Hawkins
23 October 2023	<ul style="list-style-type: none">Internal Residential Care Provision Model of DeliveryEnabling Communities Grant	Cathy Murray / Alison Bromfield / Amy Hawkins Mark Gosney / Anthony Richards
4 December 2023	<ul style="list-style-type: none">When I'm ReadySpecial Guardianship Orders	Julie Davies / Helen Williams Julie Davies / Claire Edwards-Matthews
15 January 2024	<ul style="list-style-type: none">	
26 February 2024	<ul style="list-style-type: none">Short Breaks	Julie Davies / Helen Williams
8 April 2024	<ul style="list-style-type: none">	

Item(s) to be timetabled:

- Enabling and promoting independence: Assistive Technology strategy implementation and growth of telecare / telehealth options.