

## **Panel Perfformiad Craffu - Gwasanaethau I Oedolion**

**Lleoliad:** Ystafell Bwyllgor 5 - Neuadd y Ddinas, Abertawe

**Dyddiad:** Dydd Mawrth, 17 Ebrill 2018

**Amser:** 3.30 pm

**SYLWER: Mae'r 10 munud gyntaf yn gyfarfod caeëdig ar gyfer aelodau'r panel yn unig**

**Cynullydd:** Y Cynghorydd Peter Black

**Aelodaeth:**

Cynghorwyr: V M Evans, C A Holley, P R Hood-Williams, S M Jones, J W Jones, A Pugh a/ac G J Tanner

Aelodau Cyfetholedig: Tony Beddow a/ac Katrina Guntrip

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### **Agenda**

**Rhif y Dudalen.**

- 1 Ymddiheuriadau am absenoldeb.**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol.**  
[www.abertawe.gov.uk/DatgeliadauBuddiannau](http://www.abertawe.gov.uk/DatgeliadauBuddiannau)
- 3 Nodiadau cyfarfod 20 Mawrth 2018** **1 - 3**  
Derbyn nodiadau'r cyfarfod blaenorol a chytuno eu bod yn gofnod cywir.
- 4 Cwestiynau'r Cyhoedd**  
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac ymdrinnir â nhw o fewn cyfnod o 10 munud.
- 5 Canlyniad Adolygiadau Comisiynu Gwasanaethau Gofal Preswyl a Dydd i Bobl Hyn** **4 - 135**  
*Mark Child, Aelod y Cabinet dros Iechyd a Lles*  
*Alex Williams, Pennaeth y Gwasanaethau i Oedolion*
- 6 Trafodaeth a Chwestiynau**
  - a) Ystyried Adroddiad y Cabinet a Chwestiynau
  - b) Barn y Panel i'r Cabinet

**7 Amserlen Rhaglen Waith**

**136 - 137**

**8 Llythyrau**

**138 - 154**

- a) Ymateb gan Aelod y Cabinet Mark Child (cyfarfod 13 Chwefror 2018)
- b) Ymateb gan Aelod y Cabinet Rob Stewart (cyfarfod 13 Chwefror 2018)
- c) Llythyr y Cynullydd at Aelod y Cabinet (cyfarfod 20 Mawrth 2018)

**Cyfarfod nesaf:** Dydd Mercher, 16 Mai 2018 ar 3.30 pm



**Huw Evans**  
**Pennaeth Gwasanaethau Democrataidd**  
**Dydd Mawrth, 10 Ebrill 2018**  
**Cyswllt: Liz Jordan 01792 637314**

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City and County of Swansea

## Notes of the **Scrutiny Performance Panel – Adult Services**

Committee Room 5 - Guildhall, Swansea

Tuesday, 20 March 2018 at 3.30 pm

**Present:** Councillor P M Black (Chair) Presided

**Councillor(s)**

C A Holley  
A Pugh

**Councillor(s)**

P R Hood-Williams

**Councillor(s)**

J W Jones

**Co-opted Member(s)**

Tony Beddow

**Co-opted Member(s)**

Katrina Guntrip

**Other Attendees**

Mark Child

Cabinet Member for Health and Wellbeing

**Officer(s)**

David Howes  
Liz Jordan  
Andrew Taylor

Chief Social Services Officer  
Scrutiny Officer  
Corporate Complaints Manager

**Apologies for Absence**

Councillor(s): V M Evans, S M Jones and G J Tanner

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**1 Disclosure of Personal and Prejudicial Interests.**

Disclosures of interest – Chris Holley and Alyson Pugh.

**2 Notes of meeting on 13 February 2018**

The Panel agreed the notes as an accurate record of the meeting.

**3 Public Question Time**

No public questions were asked.

**4 Adult Services Complaints Annual Report 2016-17**

Andrew Taylor, Corporate Complaints Manager went through the report, highlighting the main issues and answering questions.

Discussion points:

- It is a mandatory requirement for the Complaints Team to produce an annual report on its performance.
- Positive that the rate of justified concerns has stayed steady
- Huge drop in last few years in complaints progressing to stage 2
- Significant learning this year from a complaint around community alarms. This highlighted a problem and resulted in a lot of work to strengthen the process.
- Also learning from compliments received about what the department does well.
- Head of Service and Chief Officer write to every member of staff who has received a compliment to show appreciation of their efforts. Also awards event held every year to recognise achievement.
- Panel concerned about the department's resilience to changes in structure in order to retain learning and knowledge which has been built up over many years. Informed there is a risk but department has worked hard to create embedded systems in complaints and in social services, by for example, tracking record of complaints.
- Also asked if there is a process for updating manuals on a regular basis within the department to ensure processes and knowledge is retained. Informed this is a work in progress in Adult Services.

## **5 Cabinet Member presentation and Q and A Session**

Councillor Mark Child, Cabinet Member for Health and Wellbeing attended to give an update on what has been happening in Adult Services over the last year. Dave Howes, Chief Social Services Officer also attended for this item.

Discussion points:

- Local Area Coordination – Peter Black has met his Local Area Coordinator and was very impressed. Last year Panel looked at potential benefits of LAC. Panel wanted to know if Department has been able to look at cash benefits. Informed information on this is not currently available. The Authority does not have an ongoing agreement with Swansea University to produce evidence of how effective it is. However at some point in the future information will be collated.
- Panel requested performance indicators that would show the results of LAC. Panel informed it would be difficult to show benefit but the Department will produce something to include in its performance reports to the Panel.
- Panel commented that there is a big difference for health if the Local Area Coordinator is good or not and that they need to get to know the community in their area as the more they embed themselves the better the results they get. Panel felt that the ones in Swansea are very good.
- Panel pleased to hear that social services regularly introduce / refer people to Local Area Coordinators. They are being referred to from a wide selection of professionals so are being well used.
- Panel heard there are a number of reviews planned in social services. Regarding the advocacy service, there will not be a discreet review but the

department will be reviewing its approach to advocacy. There is going to be a re-examination of the current process so there is ongoing work on this.

- Accommodation Strategy for Older People – Panel thought this would detail the number of older people and their housing needs and was surprised to hear it will not be a formal review. It is something that needs to be looked at in more detail but currently commissioning reviews are taking precedence for staff time. Panel feels a cross cutting review of older people's needs across departments would be time well spent.
- There are examples in Europe of students and older people sharing accommodation. This is something the Cabinet Member is interested in pursuing.
- Panel wanted know what to expect in terms of funding for Supporting People. However Welsh Government decides to distribute the funding it is something the Authority will need to keep an eye on. Panel queried whether any work had been done on how to defend our position, given that Swansea is a potential loser in this. The Authority is trying to gather evidence on what it has done and what it has to deal with, for example, homelessness. It is positive that the Authority has a People Directorate and a lot of grants come within this. This enables an approach of looking at how we can mobilise total grants for the outcomes we want to achieve. This is a very difficult issue and is in the early stages but some work is happening on it. Panel will want to check progress on this in 3 to 6 months.

Actions:

- Add 'How the Authority will use its grants to Support People' to Work Programme in 3 to 6 months.

## **6 Work Programme Timetable 2017-2018**

Work programme received and considered by the Panel.

Actions:

- Arrange meeting between Peter Black, Alex Williams and Scrutiny Support Officer before Panel meeting in May to discuss draft Work Programme for 2018/19.

## **7 Letters**

Letters received and considered by the Panel.

The meeting ended at 5.20 pm



## **Report of the Cabinet Member for Health and Wellbeing**

### **Adult Services Scrutiny Performance Panel – 17<sup>th</sup> April 2018**

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

<b>Purpose</b>	To present the outcome of the Commissioning Reviews of Residential Care and Day Services for Older People.
<b>Content</b>	<p>This report includes a summary of the outcome of the reviews and outlines the preferred options for the way forward.</p> <p>The report seeks agreement to go out to public consultation on the preferred options.</p>
<b>Councillors are being asked to</b>	Consider the report as part of the pre-decision Scrutiny process.
<b>Lead Councillor(s)</b>	Cllr Child, Cabinet Member for Health and Wellbeing
<b>Lead Officer(s)</b>	Dave Howes, Chief Social Services Officer Alex Williams, Head of Adult Services
<b>Report Author</b>	Alex Williams 01792 636245 <a href="mailto:alex.williams2@swansea.gov.uk">alex.williams2@swansea.gov.uk</a>



## Report of the Cabinet Member for Health & Wellbeing

Cabinet - 19 April 2018

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

<b>Purpose:</b>	The report provides an outline of the preferred options for the Residential Care and Day Services for Older People Commissioning Reviews, with a view to proceeding to public and staff consultation on the preferred options.
<b>Policy Framework:</b>	Social Services and Well-Being (Wales) Act 2014
<b>Consultation:</b>	The preferred options will be subject to public and staff consultation. Legal, Finance, Access to Services.
<b>Recommendation(s):</b>	<p>Cabinet are asked to consider the following recommendations:</p> <ol style="list-style-type: none"><li>1) Agree to commission complex care and residential reablement through our internal residential service and concentrate residential respite within the internal service, unless service users chose to access respite or complex care in the independent sector.</li><li>2) Proceed to a 12 week public and staff consultation on the proposal to maintain a mixed delivery model of internal and external services and apply a greater degree of specialism on internal beds.</li><li>3) Proceed to a 12 week public and staff consultation on the proposal to transform the day service so it focusses on higher dependency, and complex/dementia care.</li></ol>
<b>Report Author:</b>	Alex Williams
<b>Finance Officer:</b>	Chris Davies
<b>Legal Officer:</b>	Tracey Meredith
<b>Access to Services Officer:</b>	Rhian Millar

## **1. Executive Summary**

- 1.1 In line with the corporate process, Adult Services has conducted two Commissioning Reviews of Residential Care and Day Services for Older People, and reached the Gateway 2 stage of the process. The Gateway 2 reports are appended as Appendices 1 and 2 to this report.
- 1.2 This paper outlines the preferred options, the service specific implications and the recommendation to proceed to public and staff consultation on the options.
- 1.3 Swansea Council recognises that it needs to shape the services that it delivers internally and those that it commissions externally to meet 21<sup>st</sup> century needs.
- 1.4 In line with the principles of the Social Services and Wellbeing (Wales) Act, the Council agreed a model for Adult Services in 2017 which had the following key principles at its core:
  - Better prevention
  - Better early help
  - A new approach to assessment
  - Improved cost effectiveness
  - Working together better
  - Keeping people safe.
- 1.5 In undertaking the review of Residential Care and Day Services for Older People these principles have been central to reaching a position of a preferred direction of travel.
- 1.6 In relation to residential care, the preferred options are to shape the Council's internal provision to focus on complex care, residential reablement and respite, and commission standard residential care and nursing care in the independent sector.
- 1.7 In line with the key principle of better prevention, the Council will be able to designate more in-house beds as respite provision, which will allow carers greater certainty and planning surrounding respite arrangements helping them to keep their loved ones at home for longer by providing them with a much needed break.
- 1.8 The reablement provision will be developed to better support people when leaving hospital or when they are finding it difficult to stay at home without support. Again, in line with the key principles of better prevention and early intervention, providing people with support in this way allows them to regain skills and independence to return to their own homes in line with their desired personal outcomes.
- 1.9 By adopting the preferred options and developing its provision in relation to complex care, the Council will be able to provide better care for people with complex needs such as dementia. This is an area of need that the



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

- 1.10 Refocussing internal provision in this way will allow the Council to provide better services and care for its residents. It will also provide market certainty for the independent sector surrounding the commissioning of standard residential care. The independent sector already provides the majority of standard residential care placements in Swansea and to an equivalent standard to that provided by the Council.
- 1.11 The Council also recognises that to deliver this vision of an improved residential care offer will require significant capital investment and this requirement has been added to the Council's Capital programme for the next 5 years.
- 1.12 By concentrating its resources on fewer discreet specialisms, the Council will ultimately provide a better service for residents in Swansea with complex needs because we will be in a position to upskill our staff to better meet these needs and consequently provide a higher quality service. If we no longer deliver standard residential care however, we will need fewer beds to deliver a service that only caters for residential reablement, respite and complex needs based on current demand and projected future growth in demand.
- 1.13 Subject to consultation, it is therefore proposed that Parkway Residential Home may close.
- 1.14 Of paramount importance will be what happens to those remaining residents and staff at Parkway, should it close. Residents will be fully supported to find alternative accommodation which meets their needs and staff will be supported to find alternative employment in line with the Council's HR processes.
- 1.15 If it is agreed following the consultation that Parkway will close, the Council will ensure that the Parkway site is released to still support accommodation needs of older people, whether this be age-friendly accommodation to encourage independent living or use of the home itself by the independent sector.
- 1.16 In a similar way to the Residential Care review, the preferred option of the Day Services review is to refocus internal provision on complex care and no longer deliver care for non-complex needs.
- 1.17 Again, shaping the service in this way supports the key principles of prevention and early intervention by ensuring those with complex needs are supported to remain at home for longer as well as provide much needed respite for carers.
- 1.18 It will allow Swansea Council to provide a specialist service for those with complex needs, ultimately providing better care for Swansea residents because again we will be able to upskill our staff to concentrate on providing this specialist service in a way that we are currently unable to do by needing to cater for people with a range of complex and non-complex needs.

- 1.19 Again, by refocussing the service in this way, less capacity will be needed and therefore, again subject to consultation, the Hollies and Rose Cross Day Service buildings may close, although provision will be maintained on the remaining day service sites.
- 1.20 All existing attendees would be fully supported with individual move on plans to either access an alternative day service place if they have complex needs or other support in the community if they do not have complex needs. For those with complex needs, it is envisaged that the majority of attendees would attend their nearest alternative day centre; for the Hollies, this would be Llys Y Werin in Gorseinon and for Rose Cross, this would be St Johns in Manselton.
- 1.21 In the event that the proposals are agreed following the consultation, alternative uses for the Hollies Day Service would be looked at and the potential to use the building to complement the co-located home would be explored. In relation to Rose Cross, as the day service is located within the Home itself, much needed additional communal space could be provided for residents in the home itself which would add value to their stay there.
- 1.22 Whilst a key driver for this change is to remodel the service to meet the needs of those most vulnerable in the City and County of Swansea, adopting this approach will also allow Adult Services to meet considerable budgetary challenges to allow them to deliver financially sustainable, high quality services.
- 1.23 Should the preferred options be agreed in principle, the Council will proceed to public consultation on the preferred direction of travel for Residential Care and Day Services and the specific potential closure of Parkway Residential Home, the Hollies and Rose Cross Day Service buildings.
- 1.24 It should be noted that if these proposals are agreed following the public consultation, the Commissioning Reviews in relation to Residential Care and Day Services for Older People will be complete and it is not envisaged that any further review will take place during this administration.
- 1.25 Remodelling the services in this way will allow the Council to provide better services, and allow people to meet their desired outcomes whilst delivering better care and ultimately keeping people safe and secure for the reasons explained earlier in this executive summary.

## **2. The Preferred Options and Options Appraisal:**

- 2.1 Preferred options were drafted in relation to the following reviews:
- Residential Care for older people
  - Day Services for older people.
- 2.2 Stakeholder workshops took place to ascertain feedback surrounding the advantages/disadvantages of the full range of options as follows:

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

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

- 2.3 Following the stakeholder workshops, a dedicated session was also held with the Trade Unions on Tuesday 21<sup>st</sup> June 2016 to talk through their views on the options.
- 2.4 The detailed options appraisals were then held as follows:
- Residential Care for older people (Friday 24<sup>th</sup> June 2016)
  - Day Services for older people (Monday 27<sup>th</sup> June 2016)
- 2.5 The Panel for each appraisal comprised the relevant Commissioning Review Lead, the respective Principal Officer, the Head of Adult Services, Chief Social Services Officer, the Director of Place, the then Cabinet Member as well as representatives from Legal, Finance, Procurement, HR and Corporate Property. The Director of People also attended the Residential Care for older people options appraisal.
- 2.6 On carrying out the appraisal, it was concluded that the original set of options was too extensive and complex. The options for each review were therefore refined to make them more straight forward and understandable.
- 2.7 The criteria used to appraise each option focussed on the following:
- Outcomes
  - Fit with strategic priorities
  - Financial impact
  - Sustainability/viability
  - Deliverability.
- 2.8 The full criteria are contained in the Gateway 2 reports appended as Appendices 1 and 2 to this report.

### **Residential Care for Older People Preferred Options:**

- 2.9 The detailed Gateway 2 report is included as Appendix 1 to this report.
- 2.10 The options were considered against 4 distinct categories as follows:
- 1) Strategy
  - 2) Service Model in relation to Short Term/Complex Residential and Nursing Care
  - 3) Model of Delivery
  - 4) Balance of Mixed Model

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

1) *Strategy:*

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

2) *Service Model in relation to Short Term/ Complex Residential and Nursing Care:*

Preferred Option: Commission Short Term/Complex Care on specific specialist sites

3) *Model of Delivery:*

Preferred Option: Maintain mixed delivery to deliver new model

4) *Balance of Mixed Model:*

Preferred Option: Apply greater degree of specialism on internal beds and provide no standard residential care in-house. Commission everything else.

(NB Within this preferred option, there was an assumption that the current level of internal beds would be too many to deliver this option, and it was therefore assumed that this would result in a reduction of beds. However, further work would need to be done at the point of implementation to quantify how many beds were needed before arriving at a position where the potential reduction in capacity could be quantified).

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

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

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

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

- 9) People with communication difficulties who need higher levels of care to explain or deliver care.
- 2.15 The targeted focus on respite and reablement would also help Adult Services to better manage demand, by focussing our internal service on early intervention and prevention to minimise or delay the need for more managed care.
- 2.16 Applying this degree of specialism would allow Adult Services to develop and upskill its internal workforce to focus on these needs, and therefore strive to improve quality of the service and better health and wellbeing outcomes for residents in the internal service.
- 2.17 The preferred options would also give the external market certainty surrounding future commissioning intentions, and would give them certainty of commissioning surrounding standard residential care.
- 2.18 From a financial perspective, recognising that the internal unit cost was substantially higher than the external unit cost, applying this degree of specialism would mean that less in-house beds were required and potentially release savings through an overall reduction in internal provision required.
- 2.19 Whilst there would be an assumed reduction in internal provision, a significant proportion of internal provision would be retained which would allow a certain degree of resilience in the event of external market failure.

#### **Day Services for Older People Preferred Options:**

- 2.20 The detailed Gateway 2 report is included as Appendix 2 to this report.
- 2.21 The options were considered against 3 distinct categories as follows:
- 1) Overall Day Services Model
  - 2) Delivery Model
  - 3) Income Generation
- 2.22 The preferred options for Day Services for Older People were as follows:
- 1) *Overall Day Service Model:*  
Preferred Option: Develop service with reduced capacity refocussing day centres on higher dependency, complex/dementia care, but also act as community hubs to offer activities and community contribution through an expanded range of tier 2 services and local area co-ordination.
  - 2) *Delivery Model:*  
Preferred Option: Mixed Delivery with clearly defined internal and external services
  - 3) *Income Generation:*  
Preferred Option: Flat rate charge for access to services under community hub provision which do not meet an 'assessed for' eligible need.

- 2.23 A more detailed rationale is provided within the Options Appraisal Matrix within the Gateway Report at Appendix 2. However, in summary the preferred options scored highest on the basis of the following.
- 2.24 In a similar way to the proposals surrounding residential care, the preferred options would allow the Council to remodel the internal service to focus on more complex needs. Again, in line with the Social Services and Wellbeing (Wales) Act, the focus of the service would be about aiming to achieve better outcomes for people with reablement and greater independence both for attendees and carers at its core.
- 2.25 An individual will be defined as having complex needs and eligible to access a day service if they have needs attributable to one or more of the following features and only a day service can meet that need rather than some other means of support:
- 1) Require support to remain at home due to high levels of high levels of daily living, personal care support and health needs including dementia; failure to provide day service may lead to inability to remain at home.
  - 2) Require support to enable reablement or maintenance of daily living skills to enable the person to remain in the family home.
  - 3) Evidence to support the well-being of older people where there is a risk of loneliness, isolation and depression which could lead to significant mental ill-health.
  - 4) Respite required for family and carers where there is a risk of the family situation breaking down.
- 2.26 This approach would also allow us to better manage demand by providing better support to individuals with complex needs and their carers through having a service which focuses on complex needs.
- 2.27 Again, we would be able to upskill the workforce to focus on complex needs and therefore provide a higher quality service to those that attended, including the potential for therapy input if needed. Those with non-complex needs, and consequently no eligible social care need to be met via a day service, would still be supported if needed. However, they would be better supported through other means in their local communities, drawing on the support of Local Area Coordinators where applicable and other naturally occurring opportunities in communities.
- 2.28 From a financial perspective, refocussing the service on complex needs would mean that less places were required which would release an overall saving on the delivery of day services.

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

#### *Residential Care:*

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3.7 Public consultation would consequently be required on Preferred Options 3 and 4 before a final decision could be made. We will need to consult on the Local Authority ceasing to deliver standard residential care, and the closure of one residential home.
- 3.8 If this proposal was agreed following public consultation, it is proposed that the Council would initially close the home identified and then gradually start to phase out standard residential care in the remaining services by no longer accepting new admissions for standard residential care. This approach would cause least disruption to current residents and only those in the home earmarked for closure would have to find an alternative home. However, this approach would mean that there would be insufficient capacity for all those currently residing in the home earmarked for closure to be relocated to an in-house bed. However, each individual would be supported to find an alternative home and it should be noted that some individuals may decide they wish to reside in an independent sector home rather than an internal Council-run one as factors such as location often play a larger part in home care choice than the provider.

### *Day Services*

- 3.9 *Preferred option 5: Develop service with reduced capacity refocussing day centres on higher dependency, complex/dementia care, but also act as community hubs to offer activities and community contribution through an expanded range of tier 2 services and local area co-ordination.*  
The modelling exercise indicated that reducing capacity of day services places from 440 to 315 (a reduction in 125 places), would allow the service to meet current and projected future demand in line with the preferred options. The reduction of the 125 places would equate to the closure of two day services. The modelling is based on an analysis of occupancy in February 2018, combined with projected increased demand in line with population growth by 2025, as well as assuming any of those on the waiting list have complex needs.
- 3.10 In terms of implementation, in a similar way to how we managed the closure of the Beeches, following the final post-consultation Cabinet decision in August 2018, we would need to undertake an individual review of each service user who currently attends day services to determine whether or not they had complex needs and consequently an eligible social care need. This review would involve a social worker, the individual themselves and any carer/family as required. If it was determined through this review that the individual did not have complex needs, an individual plan would need to be determined as to how this person would access support/social opportunities on leaving the



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

- 3.11 It should be noted that the approach taken at the Beeches delivered good outcomes for all concerned; those that were eligible accessed alternative services if they wished to do so and appropriate move on plans were agreed with the remainder. The transition arrangements proved successful and no safeguarding issues emerged. For example, some people no longer wanted to continue attending the day service, but wanted to achieve other outcomes such as meeting a family member once a week. The social worker was able to work with the individual to ensure that outcome could be achieved, and the individual felt a greater sense of wellbeing as a consequence.
- 3.12 Since completing the Commissioning Review, it has been decided to not proceed with the second part of this preferred option to create Community Hubs as this approach has been superseded by the corporate Commissioning Review of Services in the Community. Tier 2 services will be developed in line with this model, or linked to existing hubs in the community.
- 3.13 Preferred option 5 therefore to develop the service with reduced capacity refocussing day centres on higher dependency, complex/dementia care would be subject to public consultation.
- 3.14 *Preferred option 6: Mixed Delivery with clearly defined internal and external services*  
Implementation of Preferred option 5 is contingent on there continuing to be a mixed delivery of internal and external services. This aspect of the review would form part of the public consultation.
- 3.15 *Preferred option 7: Flat rate charge for access to services under community hub provision which do not meet an 'assessed for' eligible need.*  
Due to the hub element of the preferred options not moving forward, this preferred option is now redundant. However, it should be noted the proposals surrounding charging for day services have been moved forward as part of the budget setting process.

#### **4 Specific impact on internal Services and mitigation**

- 4.1 An evaluation exercise was undertaken to determine the services that would no longer be required as a result of implementation of the preferred options.
- 4.2 An evaluation workshop consequently took place on 31<sup>st</sup> January 2018 to evaluate each service against specific criteria.
- 4.3 The evaluation workshop comprised representation from Adult Services including the Head of Adult Services and Chief Social Services Officer, Finance, Building Services and Corporate Property.

## *Residential Care*

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

### *Building Suitability:*

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

### *Location:*

- Availability of alternative residential provision in the vicinity

### *Current Level of Use:*

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

### *Dependencies:*

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

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

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

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

- 4.7 Parkway therefore attracted the lowest score, and it is therefore proposed, subject to public consultation, that Parkway would be the home to close if the preferred options emerging from the review were agreed.
- 4.8 This would mean that the residents at Parkway would have to relocate elsewhere to facilitate closure, if this outcome is agreed following the public consultation. At the time of the potential closure, there would be a maximum of 26 residents to relocate (there are currently 19 residents in Parkway).
- 4.9 In order to mitigate the impact on those residents affected, a hold would be put on any new admissions to Parkway once the consultation commenced to minimise any potential impact should the proposals be agreed following the consultation.

- 4.10 At the time of writing the report, there were 6 long-term bed vacancies internally and just over 60 vacancies in the independent sector so there would be sufficient vacancies to accommodate those affected.
- 4.11 It is anticipated that some residents in Parkway would need to relocate to independent sector homes. However, it is important to note that some people may wish to relocate to the independent sector rather than internal homes as many different factors determine care home choice such as location rather than specifically who the provider is. There are 5 independent sector homes located within the Sketty ward, with a further 7 in adjacent wards.
- 4.12 The impact of the overall implementation of the model would also be mitigated through the proposed approach to gradually phase out standard residential care in the remaining in-house homes, so we would not require people in the other homes to relocate.
- 4.13 If the proposals are agreed following the public consultation, there will be no further new admissions for standard residential care in Local Authority provision. This will mean that those individuals who wish to access standard residential care in the future will access independent sector provision only.

#### *Day Services*

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

##### *Building Suitability:*

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

##### *Location:*

- Availability of alternative day centre provision in the vicinity

##### *Current Level of Use:*

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

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

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

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

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

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

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

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

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

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

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

## 5 Summary of recommendations

5.1 Cabinet are therefore being asked to consider the following:

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

## 6 Financial implications:

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

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

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

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

	£
Hollies current budget	84,400
Rose Cross current budget	111,400
<b>Total Saving</b>	<b>195,800</b>

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

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

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

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

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

## **7 Legal implications:**

- 7.1 There is a legal requirement to publicly consult and consult with staff affected by the second two recommendations.
- 7.2 Any future provision of services will need to be considered in accordance with the Social Services and Well-being (Wales) Act.
- 7.3 The Social Services and Well-being (Wales) Act and accompanying Part 4 Code of Practice sets out that where an Authority has carried out an assessment which has revealed that the person has needs for care and support then the local authority must decide if those needs meet the eligibility criteria, and if they do, it must meet those needs.
- 7.4 Any employment issues that arise will need to be considered in conjunction with HR, and in accordance with any relevant policies and legislative provisions.

## **8 Equality and Engagement Implications**

- 8.1 Proceeding with the preferred options of the Commissioning Reviews will clearly have an impact on existing home residents and day service users. Due to the nature of the client group, there will be a disproportionate impact on older people and people with a range of disabilities.
- 8.2 5 separate EIAs have been opened as follows to fully assess the impact of the proposals:
- One for the overarching model for residential care.
  - One relating to the potential closure of Parkway Residential Home.
  - One for the overarching model for day services.
  - One relating to the potential closure of the Hollies Day Service building.
  - One relating to the potential closure of the Rose Cross Day Service building.

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

- 8.3 A consultation plan has been developed and is attached as Appendix 4 to this report.
- 8.4 5 consultations will run over the same 12 week period if Cabinet decide to proceed to public consultation. The consultation will fall into 2 categories; general consultation on the proposed delivery model and specific consultation on the services affected.

### *General Consultation*

- 8.5 A general public consultation will be carried out on the new models of delivery for both Residential Care and Day Services. The consultation will be separate for each service model.
- 8.6 The consultation will be carried out using a questionnaire. The survey will be available online and hard copies also made available at key council venues. We will publicise the consultations within the media and via social media platforms.
- 8.7 The consultation will also be publicised to current users, either via individual letters or information packs/posters sent to each venue.
- 8.8 The consultation will be on the new models only but will also need to make reference to the impact of the proposals.

### *Specific Consultation*

- 8.9 3 consultations will be carried out with the specific home and day services that may close if the proposals to change the delivery model are approved.
- 8.10 For Parkway Residential Home, the following will be undertaken:
- A letter will be sent to each resident and their families to explain the proposals, timescales for decision, how the closure will be undertaken if agreed and give opportunities to have their say. This would include how their individual needs would be reviewed and any individual move on plans would be agreed.
  - There will be offers of meetings/face to face opportunities at the care home.
  - During the consultation period, we will ask a social worker to work with each individual affected to review their needs to establish whether or not they have complex needs. This will allow them to make a more informed response to the consultation as they will understand better how the proposals might affect them.
  - There will be an offer of an advocate for each care home resident if they feel they are unable to take part. Some older people will not be able to express their own wishes or concerns without the help of an independent advocate. Where an older person lacks capacity and there is no relative or friend to represent them, an Independent Mental Capacity Advocate *must* be appointed since it is a legal requirement to appoint one when decisions are being made that could result in them being moved to a different care home.

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

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

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

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

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

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

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

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

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

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

## **9 Proposed implementation timetable**

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

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



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

**Background Papers:** None.

**Appendices:**

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



# **Commissioning Gateway Review Report Stage 4**

**Draft v2.1**

## **Residential Care for Older People**

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### **Contains:-**

Review Overview and Details  
Stages review summary  
Gateway Approval

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### **Gateway Review Approval**

**Budget and Performance Review Group 12<sup>th</sup> July 2016**

## **1. PURPOSE OF REPORT**

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

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

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

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

### REVIEW OVERVIEW

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

## 2. BACKGROUND

### 2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change<sup>1</sup>, defines the following high level population outcomes:

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

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

***“Older people age well and are supported to remain independent”.***

Secondary Drivers for this are:

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

The City and County of Swansea’s Corporate Plan; “Delivering for Swansea 2016-17”<sup>2</sup> identifies the following priorities:

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

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

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

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

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

<sup>3</sup> Swansea’s Prevention Strategy – Draft V 14; June 2016

## 2.2 National Policy Context

National policy over the last 5 years has focussed on service improvement, co-ordination between national and local government and greater integration of social care, health services and other agencies in Wales, notably the Third Sector. There is increasing emphasis on individuals and communities being at the centre of decision-making about their care and on providing care and support at home where possible.

The Social Services and Wellbeing (Wales) Act (2014) is due for implementation from 6 April 2016. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services, and provides for an increased focus on prevention and early help. The Act signals a fundamental change in the way services are commissioned and provided, with the emphasis on supporting individuals, families and communities to promote their health and wellbeing.

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

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

## 2.3 A New Vision for Adult Social Care

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

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

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

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

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

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

## 2.4 The Service Model for Adult Social Care

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

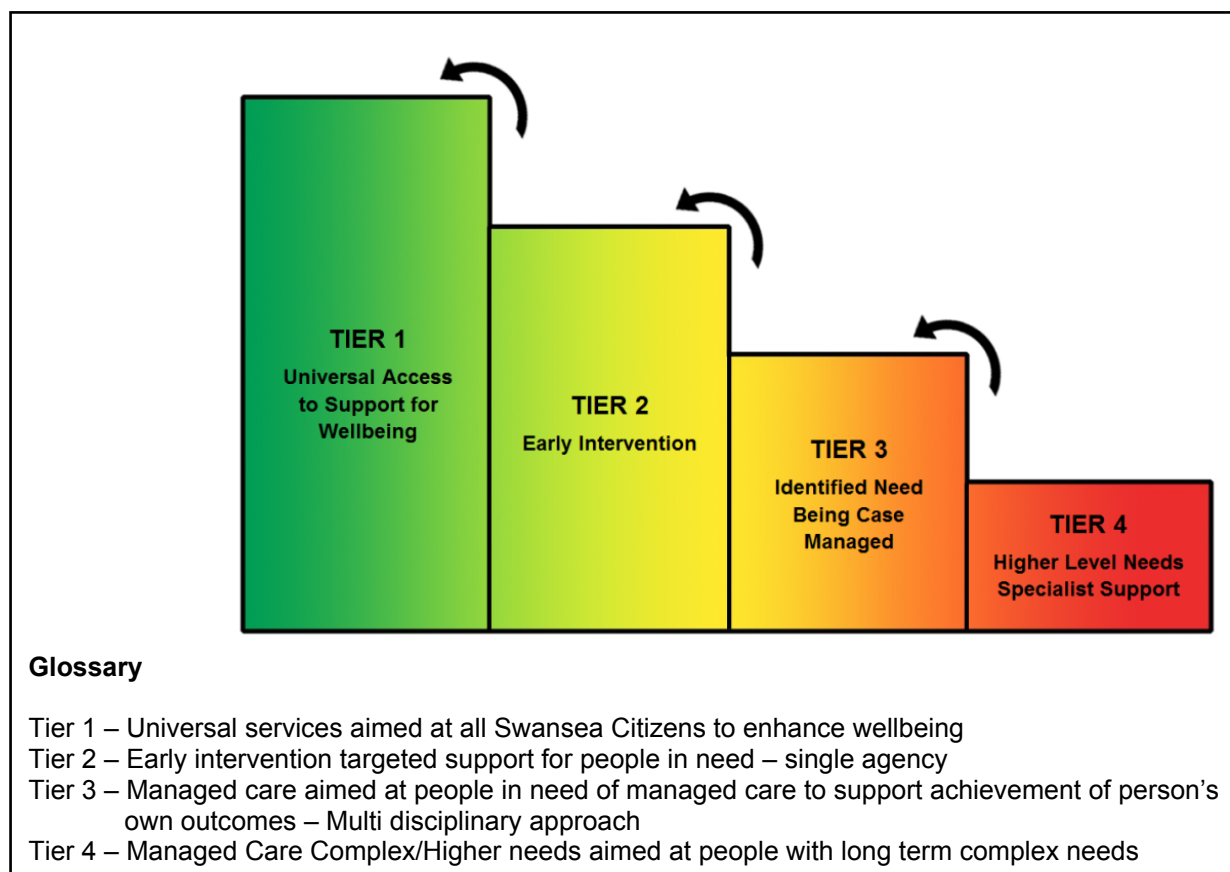
- Ensuring quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

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

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

The service model can be illustrated diagrammatically below:



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

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

## 2.5 Key Priorities for Swansea Adult Social Care Services

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

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

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

### 2.5.1 Targeted Early Help

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

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

### 2.5.2 A different approach to assessment

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

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



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

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

### 2.5.3 Developing Strong Practice

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

In particular, we plan to:

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

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

### 3. THE RESIDENTIAL CARE SERVICE

#### 3.1 Scope of the Commissioning Review

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

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

#### 3.2 Definition of Residential Care Services

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

HousingCare.org define a care home as: *“.....a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only - help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.*

#### 3.3 Strategic Role

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

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

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

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

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

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

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

### 3.4 Western Bay Care Home Commissioning Strategy

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

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

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

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

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<sup>6</sup> <http://www.housingcare.org/jargon-extra-care-housing.aspx>

## Appendix 1

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

### 3.4 Outcomes

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

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

### 3.5 Vision

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

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

## 4. SERVICE PERFORMANCE

### 4.1 Analysis

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

Currently there are:

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

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

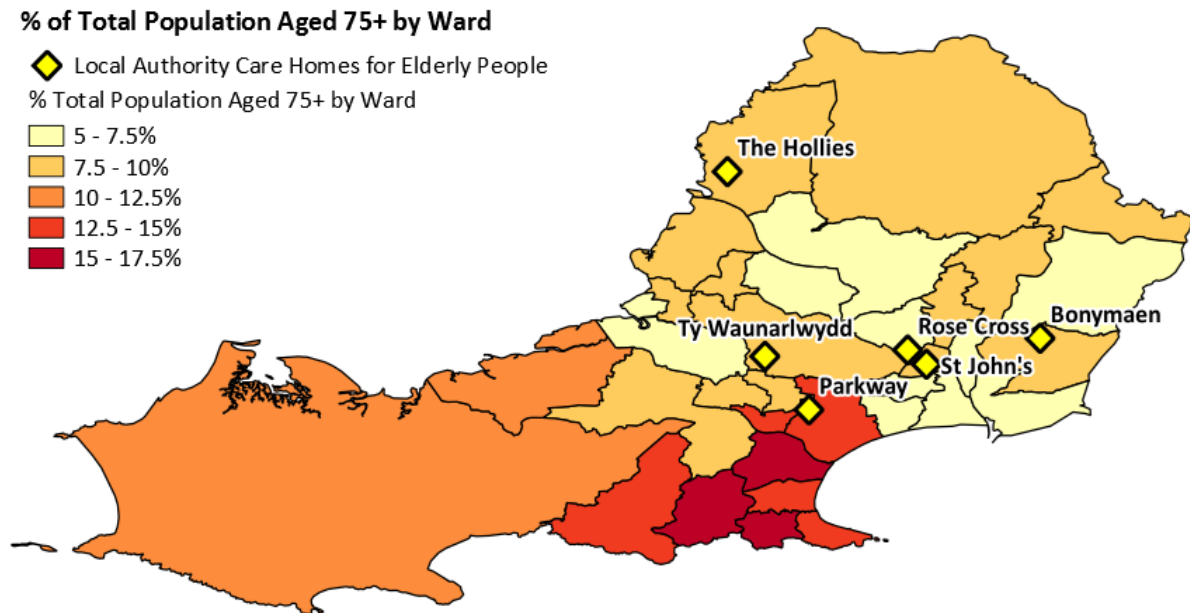
The average capacity within a care home is shown below (table 1).

**Table 1 – Average Care Home Capacity**

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

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

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



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

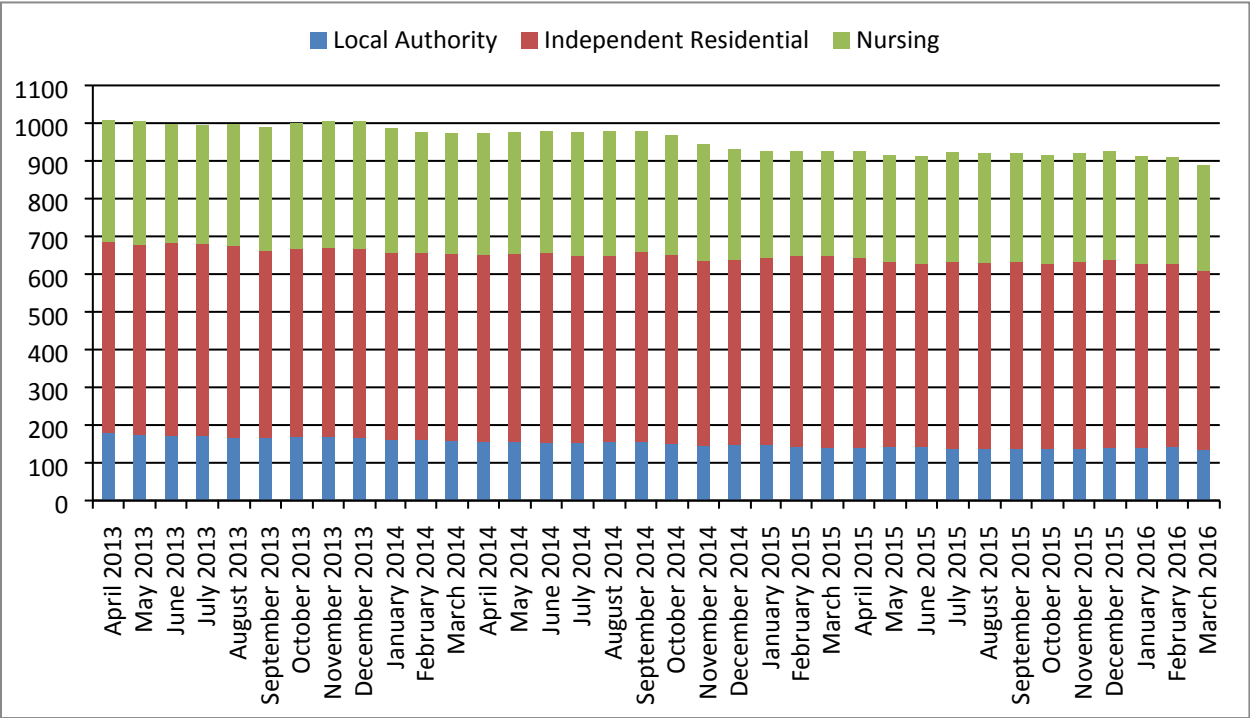
- 272 beds are dedicated for residential personal care
- 142 beds dedicated for dementia residential care
- 143 beds for dementia nursing care
- 986 beds are dual registered for either personal or nursing care to older people

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

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

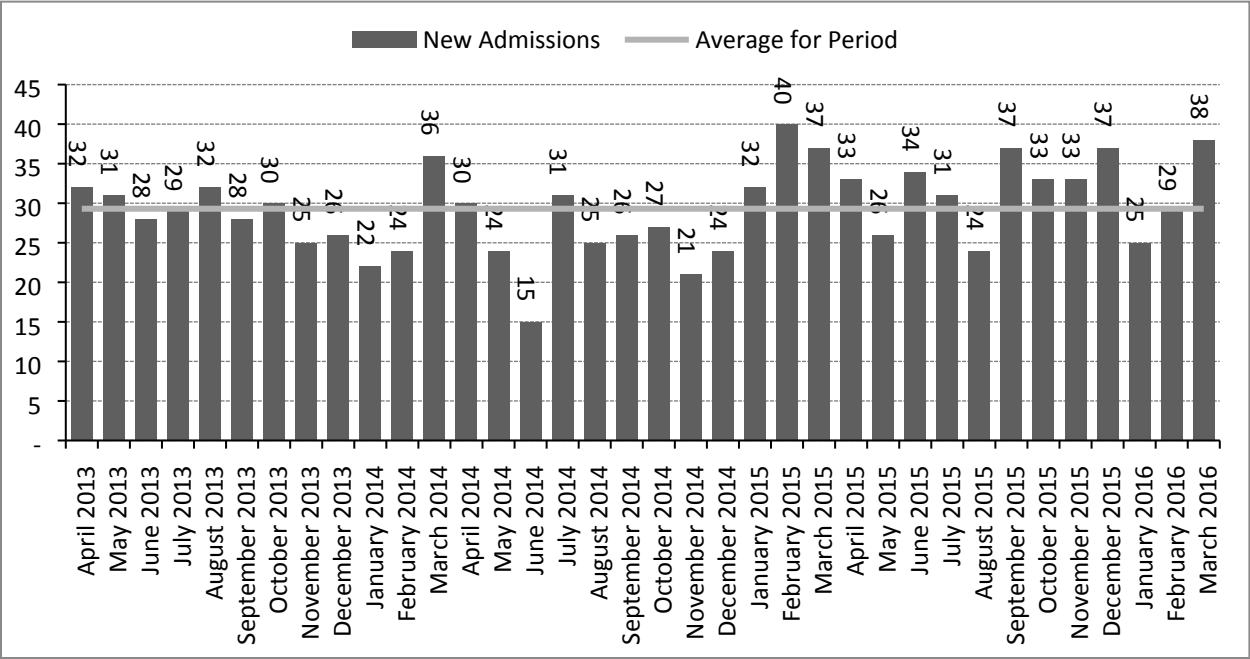
The overall number of people in local authority funded residential/nursing placements has fallen slightly over the past few years although this has recently stabilised.

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



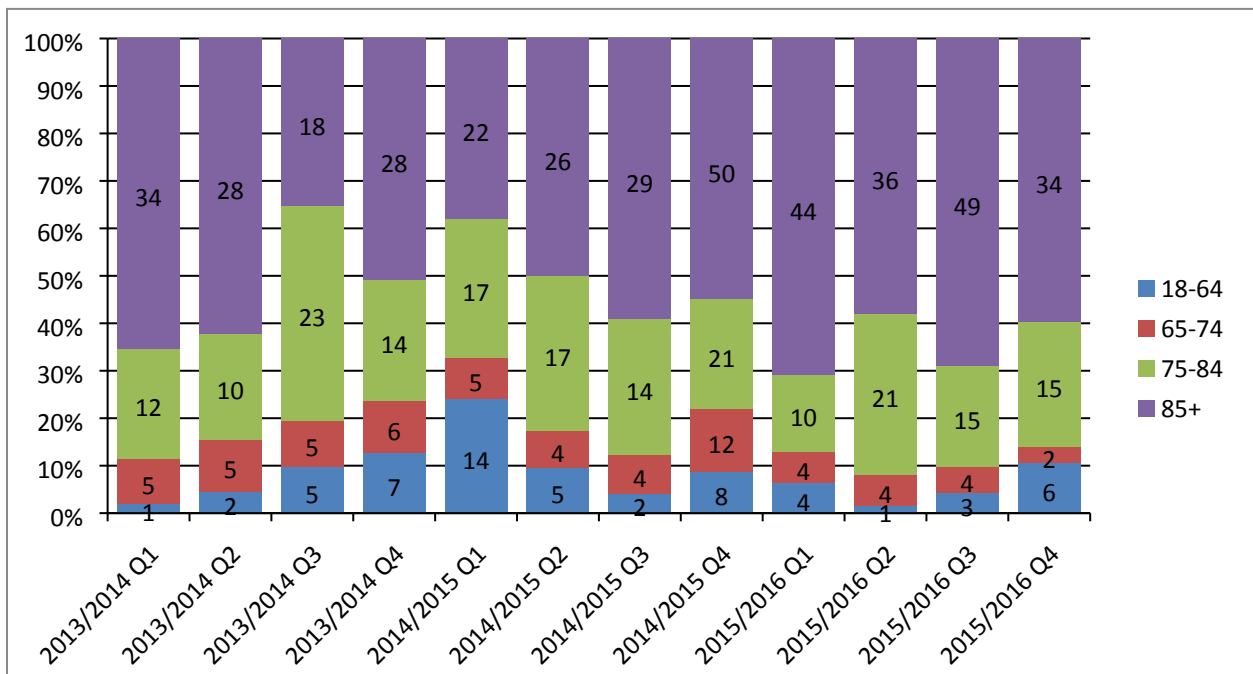
New admissions by month show wide variation from 15 to 40 where highest numbers do not necessarily reflect winter pressures (figure 3).

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

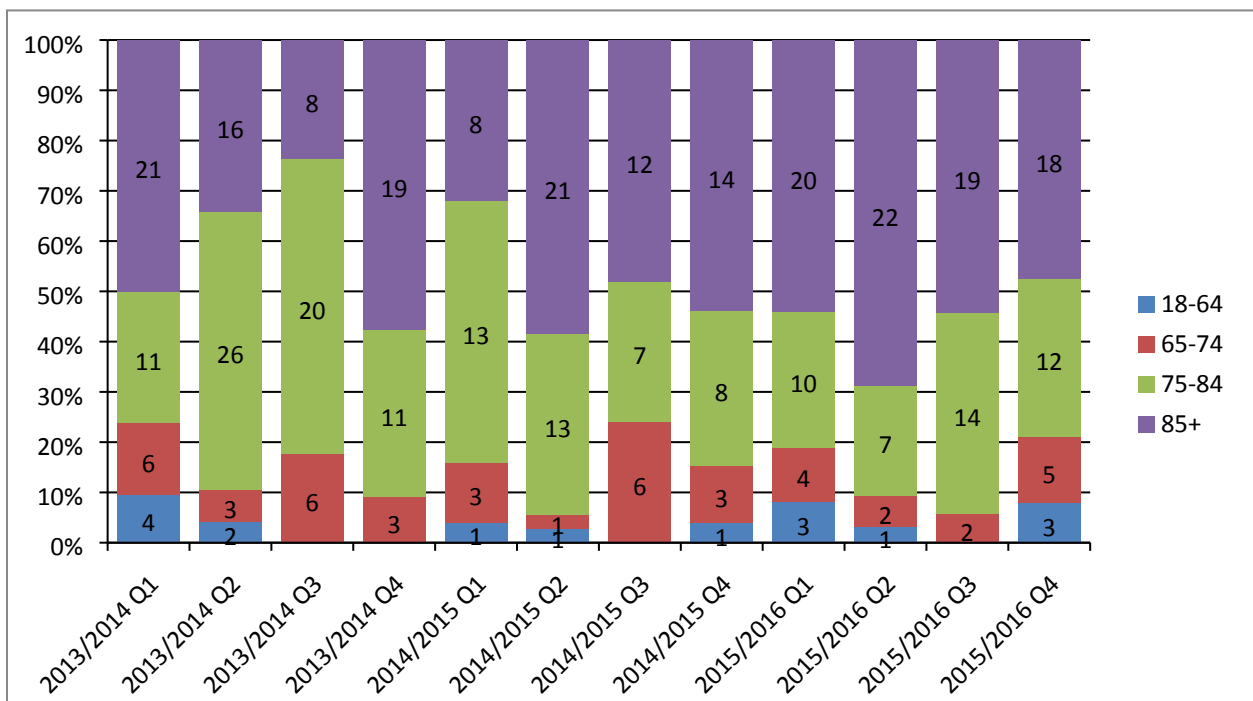


The demand for residential and nursing care is greatest from older people 75 years and over, which is different than the profile of residents in local authority care homes (figures 4, 5 & 6).

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



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

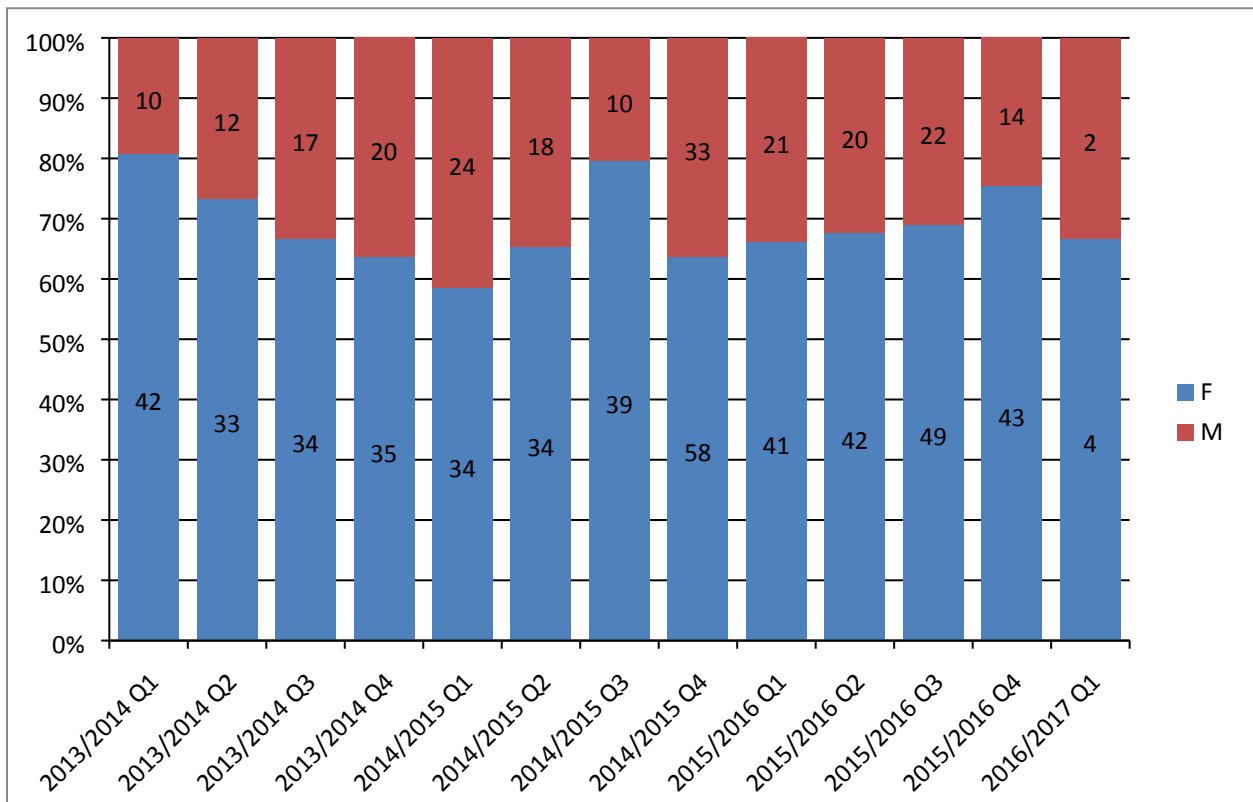




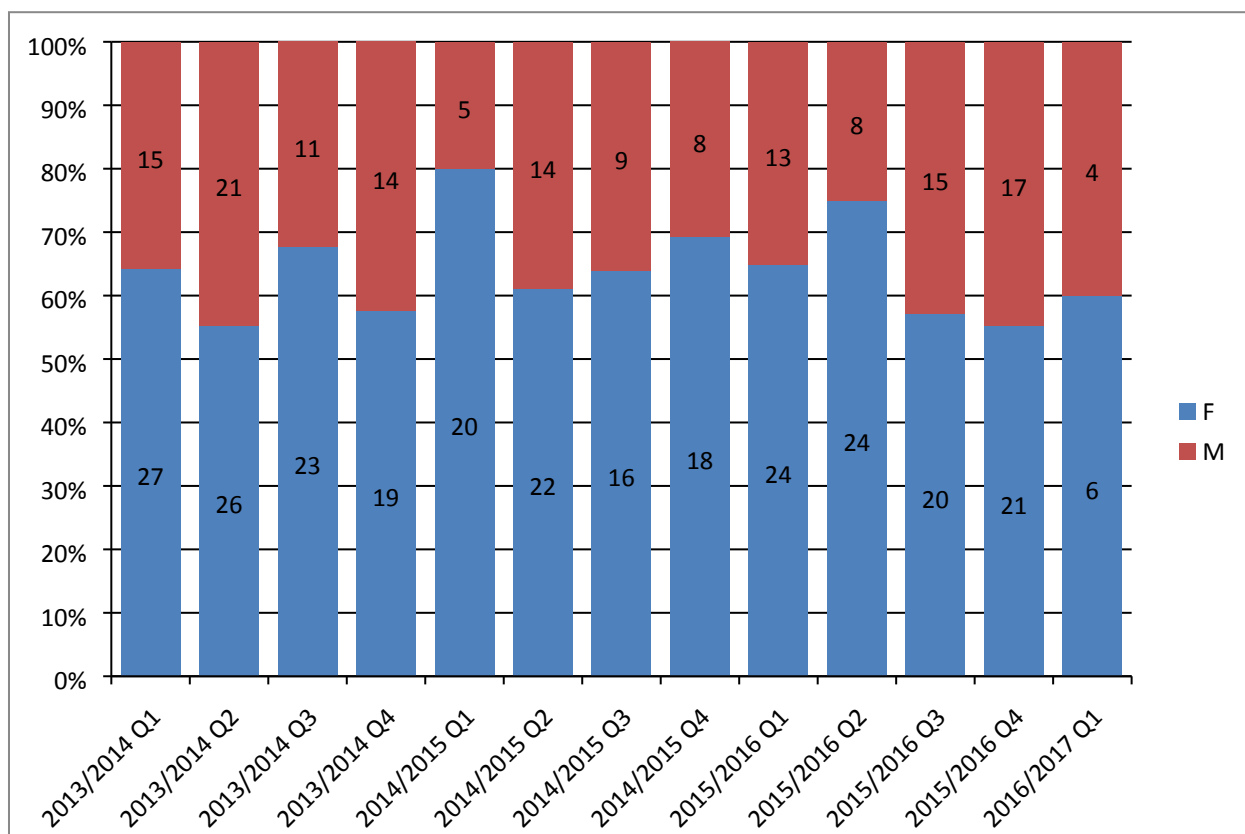
## Appendix 1

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

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



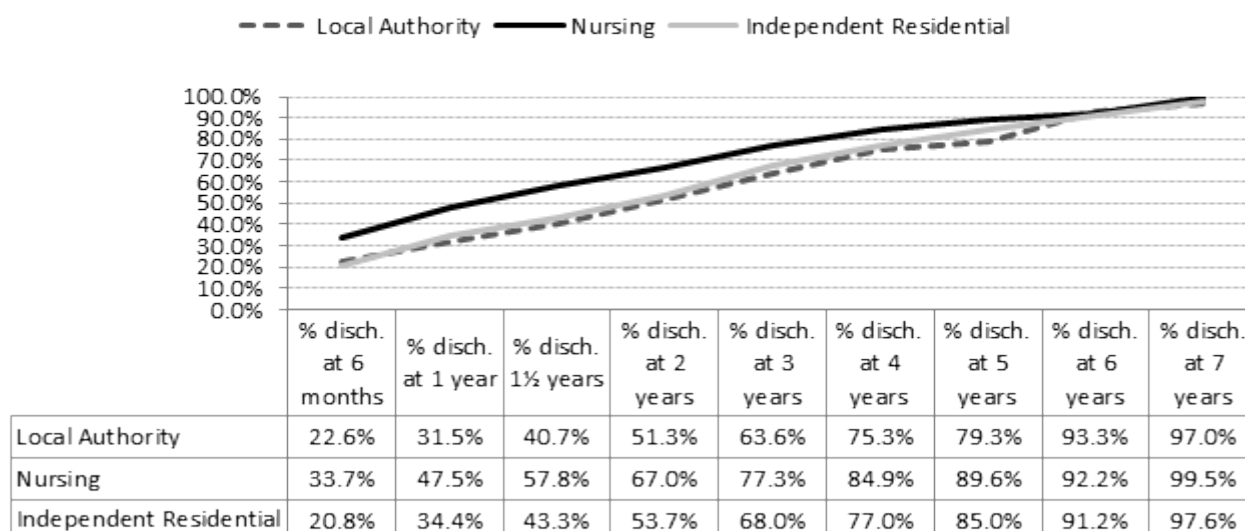
**Figure 7 - Nursing Care - Admissions by Gender 2013-16**



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

Figure 8

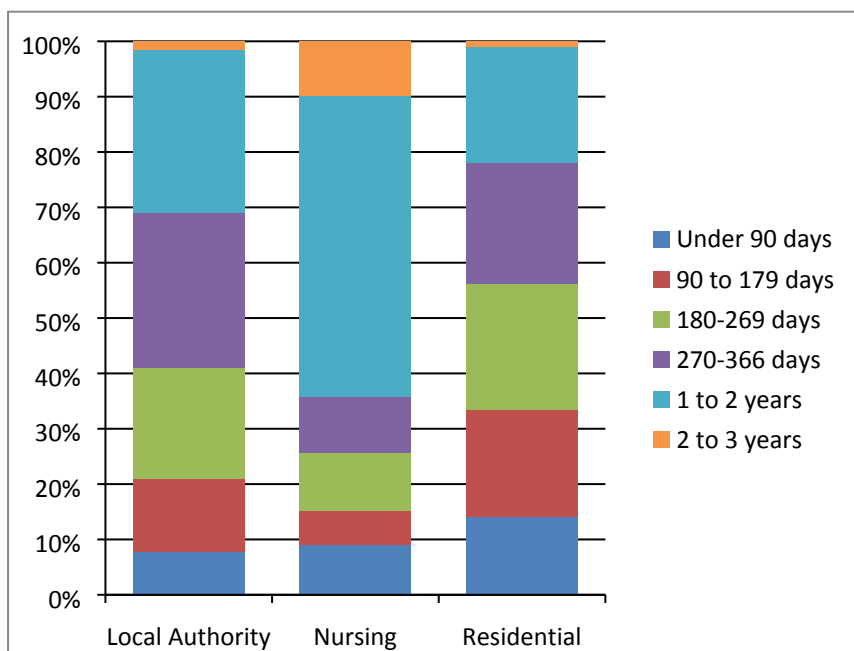
### Attrition Rate: Likelihood of Remaining in Residential / Nursing Care at a range of intervals (2009-16)



## Appendix 1

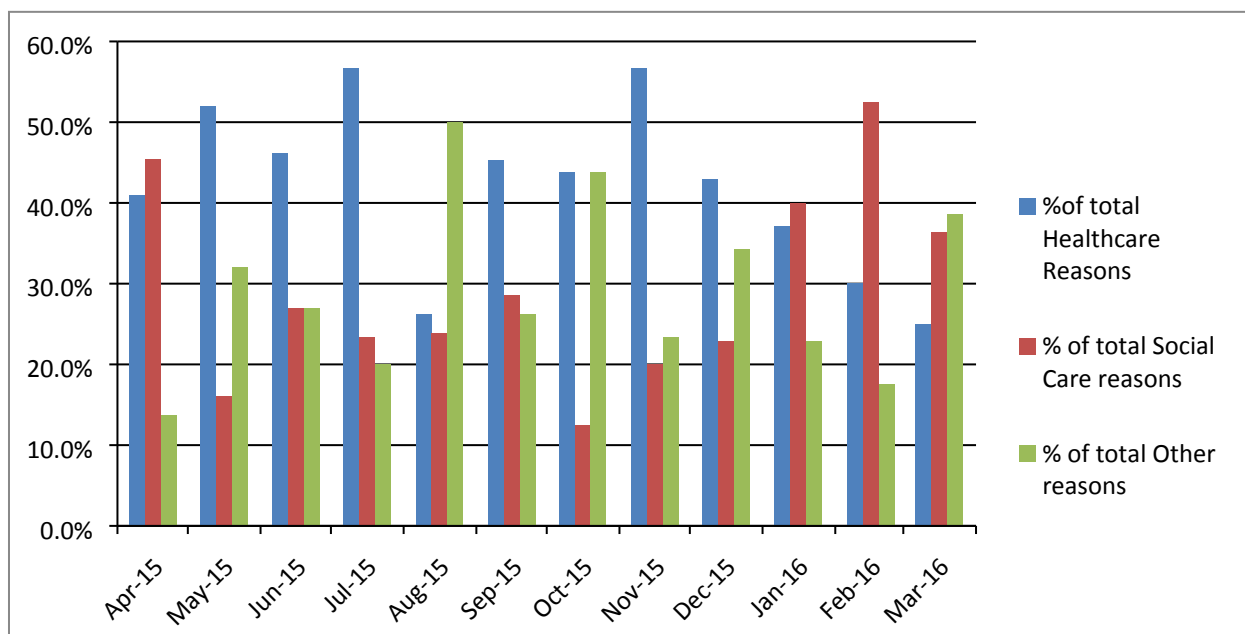
There is no data on outcomes for people in residential care although regular reviews will indicate that judgements have been made that an individual is receiving an appropriate level of care to meet their needs. Nearly 2/3rds of people in local authority and residential homes were reviewed in the last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

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



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

**Figure 10 - Delayed Transfers of Care**



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

**Table 2 – Care Home Unit Costs**

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

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

### Individual Homes

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

### Averages

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

## Appendix 1

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

Staffing data from the stage 2 report indicates:

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

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

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

### 4.2 Summary

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

- There is a varied provider base which offers resilience against any single provider going out of business.

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

### 4.3 Key Themes for Options Appraisal

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

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

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

## 5. SERVICE COMPARISON

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

### 5.1 Benchmarking Analysis

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

- Cardiff
- Newport
- Neath Port Talbot
- Wrexham

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

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

**Table 3: Population in 2014 and breakdown by age**

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

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

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

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

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



## Appendix 1

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

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

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

**Table 5: Projected numbers receiving residential services by age**

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

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

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

**Table 6: Projected numbers of people with dementia**

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

\* source – Swansea

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

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

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

\* source – Swansea

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

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

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

\* data from Data Unit Wales – My local council

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

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

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

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

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

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

\* Data from Stats Wales

## 5.2 Summary

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

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

## 5.2 Key Themes for Options Appraisal

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

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

## 6. BEST PRACTICE AND INNOVATION

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

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

### 6.1 Managing future demand for care home capacity

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

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

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

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<sup>7</sup> Predicting and managing demand in social care Discussion paper. Professor John Bolton April 2016

## Appendix 1

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

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

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

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

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

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

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

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

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

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

<sup>9</sup> Intermediate Care – Halfway Home Updated Guidance for the NHS and Local Authorities 2009

### 6.1.1 Managing Demand: Key messages

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

## **6.2 Care Homes as Community Hubs**

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

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

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

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

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

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

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

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

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

### Good Practice Example 3 - Hogewey Care Home, Holland

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

#### 6.2.1 Care Homes as Community Hubs: Key messages:

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

### **6.3 Flexible bed use**

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

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

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

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

### Good Practice Example - Four Seasons, Stoke on Trent

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

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<sup>10</sup> <http://hogeweyk.dementiavillage.com/en/>



## Appendix 1

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

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

### 6.3.1 Flexible Bed Use: Key messages

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

## **6.4 Future Role of Extra Care Housing**

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

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

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

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<sup>11</sup> Improving housing with care choices for older people: an evaluation of extra care housing. PSSRU, University of Kent. 2011

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

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

### Good practice example - Willow Housing and Care

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

## Appendix 1

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

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

### Potential benefits/returns

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

### Challenges

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

#### 6.4.1 The Future Role of Extra Care Housing – Key Messages

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

## 6.5 Independent Sector as Innovators

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

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

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

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

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

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

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

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

#### 6.5.1 The Independent Sector as Innovators – Key Messages

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

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

## 6.6 Key Good Practice Messages

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

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

## 6.7 Key Themes for Options Appraisal

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

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

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

## **7. STAGE 4 – OPTIONS APPRAISAL**

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

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

### **7.1 Assumptions**

The following assumptions underpin the options and their appraisal:

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

### **7.2 Stakeholder Engagement**

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

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

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

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

## Appendix 1

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

### 7.3 Options

Following detailed consultation, the following options were considered:

#### 1. Strategy

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

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

- a) Maintain current service arrangements
- b) Commission short term/complex care on specific specialist sites

#### 3. Model of delivery

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

#### 4. Balance of Mixed Model

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

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

### 7.4 Evaluation Criteria

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

#### Service performance - Section 4.3

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

#### Service Comparison (Benchmarking) – Section 5.3



## Appendix 1

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

### Best practice – Section 6.7

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

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

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

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

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

## Appendix 1

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

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

## **8. SUMMARY & CONCLUSIONS OF REVIEW TEAM**

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

### **Strategy**

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

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

- Commission short term/complex care on specific specialist sites

### **Model of delivery**

- Maintain mixed delivery to deliver new model

### **Balance of Mixed Model**

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

## **Appendices**

1. Feedback on Options from Stakeholder Workshop 09.06.16
2. Options Appraisal

## **Background Papers (Available on request)**

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



# **Commissioning Gateway Review Report Stage 4**

**Draft v2.1**

## **Day Services for Older People**

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### **Contains:-**

Review Overview and Details  
Stages review summary  
Gateway Approval

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### **Gateway Review Approval**

**Budget and Performance Review Group 12<sup>th</sup> July 2016**

## **1. PURPOSE OF REPORT**

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

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

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

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

### **REVIEW OVERVIEW**

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

## 2. BACKGROUND

### 2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change<sup>1</sup>, defines the following high level population outcomes:

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

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

***“Older people age well and are supported to remain independent”.***

Secondary Drivers for this are:

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

The City and County of Swansea’s Corporate Plan; “Delivering for Swansea 2016-17”<sup>2</sup> identifies the following priorities:

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

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

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

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

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

<sup>3</sup> Swansea’s Prevention Strategy – Draft V 14; June 2016

## 2.2 National Policy Context

National policy over the last 5 years has focussed on service improvement, co-ordination between national and local government and greater integration of social care, health services and other agencies in Wales, notably the Third Sector. There is increasing emphasis on individuals and communities being at the centre of decision-making about their care and on providing care and support at home where possible.

The Social Services and Wellbeing (Wales) Act (2014) is due for implementation from 6 April 2016. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services, and provides for an increased focus on prevention and early help. The Act signals a fundamental change in the way services are commissioned and provided, with the emphasis on supporting individuals, families and communities to promote their health and wellbeing.

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

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

## 2.3 A New Vision for Adult Social Care

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

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



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

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

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

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

### 2.4 The Service Model for Adult Social Care

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

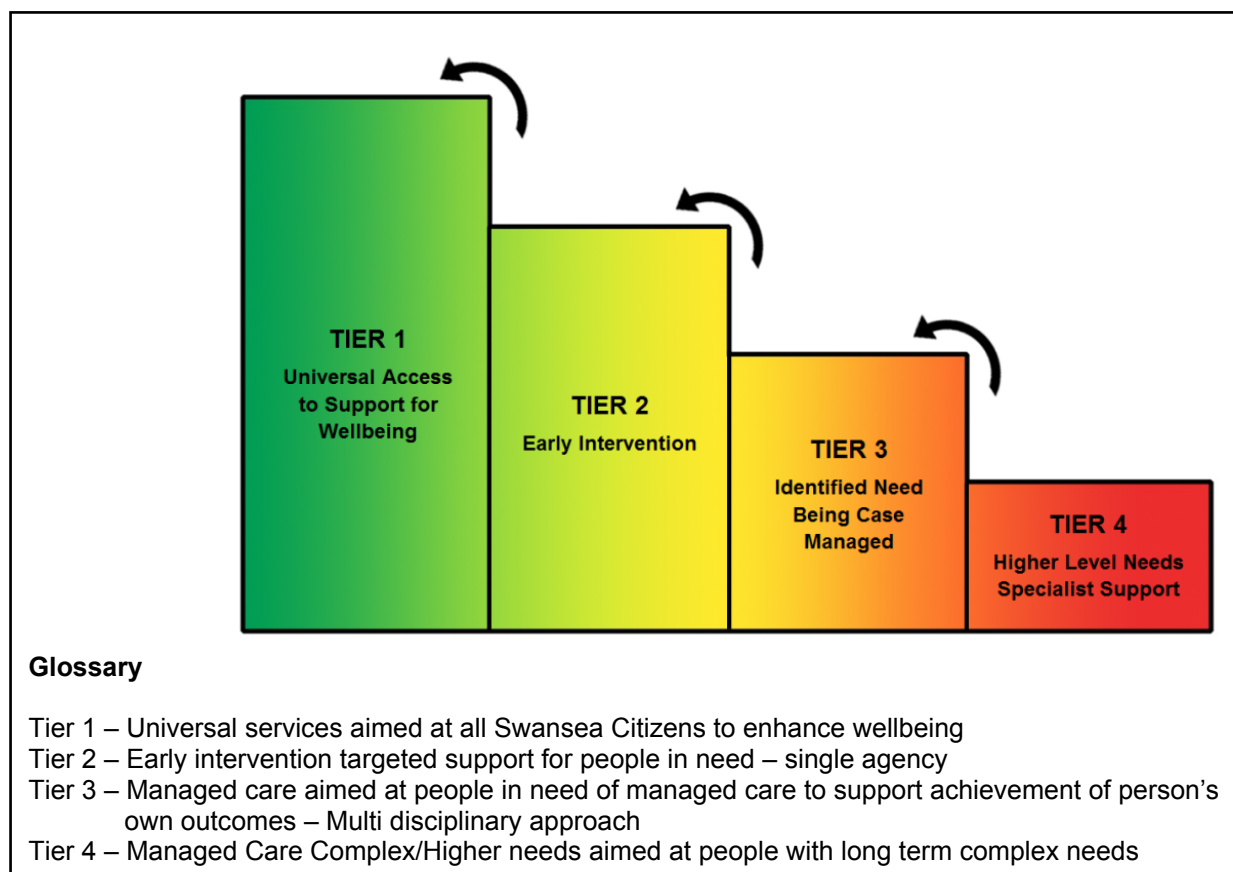
- Ensuring quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

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

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

The service model can be illustrated diagrammatically below:



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

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

## 2.5 Key Priorities for Swansea Adult Social Care Services

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

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

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

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

### 2.5.1 Targeted Early Help

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

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

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

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### 2.5.2 A Different Approach to Assessment

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

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

### 2.5.3 Developing Strong Practice

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

In particular, we plan to:

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

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

### 3. THE DAY CARE SERVICE

#### 3.1 Scope of the Commissioning Review

The scope of this Commissioning Review is defined in the Stage 2 Gateway Review Report<sup>6</sup> as follows:

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

#### 3.2 Definition of Day Care Services

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

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

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

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

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

<sup>8</sup> [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day\\_services\\_evidence%20%20of\\_effectiveness\\_October\\_2011.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day_services_evidence%20%20of_effectiveness_October_2011.pdf?dtrk=true)

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

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

### 3.3 Strategic Role

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

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

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

### 3.4 Outcomes

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

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

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

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

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

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

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

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

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

### 3.5 Vision

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

- A tailored service for 3 key areas
  - Re-ablement
  - Physical and cognitive impairment – people living with dementia
  - Complex needs
- In doing the above a service which:
  - Encourages social contact and stimulation; reducing isolation and loneliness maintains and/or restores independence

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



## 4. SERVICE PERFORMANCE

### 4.1 Analysis

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

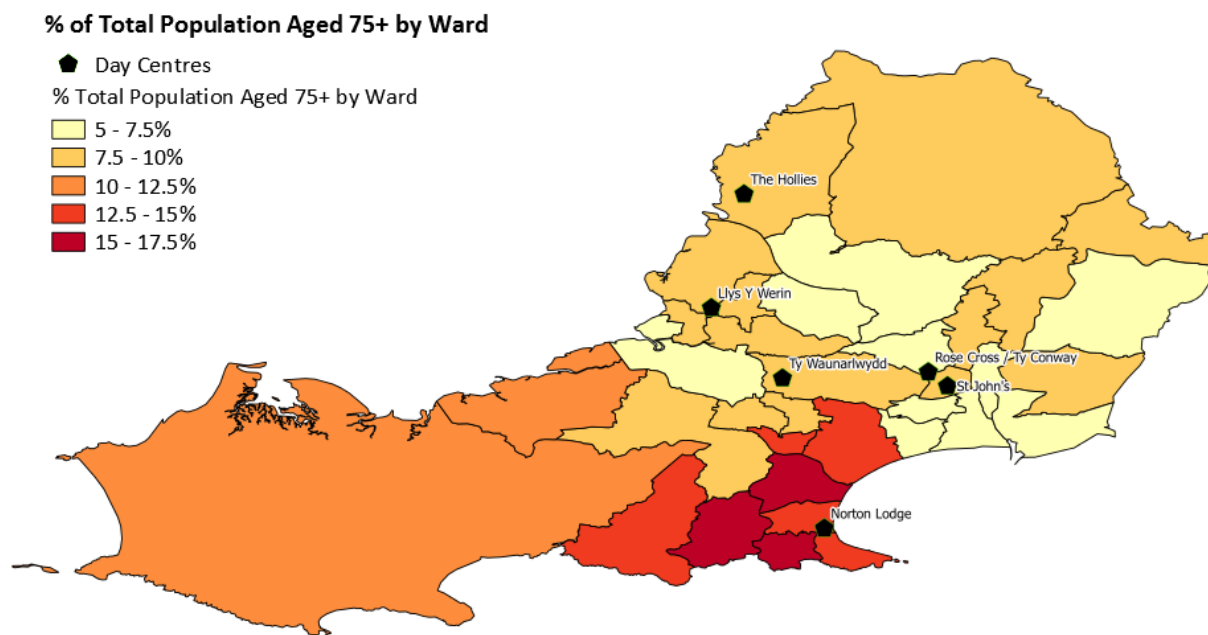
- Ty Conway, Penlan – Swansea Carers Centre
- Llys y Werin, Gorseinon - Gwalia
- Norton Lodge – joint Red Café & Social Services at Norton Lodge

There are 5 Day Centre services to support older people:

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

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

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

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

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

**Table 1 – Day Centres: Capacity and Access**

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

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<b>Total</b>	<b>186</b>	<b>762</b>			
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Data provided by Swansea states that in May 2016 there were 300 Day service users with an overall waiting list of 22 people. St Johns Day service has the largest waiting list of 14 people (table 2).

Table 2

### Day Services clients & waiting lists - May 2016

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

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

**Table 3: Internal Provision Capacity and Current Vacancies**

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

Percentage							36.76%
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**Table 4: External Provision Capacity and Current Vacancies**

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

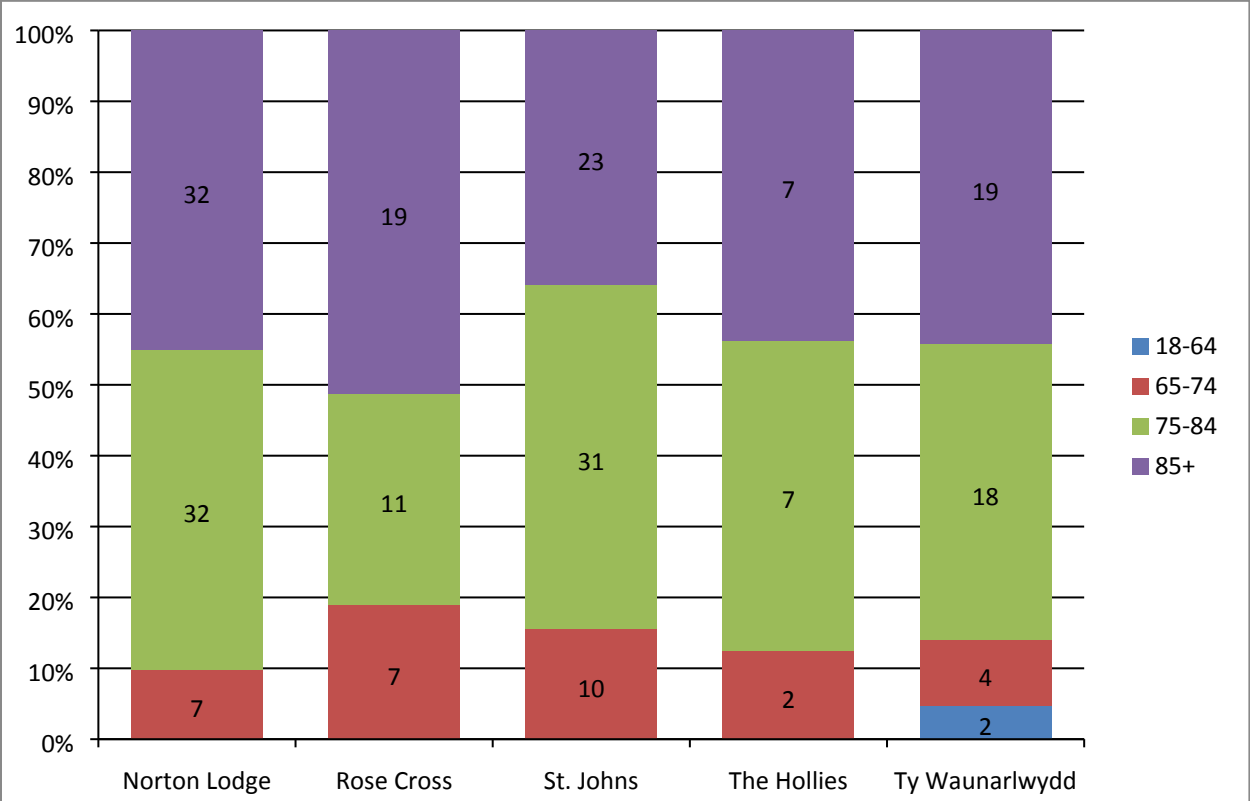
The stage 2 review report also indicates that there has been a considerable increase in the number of people accessing the service for a second day (table 5).

**Table 5**

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

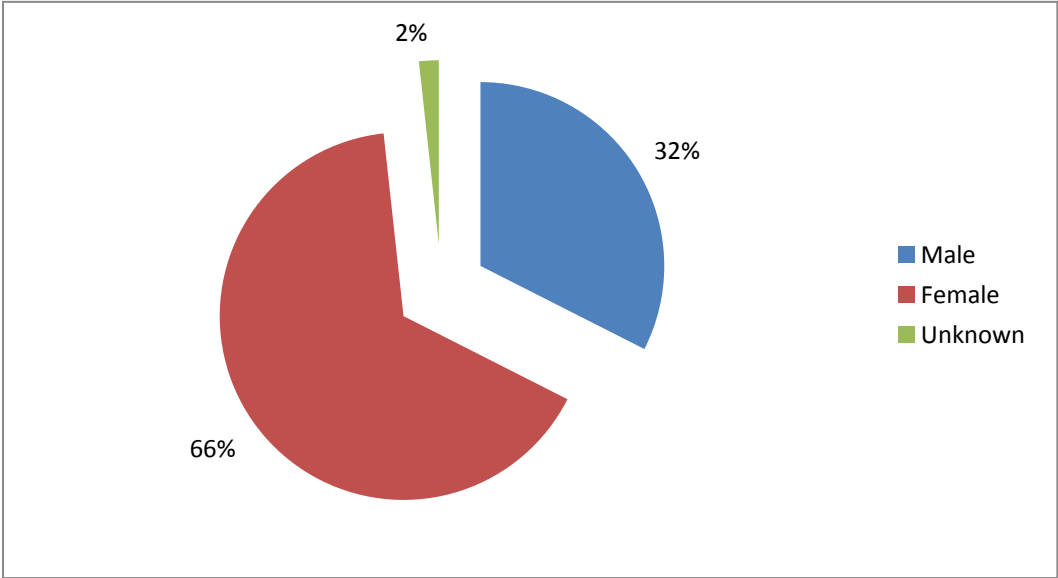
The profile of people using these centres is similar, though Rose Cross has a higher proportion of people aged 65-74 years and people over 85 years, and St Johns has a higher proportion of people aged 75-84 years. Also Ty Waunarlwydd is the only centre that currently has clients aged between 18-64 years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

Figure 2 - Day Services Client Age Groups May 2016

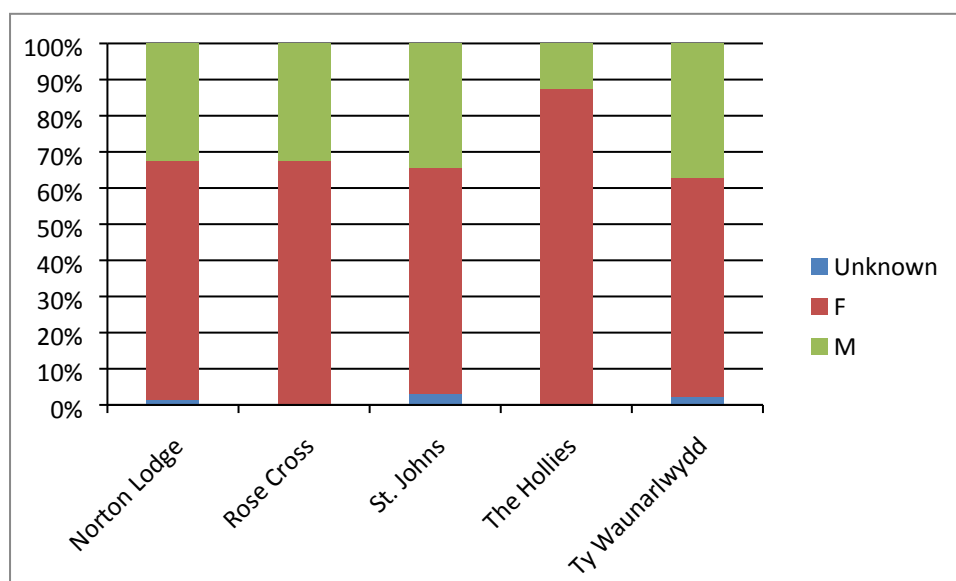


Overall, around two-thirds of clients were female (figure 3).

Figure 3 - Day Services Client Gender - May 2016



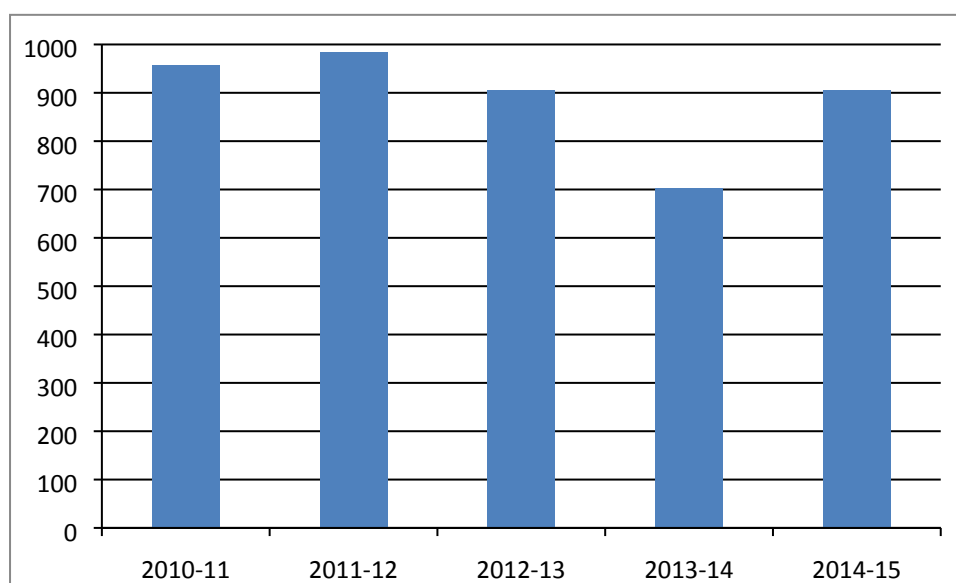
Breakdown by day centre shows that The Hollies support a higher proportion of female, and Ty Waunarlwydd supports slightly more male clients (figure 4).

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

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

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

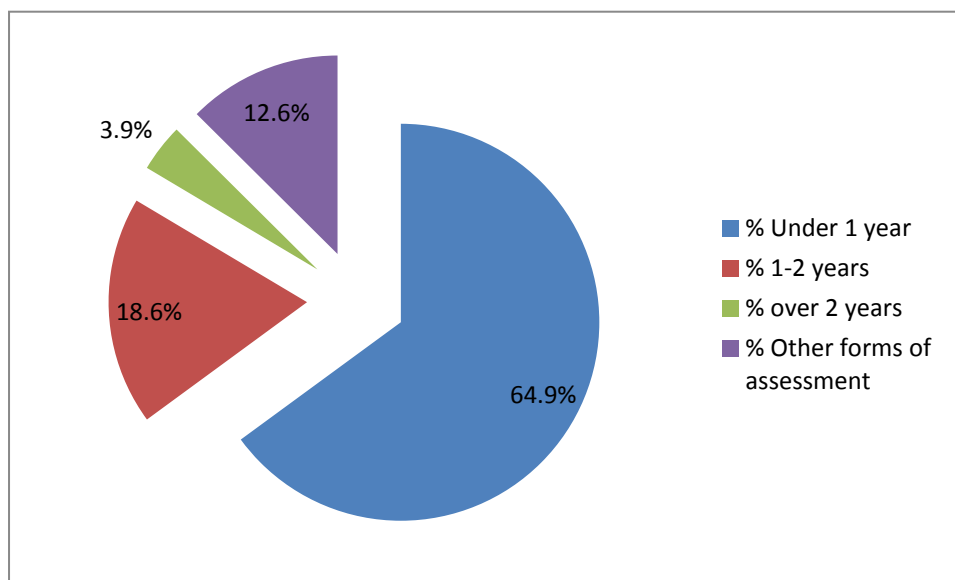
The total number of people aged 65 years and over receiving day care over the whole year (2014-15) is 904 (figure 5). This is a significant increase from the previous year. It should be noted that this is the total number in a year rather than the number accessing day services at any given time.

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

## Appendix 2

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

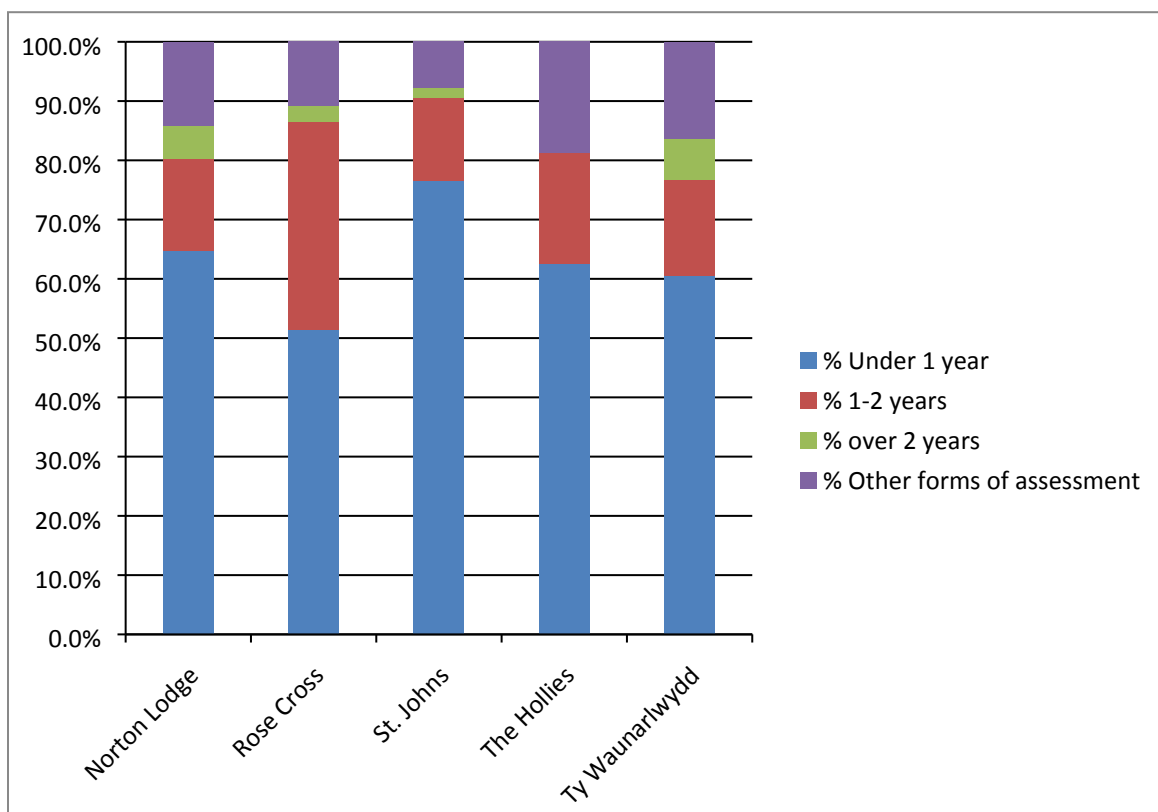
**Figure 6 - Day Care - Time since last review (as at May 2016)**



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

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

## Appendix 2



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

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

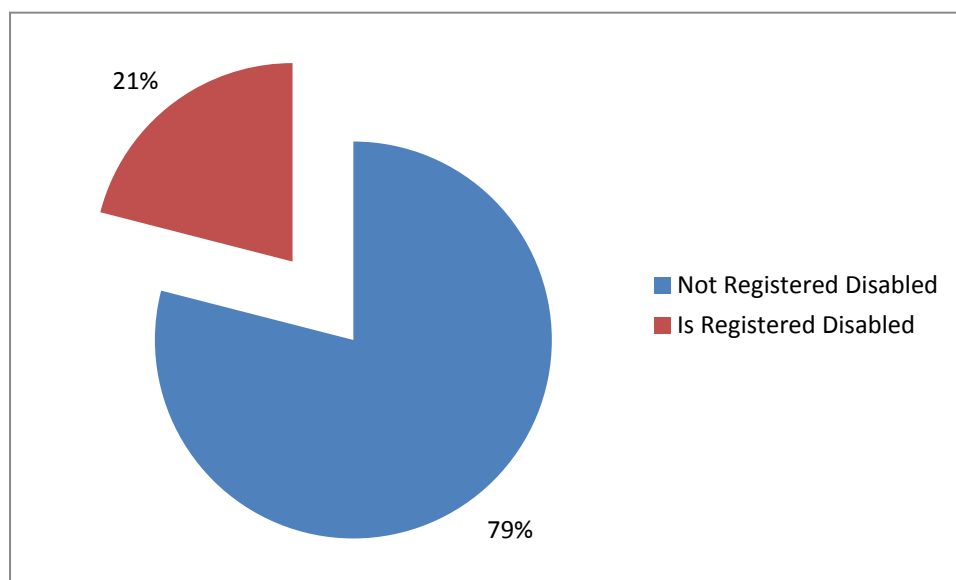


Table 6 below from the stage 2 review report demonstrates the actual cost per unit per day per person if all sites were at full capacity 52 weeks a year and taking into account 10 non-working days which includes 8 Bank Holidays.



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

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

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

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

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

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

## 4.2 Summary

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

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

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

### 4.3 Key Themes for Options Appraisal

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

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

## 5. SERVICE COMPARISON

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

### 5.1 Benchmarking Analysis

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

- Cardiff
- Newport
- Neath Port Talbot
- Wrexham

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

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

**Table 8 - Population in 2014 and breakdown by age**

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

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

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

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

## Appendix 2

Wrexham	12	31	45	64	141
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\* source – Daffodil: Projecting the need for care services in Wales

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

**Table 10 - Projected numbers of people with dementia**

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

\* source – Swansea

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

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

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

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

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

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

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

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

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

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

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

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

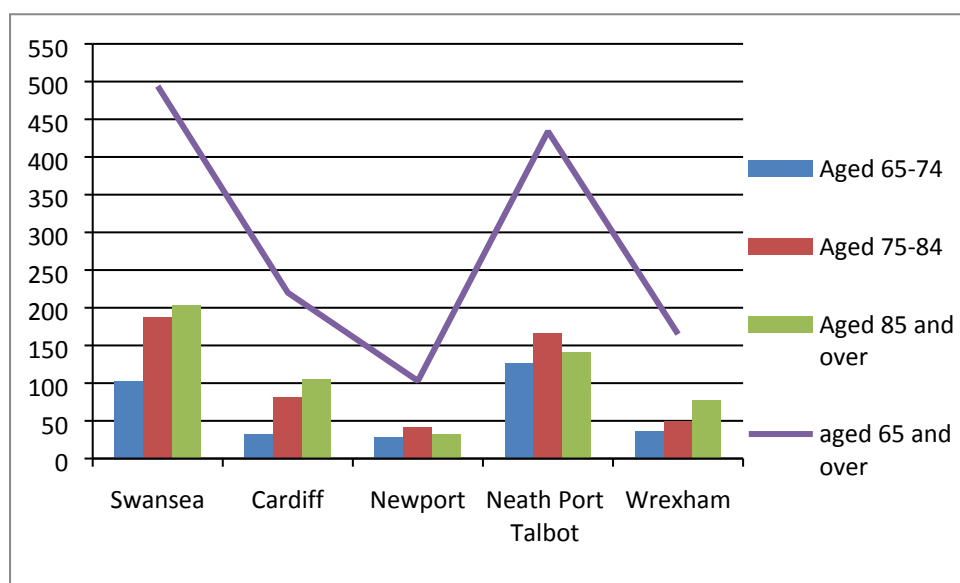
	Total	65-74 years	75-84 years	85+ years
WALES	9103	965	1627	1858
Swansea	1257	103	188	203
Cardiff	281	33	81	106
Newport	293	29	42	32
Neath Port Talbot	1021	127	166	141
Wrexham	243	37	50	78

\* Data from Stats Wales

NB this includes substance misuse and other vulnerable adults

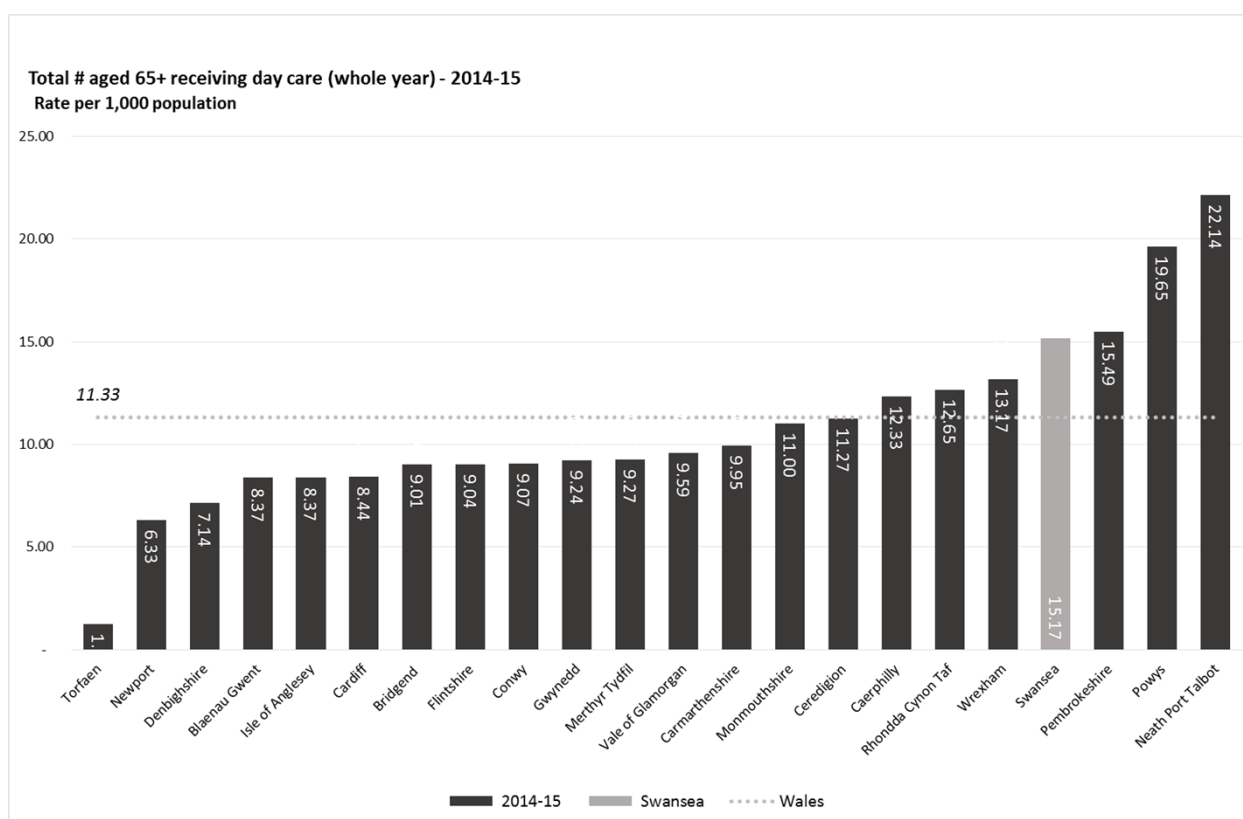
Figure 9 below shows breakdown of those aged 65 years and over: the highest proportion in Swansea being those aged 85 years and over.

**Figure 9 – Older People Receiving Day Care**



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

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



## 5.2 Summary

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

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

## 5.3 Key Themes for Options Appraisal

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

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

## 6. Best Practice and Innovation

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

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

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

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

### Good Practice Example - Camden Mental health day care services<sup>9</sup>

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

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

The Outcomes Framework describes:

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

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<sup>9</sup> Commissioning outcomes and recovery London Borough of Camden October 2008



## Appendix 2

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

### Key messages

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

However:

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

## **6.2 Alternative models of day service**

### Community Asset Based Approach

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

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

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

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

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

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

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

### Key messages

- In contrast to this fear of an increased demand on services there is evidence that people aged 65 and over are making a significant contribution to the economy and are a valuable asset.
- Some older people, particularly those over the age of 85 years will need help and support to remain independent. The “Little bit of help”, described by the Joseph Rowntree Foundation that can enable a person to remain living independently at home is rarely provided by social services as spending on adult social care has steadily decreased since 2005.<sup>11</sup>
- Older people offer a wealth of experience, talent and knowledge that is a tremendous asset to their communities. Those older people that do need “A little bit of help”, are much more comfortable with an arrangement where there is a mutual sharing and exchange.<sup>12</sup>
- A reduction in social isolation and loneliness experienced by many older people. A survey by Age UK found that 10 percent of adults over the age of 65 years feel lonely often or all of the time<sup>13, 14</sup> and a reduction in the health risks associated with loneliness. Research has shown

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

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

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

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

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that participation in a group cuts an older person's chance of dying in the next year by a half and joining two groups cuts the risk by 75 per cent.

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

### Developing a reablement approach within day services for older people

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

#### Good Practice Example: Joint Improvement Team, Edinburgh.<sup>15</sup>

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

The evaluation of this approach has demonstrated the following outcomes:

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

### Key messages

- There is an opportunity to develop a culture of reablement and, more generally, the promotion of independence in day centre settings.

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

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

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- Day centres offer a good environment for joint working with health and social care professionals to regain life skills and independence
- Cognitive Stimulation Therapy (CST) programmes working with service users with mild to moderate levels of dementia in day centres settings have been shown to produce positive outcomes.

### Integrated day services for people with dementia

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

### Good Practice Example 1: East Renfrewshire integrated day care services for people with dementia<sup>16</sup>

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

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

### Key Messages

This approach has been shown to:

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

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

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

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

#### Men's Sheds Association

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

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

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

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

#### Good Practice Example: Kent sheds association

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

#### Key messages

- A wealth of research supports the thesis that the sheds model leads to improved mental health and wellbeing outcomes for men <sup>20</sup>

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

<sup>18</sup> Cordier, R., & Wilson, N.J. (2013). Community-based Men's Sheds: Promoting Male Health, Wellbeing and Social Inclusion in an International Context. *Health Promotion International*, 1-11.

Crawley

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

<sup>20</sup> Ballinger, M. (2007). More than a Place to do Woodwork: A Case Study of a Community-based Men's Shed. Unpublished Master's thesis. Melbourne: La Trobe University, Victoria, Australia.

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

### Multigenerational houses

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

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

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

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

### Key messages

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

## **6.4 Day centres as community wellbeing hubs**

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

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<sup>21</sup> Ballinger, M.L., Talbot, L.A., & Verrinder, G.K. (2009). More Than a Place to do Woodwork: A Case Study of a Community-based Men's Shed. *Journal of Men's Health*, 6(1), 20-27.

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

<sup>23</sup> <http://www.theguardian.com/society/2014/oct/23/german-centres-bring-older-people-children-together>

## Appendix 2

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

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

### Good Practice Example: Gloucestershire.<sup>24</sup>

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

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

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

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

### Key messages

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

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

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

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

However:

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

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

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

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

#### Good practice examples

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

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

<sup>26</sup>



## Appendix 2

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

### Key messages

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

## **6.6 Income generation through charging for day services**

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

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

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

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

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<sup>27</sup> Stuck at home: the impact of day service cuts on people with a learning disability. Mencap 2013

## Appendix 2

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

### Key messages

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

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

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

### Key messages

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

## **6.8 Key Good Practice Messages**

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

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

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

### 6.9 Key Themes for Options Appraisal

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

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

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

## **7. STAGE 4 – OPTIONS APPRAISAL**

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

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

### **7.1 Assumptions**

The following assumptions underpin the options and their appraisal:

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

### **7.2 Stakeholder Engagement**

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

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

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

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

## Appendix 2

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

### 7.3 Options

Following detailed consultation, the following options were considered:

#### **Overall Day Service Model**

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

#### **Delivery Model**

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

#### **Income Generation**

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

#### **Overall Management Model**

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

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

### 7.3 Evaluation Criteria

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

#### Service performance - Section 4.3

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

#### Service Comparison (Benchmarking) – Section 5.3

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

#### Best practice – Section 6.9

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

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

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

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

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

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

The detailed options appraisal is shown as Appendix 1



## **8. SUMMARY & CONCLUSIONS OF REVIEW TEAM**

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

### **Overall Day Service Model**

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

### **Delivery Model**

- Mixed delivery with clearly defined internal and external services

### **Income Generation**

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

### **Overall Management Model**

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

## **Appendices**

1. Stakeholder Feedback on Options from Stakeholder Workshop: 09.06.16
2. Options Appraisal

## **Background papers (available on request)**

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

Residential Services Evaluation Scoring Matrix														
NOTE: - SCORING BASED UPON THE HIGHEST SCORE BEING THE PROPERTY LEAST APPROPRIATE FOR CLOSURE & LOWEST SCORE MOST APPROPRIATE FOR CLOSURE														
RESIDENTIAL HOMES			BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
THEME	CRITERIA	WEIGHT	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
BUILDING CONDITION														
	Condition Survey (Good =4 / Poor = 1)	5	3	15	2	10	2	10	2	10	3	15	3	15
	Building Investment to date '15-'17 (High value = 5 / Low Value = 0)	5	5	25	5	25	4	20	4	20	3	15	3	15
	Est. Investment in Building required £ (High value = 0 / no investment req'd = 5)	5	5	25	2	10	1	5	2	10	3	15	5	25
	CSSIW / H&S recommendations outstanding (High No. = 0 / None = 5)	3	5	15	5	15	5	15	5	15	5	15	5	15
	Layout fit for purpose to deliver future model? (Yes = 5 / No = 0)	5	3	15	3	15	4	20	5	25	5	25	2	10
	Accessibility & Security fit for purpose to deliver proposed model? (Yes = 5 / No = 0)	5	3	15	2	10	4	20	5	25	5	25	3	15
	Est. value of site for redevelopment (High value = 0 / Low value = 5)	5	4	20	2	10	3	15	4	20	2	10	4	20
	Total	33	28	130	21	95	23	105	27	125	26	120	25	115
	Score			3.9		2.9		3.2		3.8		3.6		3.5
			BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
	Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
LOCATION														
	Availability of alternative residential provision in the vicinity? (Yes = 0 / No = 5)	5	1	5	1	5	1	5	1	5	1	5	2	10
	Total	5	1	5	1	5	1	5	1	5	1	5	2	10
	Score			1.0		1.0		1.0		1.0		1.0		2.0
			BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
CURRENT LEVEL OF USE	Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
	Current occupancy/ attendance levels (High = 5 / Low = 0)	4	5	20	3	15	4	16	4	16	5	20	4	16
	Current usage alignment with proposed service model? (High = 5 / Low = 0)	4	5	20	3	12	2	8	5	20	5	20	4	16
	Total	8	10	40	6	27	6	24	9	36	10	40	8	32
	Score			5.0		3.4		3.0		4.5		5.0		4.0
			BONYMAEN HSE		PARKWAY		ST JOHNS		ROSE CROSS HSE		TY WAUNARLYDD		THE HOLLIES	
	Criteria	Weight	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted	Score	Weighted
DEPENDENCIES														
	Grant funding received to invest in building/service? (Yes = 5 / No = 0)	5	5	25	1	5	1	5	1	5	5	25	1	5
	Total	5	5	25	1	5	1	5	1	5	5	25	1	5
	Score			5.0		1.0		1.0		1.0		5.0		1.0
200132139171190162														

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

### **Purpose:**

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

### **Key Messages:**

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

### **Proposals:**

#### **For general consultation**

##### **Residential Care – new model of delivery**

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

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

##### **Day Services - new model of delivery**

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

#### **For specific Consultation with affected Services**

##### **Closure of one Residential Care Home**

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

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

- secure a place in an alternative council run Residential Care Home
- or secure a place in a private Residential Care Home

### **Closure of two Day Services (2 separate consultations)**

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

If the proposal to close the Hollies and Rose Cross was agreed, each service user would have an individual care plan review via a care manager and we will look to ensure that each user has access to a service if they have eligible needs under the new delivery model. This is in line with the Social Services Wellbeing Act which will ensure that individual outcomes are identified and met for each individual service user by one of the following means:

- accessing an alternative day service.
- accessing alternative support provided via third parties with support from the Local Area Coordinator.
- leaving the service if that's what they choose.

### **Engagement Plan**

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

#### **General Consultation**

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

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

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

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

#### **Specific Consultation**

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

**1 x Closure of a care home:**

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

**2 x Closure of a Day Service**

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

**Engagement with Staff, Councillors and Trade Unions**

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

**All Social Services Staff**

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

**Staff Directly Affected**

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

**Councillors**

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

**Trade Unions**

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

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

## **Residential Care - A New Model of Delivery**

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

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

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

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

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

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

### **Proposed New Model of Delivery**

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

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

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



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

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

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

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

**2. Please explain your answer below**

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

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

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

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

**Building Condition:**

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

**Location:**

- Availability of alternative residential provision in the vicinity

**Current Level of Use:**

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

**Dependencies:**

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

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

The outcome of the evaluation led to the following overall scores

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

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

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

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

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

## About You

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

**These questions are optional.**

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

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

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**8. How old are you ...**

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Under 16 | <input type="radio"/> 56 - 65           |
| <input type="radio"/> 16 - 25  | <input type="radio"/> 66 - 75           |
| <input type="radio"/> 26 - 35  | <input type="radio"/> 76 - 85           |
| <input type="radio"/> 36 - 45  | <input type="radio"/> Over 85           |
| <input type="radio"/> 46 - 55  | <input type="radio"/> Prefer not to say |

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

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

Write in here

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

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

Write in here

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

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

Any other religion or philosophical belief (please write in)

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**13. What is your sexual orientation**

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

Please write in

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

**Please mark all that apply**

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

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

**Please mark all that apply**

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

Please write in

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

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

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

- ☐ Yes  
☐ No  
☐ Prefer not to say

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

- ☐ Yes  
☐ No  
☐ Prefer not to say

**Thank you for your participation**

Dear

### **Residential Care Provision at Parkway**

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

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

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

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

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

### **The Proposal**

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

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

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

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

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

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

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

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

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

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

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

**How does this proposal impact me**

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

In the instance of closure we would meet with you individually to plan and support a move to another home. This would either be another council run Residential Care home or a privately run home. We would work with you to determine the best possible outcome for your individual circumstances based on your needs.

We don't plan to change anything yet and we are proposing that you continue to live in Parkway Residential Home whilst consultations are being undertaken. All views will be taken into account.

**Timescales**

- End of April 2018; 12-week public and staff consultation to commence
- End of July 2018; Public and staff consultation to end
- August 2018; Consideration of final proposals by Cabinet.

**If proposals agreed:**

- September 2018; Commence reviews of all affected residents to determine move on plans
- Early 2019; Closure of Parkway Residential Home

No decisions have been made yet and we encourage you to take part in the consultation.

If you have any further questions please contact us.

Yours sincerely

Alex Williams



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

## **Day Services for Older People: Have Your Say**

**We want you to have your say on our proposal to change the way we deliver Day Services for Older People.**

## **Why are we proposing these changes?**

**There are a number of reasons why we need to change:**

- **There is over-capacity in the service with 125 places more than is needed (the equivalent of two day centres).**
- **People are living longer and want to live independently at home.**
- **An increase in the number of older people needing support.**
- **More people need support for complex needs, like dementia.**
- **A rise in the cost of providing services.**

**A new law in Wales requires Social Services to support people in different ways to improve services and to manage the difficulties of having to support more people with less money.**

**The vision for social care in Swansea is set out in our new model for Adult Social Care. The new model which we have agreed means our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available.**

**We have undertaken a review of Day Services for Older People to ensure that services are delivered in line with this the new legislation and our local vision for services which addresses the challenges that we face.**

**Following the review we are now asking for views on our proposed changes to Day Services for Older People. Please give your views on our proposal below, the consultation will run until the xxxxx. All views will be taken into account within the decision making process.**

## **What are we proposing for our Day Services for Older People?**

**We want to change our Day Services for Older People to focus providing our services to those with complex care needs. This means that in the future our day services for older people will only support those with complex care needs.**

**An individual will be defined as having complex needs and eligible to access a day service if their needs include one or more of the following, and only a day service can meet that need rather than some other means of support:**

- **Require support to remain at home due to high levels of daily living support, personal care support and health needs including dementia;**
- **Require support to regain or maintain daily living skills to enable the person to remain in the family home.**
- **Where there is a risk of loneliness, isolation and depression which could lead to significant mental ill-health.**
- **Respite required for family and carers where there is a risk of the family situation breaking down.**

**People with non-complex needs will be supported to have their needs met in other ways and such as through our Local Area Coordination project which supports people to connect with others in their local community to give and receive support.**

**By focusing day services on those with complex needs we will would hope to provide a better quality service for people with complex needs, as we will be able to specialise in the needs that people have.**

**By making these changes we will need fewer day service places in the future. Therefore we would be in a position to close two of our day services. We have looked at all our day services to work out which we would close. If the changes were accepted the Hollies and Rose Cross would close.**

**1. Do you agree or disagree with the proposed changes to Day Services for Older People (focus on providing our services to those with complex care needs)?**

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

**2. Please explain your answer below**

**Other options were considered as part of our review. For example; we looked at keeping things the same, focusing on complex care needs (like out preferred changes) but not closing any services. We discounted these and other options because they do not allow us to deliver our new model or make services more cost effective.**

**3. Are there any other options you feel the Council should have looked at in relation to Day Services for Older People?**

If the proposed changes for the Day Services for Older People are agreed, two Day Services will close. In order to find out which two could be affected an evaluation tool was used which measured each day service against the following:

**The Building:**

- Current condition of the building
- Cost of investment needed in the building
- Was the building fit for purpose to deliver a service for those with complex care needs
- Estimated value of site for redevelopment

**Location:**

- Availability of alternative day centre provision near by

**Current Use of the Services:**

- How full are they
- How is this services connected to the local community
- How could the building support community activity in the future
- How many people attend currently with complex needs

Each of the above attracted a score of up to 5 with a maximum score of 175. Day Services with the highest score are best placed to deliver the proposed changes.

The outcome of the evaluation led to the following scores:

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

The Hollies and Rose Cross Day Services had the lowest scores, and it is therefore proposed that they would close if the proposed changes to the Older Persons Day Services is agreed

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

	<b>Strongly Agree</b>	<b>Tend to agree</b>	<b>Tend to disagree</b>	<b>Strongly disagree</b>
The criteria used to access each day service were the right ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposal to close Rose Cross Day Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposal to close The Hollies Day Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**About You**

**These questions are optional, but we need to ask them to understand if our consultation has reached the right people and to understand how different groups may be affected by the proposal allowing us to address this if we can.**

**In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only.**

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

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**8. How old are you ...**

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Under 16 | <input type="radio"/> 56 - 65           |
| <input type="radio"/> 16 - 25  | <input type="radio"/> 66 - 75           |
| <input type="radio"/> 26 - 35  | <input type="radio"/> 76 - 85           |
| <input type="radio"/> 36 - 45  | <input type="radio"/> Over 85           |
| <input type="radio"/> 46 - 55  | <input type="radio"/> Prefer not to say |

**9. Would you describe yourself as...**

**Please mark all that apply**

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

Write in here

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

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

Write in here

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

**Please mark one box or write in**

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

Any other religion or philosophical belief (please write in)

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

- ☐ Yes  
☐ No  
☐ Prefer not to say

**13. What is your sexual orientation**

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

Please write in

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

**Please mark all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Understand spoken Welsh | <input type="checkbox"/> Learning Welsh    |
| <input type="checkbox"/> Speak Welsh             | <input type="checkbox"/> None of these     |
| <input type="checkbox"/> Read Welsh              | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Write Welsh             |  |

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

**Please mark all that apply**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Other (write in)  |
| <input type="checkbox"/> Welsh   | <input type="checkbox"/> Prefer not to say |

Please write in

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

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

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

- ☐ Yes  
☐ No  
☐ Prefer not to say

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

- ☐ Yes  
☐ No  
☐ Prefer not to say

**Thank you for your participation**

Dear

**Day Service Provision at (ESTABLISHMENT NAME)**

We want you to have your say on our proposal to transform the way we deliver Day Services. The Council agreed a model for Adult Services in 2017 which had the following key principles at its core:

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

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

Social Services is also facing unprecedented challenges in terms of the numbers of people who need to access our services and the increasing costs of providing them. With an ageing population and better and earlier diagnosis and treatment of long-term complex conditions such as learning disabilities and physical disabilities, people are living for longer with more complex needs. This increases the number of people who at some point in their lives might need some form of formal support.

Whilst the budget for Social Services has decreased slightly over the years, the costs particularly have increased significantly due to the key pressures linked to the costs of for example paying the national living wage, increased national insurance and pension contributions.

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

### **The Proposal**

We propose to reshape the Day Services review to refocus internal provision on complex care and no longer deliver care for non-complex needs. Shaping the service in this way supports the key principles of prevention and early intervention by ensuring those with complex needs are supported to remain at home for longer as well as provide much needed respite for carers.

It will allow the City and County of Swansea to provide a specialist service for those with complex needs, ultimately providing better care for Swansea residents.

By refocussing the service in this way, less capacity will be needed and therefore the Hollies and Rose Cross Day Services will close.

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

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

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

Our contact number is 01792 (TBC). Should you wish to bring your family/carers with you please feel free to do so.

As a service user of (ESTABLISHMENT NAME), the proposal has a direct impact on you.

### **How does this proposal impact me**

If the proposed model of new delivery is adopted following the consultation. This would mean that (ESTABLISHMENT NAME) would close.

In the instance of closure your circumstances would be reviewed to establish if you have complex needs.

### **Complex needs are defined as –STILL NEED THIS**

If you have complex needs you will be offered a place in the nearest accessible day service to you. This would mostly likely be Llys Y Werin for those that attend the Hollies and St John's for those that attend Rose Cross.

If you don't have complex needs, the social worker who has reviewed your needs will work with you to identify what outcomes you want to achieve and how those outcomes will be supported. If your goal is to for example meet with your friends once a week, the social



worker will support you to work out how that can be achieved. If you have a Local Area Coordinator in your area, they might offer some support to help you to achieve your desired goals. We will give you a point of contact in case you feel that you need further support in the future, and the social worker will touch base with you for a period of time to make sure that you are okay and you are getting the right support.

We don't plan to change anything yet and we are proposing that you continue to attend (Service) whilst consultations are being undertaken. All views will be taken into account.

**Timescales**

- End of April 2018; 12-week public and staff consultation to commence
- End of July 2018; Public and staff consultation to end
- August 2018; Consideration of final proposals by Cabinet.

**If proposals agreed:**

- September 2018; Commence reviews of all affected service users to determine move on plans
- Early 2019; Closure of (ESTABLISHMENT NAME)

No decisions have been made yet and we encourage you to take part in the consultation.

If you have any further questions please contact us.

Yours sincerely

Alex Williams

## Work Programme

Meeting Date	Items to be discussed
<b>Meeting 1</b> Tues 8 August 2017  3.30pm	<b>Overview of key priorities and challenges for Adult Services in Swansea</b> <i>Presentation by Alex Williams, Head of Adult Services</i>  <b>Role of the Adult Services Scrutiny Performance Panel</b> including Terms of Reference and Work Programme  <b>Letters to / from Convener</b>
<b>Meeting 2</b> Wed 20 September 2017  <b>3.00pm</b>	<b>Prevention</b> including (i) Update on Local Area Coordination (LAC) and (ii) Supporting People <i>Alex Williams, Head of Adult Services and Steve Porter / Jane Harries, Housing</i>  <b>Overview of Western Bay Programme (postponed)</b> <i>Sara Harvey, Programme Director</i>
<b>Meeting 3</b> Tues 10 October 2017  3.30pm	<b>Performance Monitoring</b>  <b>Report on how Council's policy commitments translate to Adult Services</b> <i>Alex Williams, Head of Adult Services</i>
<b>Meeting 4</b> Tues 21 November 2017  3.30pm	<b>Demand Management</b> including Deprivation of Liberty Safeguards (DoLS)  <b>Overview of Western Bay Programme</b> including Governance <i>Sara Harvey, Programme Director</i>
<b>Meeting 5</b> Tues 19 December 2017  3.30pm	<b>Workforce Development</b>  <b>Systems Support</b> <i>Alex Williams, Head of Adult Services</i>
<b>Meeting 6</b> Tues 16 January 2018  3.30pm	<b>Performance Monitoring</b>  <b>Presentation on DEWIS information system</b> <i>Alex Williams, Head of Adult Services</i> <i>Simon Jones, Performance and Improvement Officer</i>  <b>Briefing on Social Services' Charging</b> <i>Dave Howes, Chief Social Services Officer</i>
<b>Meeting 7</b> Tues 13 February 2018	<b>Intermediate Care</b> including DFGs <i>Alex Williams, Head of Adult Services</i> <i>Mark Wade, Housing</i>

3.15pm	<b>Presentation (20 minutes) on Welsh Community Care Information System (WCCIS)</b> <i>Sara Harvey, Programme Director, Western Bay</i> <i>Steve Davies, WCCIS Implementation Manager</i> <i>Tracey Bell, WCCIS Product Specialist</i>  <b>Draft budget proposals for Adult Services</b>
<b>Meeting 8</b> Tues 20 March 2018  3.30pm	<b>Adult Services Complaints Annual Report 2016-17</b> <i>Andrew Taylor, Corporate Complaints Manager</i>  <b>Cabinet Member presentation and Q and A Session</b> <i>Mark Child, Cabinet Member for Health and Wellbeing</i>
<b>Meeting 9</b> Tues 17 April 2018  3.30pm	<b>Pre decision scrutiny of Outcome of Residential Care and Day Services for Older People Commissioning Reviews</b>

## 2018/19

<b>Meeting 1</b> Wednesday 16 May 2018  3.30pm	<b>Performance Monitoring</b>  <b>Explanation of budget outputs</b>  <b>End of year review</b>
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Future Work Programme items:

- Update on how the Council's policy commitments translate to Adult Services (October 2018)
- Commissioning Review – Domiciliary Care and Procurement Update move from March 2018 to January / February 2019
- Presentation on Social work practice framework (date to be arranged)
- Local Area Coordination Update (date to be arranged)
- Review of Community Alarms pre decision scrutiny (date to be arranged)
- Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan (date to be arranged)

**Cabinet Office**  
The Guildhall,  
Swansea, SA1 4PE  
[www.swansea.gov.uk](http://www.swansea.gov.uk)

Cllr Peter Black  
Convener, Adult Services Scrutiny Panel

*Please ask for:* Councillor Mark Child  
*Direct Line:* 01792 63 7441  
*E-Mail:* [cllr.mark.child@swansea.gov.uk](mailto:cllr.mark.child@swansea.gov.uk)  
*Our Ref:* MC/HS  
*Your Ref:* ref  
*Date:* 5 April 2018

Dear Cllr Black

Thank you for your letter of 12 March 2018.

In response to the matter of Hospital Admissions:

The number of admissions avoided through the Acute Clinical Response Service between June 2017 and January 2018 were 1,787. For the preceding 12 months, 1,546 admissions were avoided so there has been a significant improvement in performance this year which demonstrates that this relatively new service is bedding in and a range of professionals and services are working with it to support people in the community wherever possible.

I have attached the latest Western Bay Intermediate Care Scorecard which gives the data asked about in terms of the before and after figures in terms of people supported in the community. However, we do not collect data to the level of detail requested in your letter. As ever, if there is a data set that you think we should be collecting, it can be discussed when the Panel next considers the Adult Services Performance report at its meeting in May. However, it should be noted that the scorecard reflects the agreed dataset as per the Western Bay model.

I believe the Optimum Model has been sent to Liz Jordan for circulation to the Panel.

Cont'd.....

Please note, a response to the issues raised on the proposed budget in relation to Adult Services was sent by The Leader on the 26 March 2018.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Mark Child', written in a cursive style.

**Councillor Mark Child**  
**Cabinet Member for Health & Wellbeing**

# WB Intermediate Care Performance January 2018

## Community Resource Team – Swansea Council Area

### Intermediate Care Business Case:

The Intermediate Tier Business Case was developed in conjunction with Whole System Partnership (WSP), in order to achieve sustainable health and social care services for frail or older people. Following approval of the business case in April/ May 2014, considerable work has been undertaken to develop an effective intermediate tier of service, in order to provide a boundary between wellbeing and the need for managed care, with the potential to enable more people to maintain their independence.

The following table outlines our progression towards the optimal model of intermediate services including the baseline status.

Key Feature of Optimal Model	Baseline	Established	Optimised
Multi-disciplinary triage in common access point	N	Y	Y
Mental Health provision within common access point	N	Y	D
Third Sector Brokerage in common access point	N	Y	Y
Acute Clinical Response	N	Y	Y
Therapy led reablement service	N	Y	Y
Intake & review reablement	N	Y	Y
Therapy led residential reablement	Y	Y	Y
Access for people with dementia	N	Y	D
Step up / down intermediate care (residential or community)	Y	Y	Y
<b>Key; Y(yes) N(no) D (in development)</b>			

### Programme Outcomes:

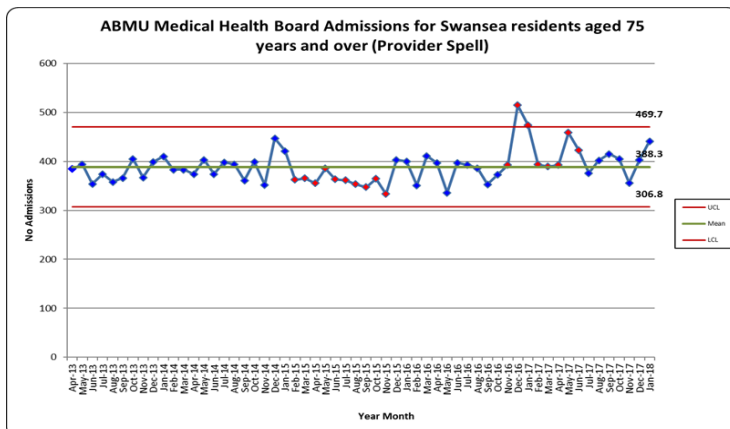
- Reducing new homecare packages via signposting by a common access point and increased levels of intake intermediate care
- Reducing escalation in existing homecare packages via increased levels of review intermediate care
- Reducing new permanent care home placements via increased levels of review intermediate care
- Reducing unscheduled admissions to hospital and (therefore bed days) via increased diversion to rapid response services
- Reducing post- acute hospital stays for unscheduled, scheduled and surgical patients via increased step down intermediate care
- More older people are supported to live independently with the support of technology
- More frail and older people are supported to remain independent and keep well, as well as to have improved quality of life
- More frail and older people to become care free at home rather than in institutional care, i.e. in hospitals / care homes.

# Performance Measure: Hospital Admissions between April 2014— January 2018

Emergency Unscheduled Hospital Admissions 65+ and 75 +  
For Jan Month by Month comparison between 2014—2018.

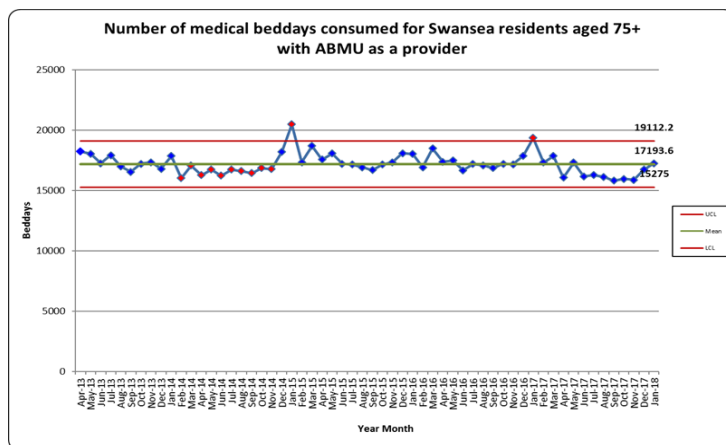
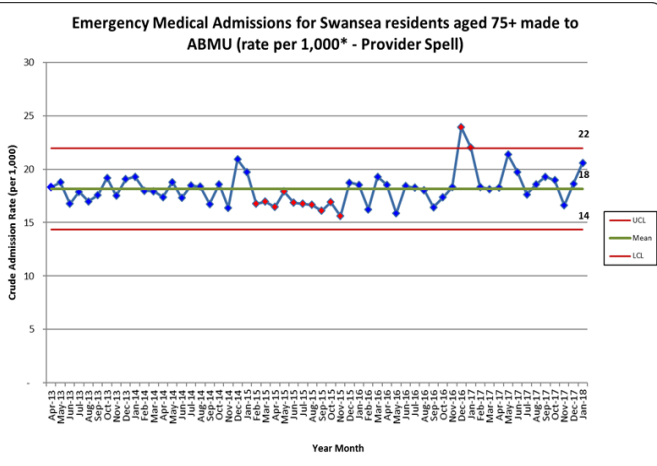
Year	65 Yrs and over		75 Yrs and over	
	Jan	Variance +/-	Jan	Variance +/-
2014/15	604	Baseline	427	Baseline
2015/16	575	-29	402	-25
2016/17	657	+53	477	+50
2017/18	631	+27	446	+19

Hospital Admissions Rates (>75) Per 1000 Population  
Locality between April 13—January 18



Emergency Unscheduled Hospital Admissions (>75) made  
by Resident Patients between April 13—January 2018

Total Bed Days Consumed (Age 75+) originally admitted as an  
unscheduled care medical admission April 2013—January  
2018



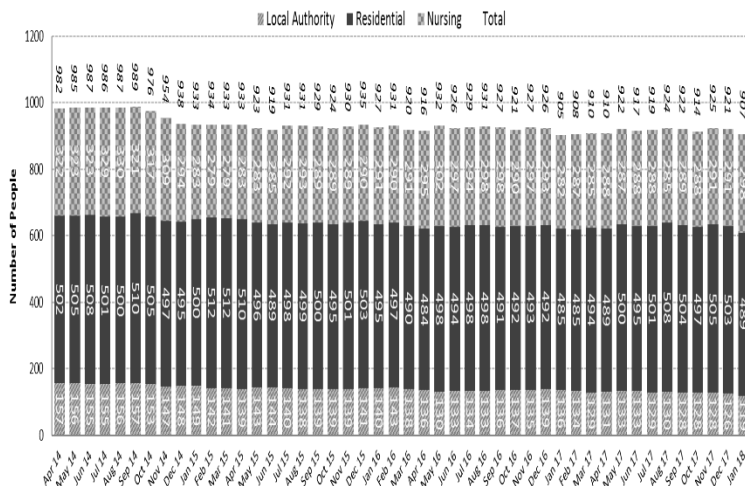
- Unscheduled admissions continue to increase and the length of stay is starting to show an upward trend.
- To try and manage the issue the reablement team's interventions continue in all hospitals to facilitate discharges, however, as mentioned in previous months this is largely due to the reablement service operating a 'bridging' function. This has continued but capacity is an issue.
- Work is ongoing to maximise capacity within the external domiciliary care sector so wherever appropriate bed days are not increased due to a placement being sourced. The brokerage list has been greatly reduced through process changes and close working with the review team to target areas of need.

# Performance Measure: Care Home Admissions April 2015 – January 2018

**Total\* Number of People Support In a Care Home Aged 65+ between Apr 2015— January 2018 (Nursing Included).**

	Jan 2015 (Baseline)	Jan 2016	Jan 2017	Jan 2018
<b>Total No. of People Supported</b>	933	927	905	907

At request of WB, data for those nursing placements supported in a care home have been included.

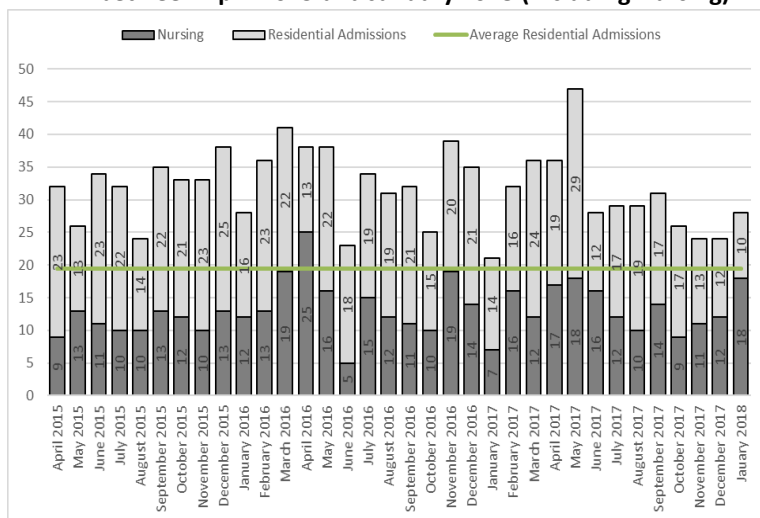


**Total\* Number of New Care Home Admissions Month by Month Comparison between 2015—2018**

	Jan 2015 (Baseline)	Jan 2016	Jan 2017	Jan 2018 (Actual)
<b>Total No. of New Care Home Admissions</b>	22	28	22	28

At request of WB, data for those new starters in nursing placement have been included.

**Care Home Admissions aged 65+ within Month between April 2015 and January 2018 (Including Nursing)**

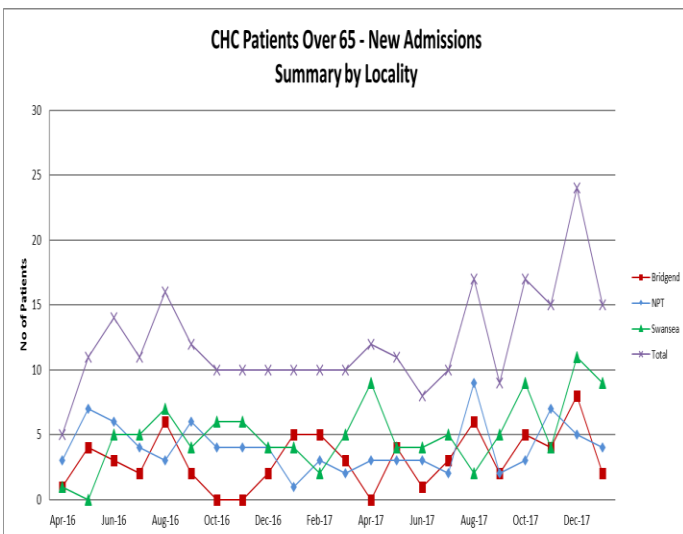


- Both of the graphs above have been adjusted to show nursing placements as well as Residential placements
- The number of people supported in a care home in Swansea has risen approx. 17% from previous month (December 2017).
- Figures for January 2018 show **28** admissions. This has increased from 24 in December 2017.
- In comparison to previous years January 2018 admissions are up 33% on January 2017 the same compared to the same month in 2016.

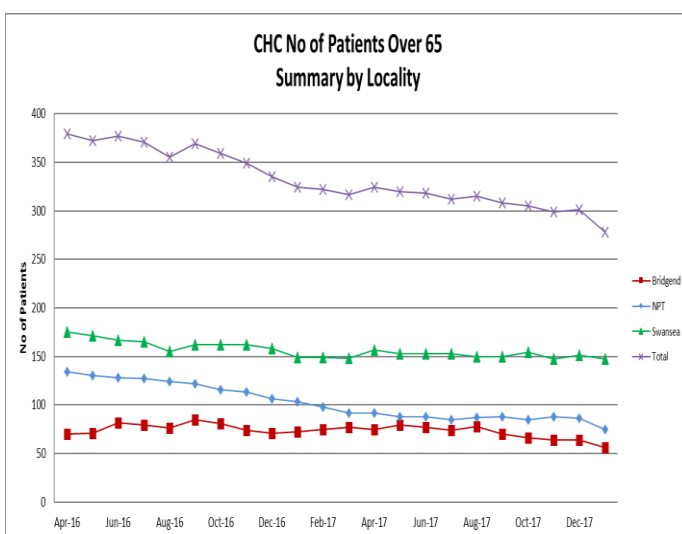


# Performance Measure: FNC and CHC Admissions April 2016 – January 2018

**Total Number of CHC new starters  
April 2016 - January 2018**



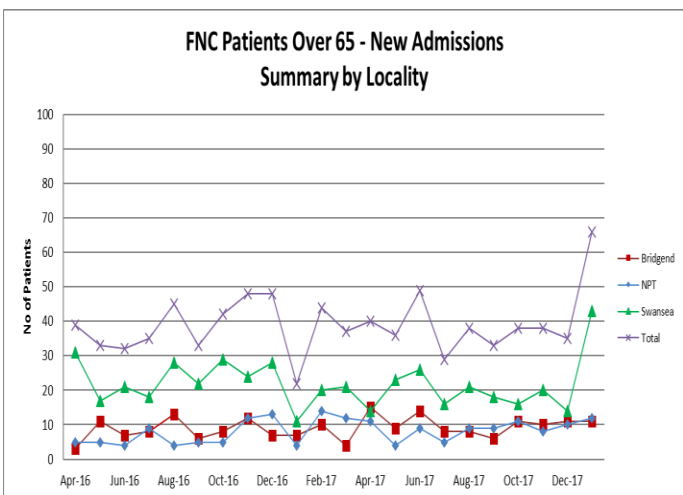
**Total Number of people supported By CHC  
April 2016 — January 2018**



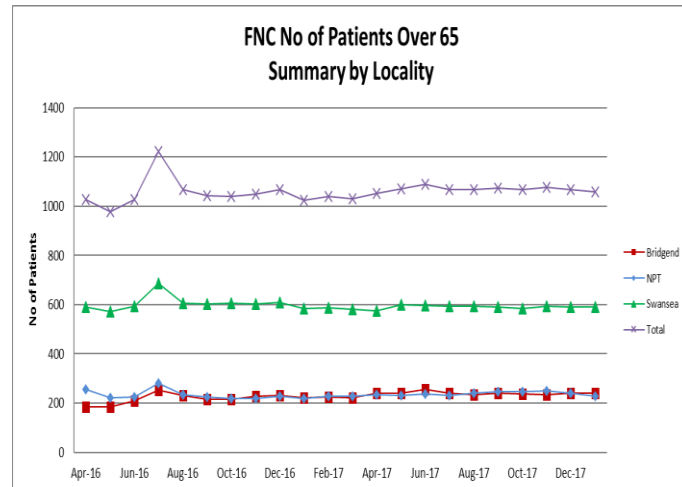
NHS Funded Continuing Healthcare (NHS CHC) is a complete package of ongoing care arranged and funded solely by the NHS for a person aged 18 or over to meet physical or mental health needs which have arisen as a result of disability, accident or illness and where it has been assessed that the individual's primary need is a health need.

Narrative CHC: Swansea is currently undertaking a piece of work to better understand the CHC process. Initial observations of the process do suggest that fluctuations in "new starters" reflect a process issue.

**Total Number of FNC new starters  
April 2016 — January 2018**



**Total Number of people supported by FNC  
April 2016 – January 2018**



NHS Funded Nursing Care (NHS FNC) is the contribution paid by the NHS to individuals for their registered nursing care when resident in care homes with a nursing requirement that is not the primary need. Patients can be self-funders or funded by the local authority.

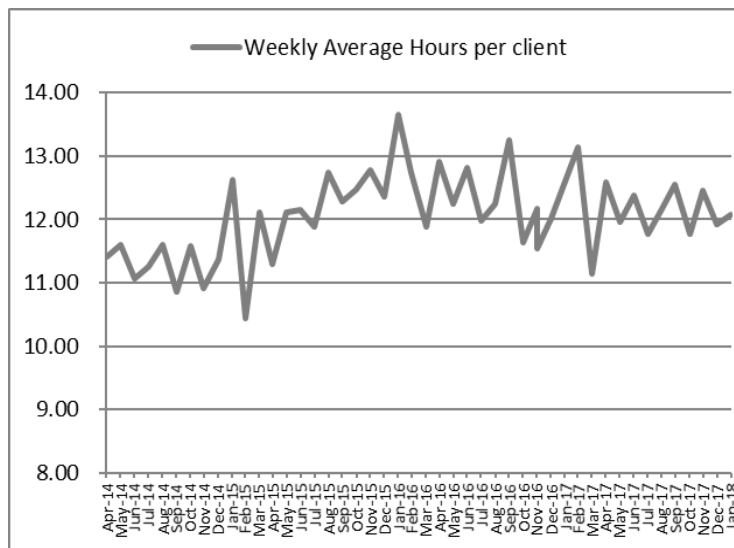
## Performance Measure: Domiciliary Care Starts April 2015 – January 2018

**Total Number of New Domiciliary Care Starts within January aged 18+,  
Quarter by Quarter comparison 2014—2018**

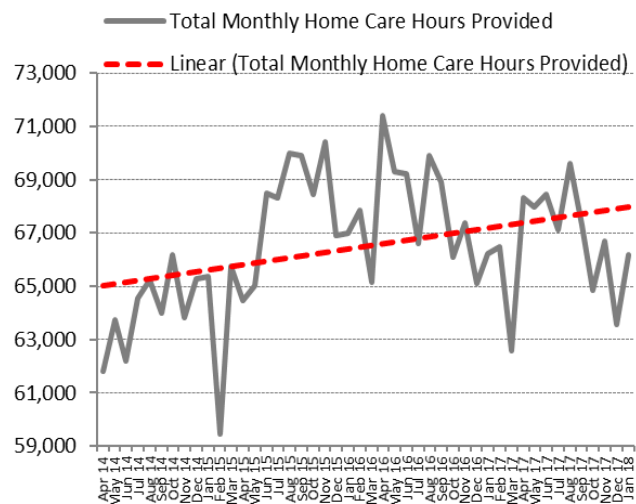
Year	January	Running Total	+/- Running total compared to baseline
2014/15	44	44	Baseline
2015/16	37	37	-7
2016/17	51	51	+7
2017/18	27	27	-17

Data includes those aged 18 and over, who have not previously had a domiciliary care package.

**Average Domiciliary Care Hours per Client Per Week  
between April 2014—January 2018**



**Total Number of Domiciliary Care hours provided  
between April 2014 and January 2018**



- The average hours of care provided per week has remained relatively static since April 2015, with most months showing an average of between 11 and 13 hours per week (since January 2016).
- There has been an increase in Total Domiciliary Hours in January compared to the previous month.
- We are currently working on demand for Dom care by optimising our CAP MDT, and installing new processes to challenge and review new referrals for Dom care.
- Work is in progress to optimise the Dom care review team, in order to develop effective and robust processes around reviewing existing care packages.
- The service has started to record 'bridging' clients. To date, we have excluded these cases from the count of those starting / receiving domiciliary care. We will establish whether to adjust the analysis to include these individuals.

## The Community Resource Team\*\* contributed to the outcomes in the following way:

### ACT

ACT	2014/ 2015	2015/ 2016	2016 Jul 2017 Jun	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Running Total for 2017
No. New Starters	N/A	N/A	1702	142	136	144	190	199	197	177	256	2003
No. Admissions avoided (stayed at home)	N/A	N/A	1546	128	126	132	171	178	184	145	220	1787
No. of Facilitated Discharges	N/A	N/A	156	14	10	12	15	15	8	7	9	153
No. Hospital bed days avoided	N/A	N/A	Unknown	863	802	1019	1904	2043	2029	*810	1069	10,539
Bed day costs avoided	N/A	N/A	Unknown				380,800	408,600	405,800	*101,250	133,625	

Number of hospital bed days avoided has been revised and is now calculated as the duration of days *avoided admission* patients remain in their own homes throughout the reporting period.

\*\*Bed day costs recalculated at £125. This number has recently been confirmed via Pete Hopgood, Finance department and is used to calculate bed days saved across health and Local Authority.

### Intake Reablement (Community Reablement)

Intake Reablement	2014/ 2015	2015/ 2016	2016/ 2017	January 2018	Running Total for 2017/18
No. New Starters	1,008	991	904	55	548
No. Community starters	*	*	*	*	*
No. Hospital Discharges Facilitated	399	394	331	50	286
No. Hospital bed days avoided	1,197	1,182	987	150	858
Bed day costs avoided	131,670	130,020	108,570	21,000	120,120
No. Domiciliary care hrs avoided	N/A	N/A	N/A	N/A	N/A
Weekly Domiciliary care costs avoided	N/A	N/A	N/A	N/A	N/A

- For this month No. of Hospital bed days avoided has been calculated as **hours saved for a single week** following reablement end, compared to hours recorded at start of reablement. Other organisations may calculate this differently but we will work to standardise this for future scorecards. Bed day costs are calculated at £140 per day (Previous years used Bed Day Costs at £110).
- Work is currently being done to improve back office processes in relation to Community Reablement data, to ensure we are getting the complete data set.
- We have optimised this function (see page 1). Action has been taken to have OTs screening for patients entering into the integrated domiciliary care team, with the therapist leading on an outcome focussed care plan, achievable within a 6 week period.

## The Community Resource Team contributed to the outcomes in the following way:

### Intermediate Beds (Residential Reablement)

Intermediate Beds	2014/ 2015	2015/ 2016	2016/ 2017	Running Total for 2017/18	Jan 2015	Jan 2016	Jan 2017	Jan 2018
No. New Starters	219	217	195	118	13	16	18	22
No. Hospital Discharges Facilitated	88	81	69	48	4	3	5	7
No. Discharged to own Home	87	116	129	52	6	15	10	16
No. Discharged to Long Term Placement	75	73	25	13	9	6	3	1

- We are developing a new gathering method for Residential Reablement
- Note: No of new starters does not currently include the bridging that the reablement service are undertaken with hospital patients.
- There have been improvements in the number and proportion of people discharged home.
- Number of new starters in December 2017 is the highest since January 2017.
- Bonymaen House are reviewing criteria for referrals in order to improve pathways in.
- An ICF Capital fund is being utilised to improve facilities in Bonymaen House, and further facilitate staff in the reablement of patients

### Common Point of Access

Common Point of Access	Base -line 2014	December 2015	January 2017	January 2018	Running Total for 2017/18
No. calls responded to and closed by contact officers	NA	NA	1933	2486	20,633
Total no. people referred to MDT	NA†	NA†	89	359	2709
No. people responded to and closed by MDT	—	—	—	—	—
No. of people referred to CRT	NA	NA	85	90	861
No. of referrals to 3 <sup>rd</sup> sector broker	NA† †	NA††	19	13	152

- † Service did not exist in Swansea prior to 2016/17
- †† No useable data exists before 2016/17.
- Please note the CRT figures DO NOT include Community Continence
- Calls in January increased significantly, which is a typical trend for January.

**\*\* Swansea does not have a separate CRT, instead operating a Hub model. We will class CRT as the OT/Physio input from the three community hubs combined with the Specialist Integrated Community Health team (Speech & lang, continence etc.).**

## The Community Resource Team contributed to the outcomes in the following way:

### Community Dementia Support Services

Community Dementia Support Service	2016/ 2017	January 2018	Running Total for 2017
Number of new referrals	-	44	220
Number seen within 7 days	-		
Numbers seen within 14 days	-		
Number of cognitive assessments undertaken Cantab	-		
Other cognitive assessments	-		
Number triaged in (for further investigation)	-		
Number triaged out no further investigation/ signposted to other services	-		
Number of referrals that declined an assessment	-		
Number of cases 'open' for follow up	-	217	217

Swansea recording of Community Dementia Support Services is emerging. To date, only information about enquiries has been recorded. The ability to report assessment data is dependent on data being recorded.

**Councillor Chris Holley**  
**Convener – Service Improvement &  
Finance Scrutiny Performance Panel**

**BY EMAIL**

*Please ask for:* Councillor Rob Stewart  
*Direct Line:* 01792 63 6141  
*E-Mail:* [cllr.rob.stewart@swansea.gov.uk](mailto:cllr.rob.stewart@swansea.gov.uk)  
*Our Ref:* RS/KH  
*Your Ref:*  
*Date:* 26<sup>th</sup> March 2018

Dear Councillor Holley

Thank you for your letter of 6<sup>th</sup> March 2018 relating to the various performance panels views and for having afforded me the opportunity to attend in person your own performance panel on 14<sup>th</sup> February 2018. You of course, in tandem with the other panel convenors updated Cabinet verbally on 15<sup>th</sup> February 2018 before the budget reports were considered. My thanks for following up in writing for the record and for the opportunity to respond.

I thank you and your fellow convenors and panels for recognising indeed the very difficult financial decisions facing all councils and councillors, for the foreseeable future, and for your helpful and constructive scrutiny and feedback.

In relation to your summary points I would respond as follows:

### **Service Improvement and Finance Scrutiny Performance Panel**

#### **Consultation**

We will continuously review the approach we take to openly engaging in consultation with all affected stakeholders. I would welcome any specific examples or views the panel have on how they would have better-phrased questions. I am open to widening opportunities for numbers involved to be expanded and encouraged to reply, simply, the more the better, as long as costs are proportionate and affordable.

#### **Capital financing charges**

The budget reports make provision for additional capital financing charges and the S151 officer has made clear his prudent views as to likely worst-case future funding costs. I remain much more optimistic that when the funding opportunities and income streams are developed fully and considered as part of the individual business cases, the capital programme affordability and ambition will look much more attractive. In any case i am not overly concerned at an overall revenue programme that may see capital financing costs rise form over 7% to over 10%, that seems to me to be a reasonable proportion of current spending to invest in future generations and revitalise and regenerate our city. I am prepare dot advocate this via Cabinet and Council

even though overall resources remain constrained and we may have to make difficult decisions elsewhere in the shorter term to maximise the future benefit.

## **Reserves**

The S151 officer has advised that an in year contingency fund of £3.450m is adequate. That general reserves of £8-9m are adequate, albeit at the minimum level he considers acceptable. Further, that he considers earmarked reserves are also reasonable and adequate. I totally agree a £3m reserves budget would be too low, that is precisely why we haven't gone anywhere near that low.

## **Schools Performance Panel**

I am please the panel supports the clear investment we have put into schools and wider education services both on a permanent basis and for the top up additional one off funding.

I agree entirely I would like to see longer term consistent logical and fair funding for councils from both the UK and Welsh Government ensuring that all services, not just schools, are properly funded for decisions made in Westminster, which increase our costs. Firm longer term funding from Welsh Government, treating councils equally with health, would clearly help all our planning. I continue to do all I can to achieve greater certainty and fairness of funding.

I too would like to see more rapid funding flows by Welsh Government. As pleasing, as it was to receive over £1m as our share of schools repair and maintenance money from the Cabinet Secretary for Education, receiving an announcement three to four weeks before the end of the financial year is hardly great planning. In contrast, we have made arrangements and paid cash to schools the same week we got the announcement. Fleet of foot rapid reaction. When money flows, we can "go with the flow" and inject targeted resource rapidly.

I share entirely the panel concerns about the impact that the 11% cut to the education improvement grant will have on supporting services. We still await details from the Welsh government. In relation to the Ethnic Minority Achievement Service we have secured some initial interim funding from Welsh Government because of the very strong stance taken by officers and members at this authority, with support from all other Welsh councils. We continue to negotiate for more funding and a more permanent solution. Likewise, we have taken clear S151 officer advice as a Cabinet and as a whole Council to ensure we do not compound the difficulties Welsh Government has created for this very important service for our minority ethnic children and pupils and their families. The budget approved at Council did the right thing in providing interim support from our own resources, we frankly can barely afford.

Education colleagues and school for will I am sure continue to share good practice across schools in relation to financial management

All transport costs are being reviewed through our well establish commissioning review process and this includes school transport and the better use of our own resources , including social services mini buses.

## **Adult Services Performance Panel**

I do not agree that the overspend was not controlled. Quite the contrary. The overspend was caused by us having an unrealistic level of government funding to meet cost and demographic pressures in adult services in the first place. All councils with social care responsibility face

similar spending pressures. We tried a raft of cost saving mitigations to contain spending to broadly the same level as the year before. If they had fully worked that would have been a remarkable achievement. Regrettably, they could not fully stem the tide of demand. The cost pressures and overspending were recognised immediately and have been reported and managed through the year down to a level of overspend that can be "afforded" by the Council as a whole. That will, it has to be acknowledged, be partly helped by receipt of late, but nonetheless welcome additional funding from Welsh Government to all 22 councils recognising the clear pressures social care has been under in 2017-18.

The very clear budget strategy for 2018-19 was not only to inject additional cash to rebase that starting budget pressure but to invest, again within the confines of a very limited amount of new resource, additional cash to meet other pressures and demands. More importantly to again "invest to save" where possible to seek to move to more preventive services to reduce demand and more costly later intervention.

The difference in the figures quoted were explained in attendance at your scrutiny panel and again referred to subsequently in Council.

I note the panel concerns around charges for day centres and it has been subject to much further discussion and debate including in Council. As the Cabinet member indicated he was surprised the objection rate was not higher still given a free service is now being proposed to be charged for albeit on a means basis with an overall charge cap in line with other social care services. As you will be aware, social care is not set up, unlike the NHS, to be free at point of use. Again, as the Cabinet member indicated in Council, it could be made so if we added (theoretically of course) £70 million to the Council Tax. It is one reason the Welsh Government is looking at alternative tax and charging powers for social care in Wales. Furthermore, this charging measure actually brings day care more into line with other social care charges and services but with appropriate checks and balances in terms of assessing affordability to make a personal financial contribution by service users and subject to Welsh Government overall weekly caps on charging for social care. Cabinet has made the decision to charge, on equity (in line with other social care services) and sustainability (affordability for public subsidy) grounds but also agreed to defer implementation until those financial assessments have been thoroughly undertaken for individual users. I am pleased that Council agreed with Cabinet's budget proposals to defer rather than seek to stop implementation. I do think, despite the wide feedback received that this is a fairer more equitable more sustainable longer-term solution to keep the services running. Tough times and tough funding require tough choices to be made, tough choices I will not shy away from leading on.

### **Child and Family Services Performance Panel**

I agree with all the comments raised. There is funding for improvements to services but also savings planned to be made and indeed the net position is that the increased budget for Child and Family services is mainly to cover inflationary increases in salaries. All of course funded by this Council, through its robust financial management not funded by Westminster.

Child and Adolescent Mental Health Services (CAMHS) remain a concern and do need to be monitored closely especially given the budget constraints our health service partners also face despite their far better funding.

I am pleased the panel has noted our strategy for maintaining and improving services and leaving them on a more sustainable footing as financial pressures continue is by early intervention.



### **Format of reports**

In terms of your feedback to Mr Smith, he has advised that whilst of course pleased to note the feedback, he has had of course the benefit of previous comments and advice from scrutiny and performance panels in prior years and had many contributors to this year's suite of reports. He has gratefully relayed that feedback on to all contributors.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Rob Stewart', with a stylized, flowing script.

**COUNCILLOR ROB STEWART  
LEADER & CABINET MEMBER FOR ECONOMY & STRATEGY**



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Health & Wellbeing**

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**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Health and Wellbeing following the meeting of the Panel on 20 March 2018. It covers the Complaints Annual Report 2016/17 and the Cabinet Member Question and Answer session.

Dear Cllr Child

The Panel met on 20 March and looked at the Adult Services Complaints Annual Report for 2016/17 and held a Question and Answer session with you. We would like to thank you, Dave Howes and Andrew Taylor for attending to present the items and answering the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

### **Adult Services Complaints Annual Report 2016/17**

Andrew Taylor went through the report highlighting the main issues and answering questions.

- We were informed that it is a mandatory requirement for the Complaints Team to produce an annual report on its performance.
- We heard that the department feels it is positive that the rate of justified concerns has stayed steady.
- It was good to hear that there has been a huge drop in the last few years in complaints progressing to stage 2.

#### **OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

SWANSEA COUNCIL / CYNGOR ABERTAWE

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- The Panel was pleased to hear that there has been significant learning this year from a complaint around community alarms. This highlighted a problem and has resulted in a lot of work to strengthen the process.
- We also heard that there is learning from the compliments received about what the department does well.
- We were pleased to hear that the Head of Service and Chief Officer write to every member of staff who has received a compliment to show appreciation of their efforts. And also that an awards event is held every year to recognise achievement.
- The Panel was concerned about the department's resilience to changes in structure in order to retain learning and knowledge which has been built up over many years. We were informed that there is a risk but the department has worked hard to create embedded systems in complaints and in social services, by for example, tracking record of complaints. We also asked if there is a process for updating manuals on a regular basis within the department to ensure processes and knowledge is retained. We were informed that this is a work in progress in Adult Services.

### **Cabinet Member presentation and Q&A session**

You updated the Panel on what has been happening in Adult Services in the last year. You and Dave Howes then answered a number of questions from the Panel:

- Local Area Coordination (LAC) – Peter Black informed you that he has met his Local Area Coordinator and was very impressed. Last year we looked at potential benefits of LAC. The Panel wanted to know if the Department has been able to look at cash benefits. We were informed that information on this is not currently available. The Authority does not have an ongoing agreement with Swansea University to produce evidence of how effective LAC is. However at some point in the future information will be collated. We look forward to seeing this information when it is available.
- We requested performance indicators that would show the results of LAC. We were told that it would be difficult to show benefit but the Department will produce something to include in its performance reports to the Panel. We were pleased to hear this and hope to see it included in the near future.
- The Panel commented that there is a big difference for health if the Local Area Coordinator is good or not and that they need to get to know the community in their area as the more they embed themselves the better the results they get. The Panel felt that the ones in Swansea are very good.
- We were pleased to hear that Social Services regularly introduce / refer people to Local Area Coordinators. They are being referred to from a wide selection of professionals so are being well used.
- We heard that there are a number of reviews planned in Social Services. Regarding the advocacy service, there will not be a discreet review but the department will be reviewing its approach to advocacy. There is going to be a re-examination of the current process so there is ongoing work on this. We would like to be kept updated on progress.
- Accommodation Strategy for Older People – We thought this would detail the number of older people and their housing needs and were surprised to hear it will not be a formal review. We were told that it is something that needs to be looked at in more detail but currently commissioning reviews are taking

precedence for staff time. The Panel feels strongly that a cross cutting review of older people's needs across departments would be time well spent.

- We heard that there are examples in Europe of students and older people sharing accommodation and that this is something you are interested in pursuing. We would be interested to hear of any progress with this.
- We were interested to know what to expect in terms of funding for Supporting People. We heard that you think funding will continue to come to the Authority. There will be an opportunity for greater variance and targeting but the total pot will be less. However Welsh Government decides how to distribute the funding so it is something the Authority will need to keep an eye on. The Panel queried whether any work had been done on how to defend our position, given that Swansea is a potential loser in this. We heard that the Authority is trying to gather evidence on what it has done and what it has to deal with, for example, homelessness and that you feel it is positive that the Authority has a People Directorate and a lot of grants come within this. This enables an approach of looking at how the Authority can mobilise total grants for the outcomes it wants to achieve. We heard that this is a very difficult issue and is in the early stages of development, however, some work is happening. The Panel was very interested to hear about this and will want to check the progress on it. It will be added to the Panel's work programme for 3 to 6 months' time.

### **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please note that in this instance, a formal response is not required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Black', with a stylized, cursive script.

**PETER BLACK**  
**CONVENER, ADULT SERVICES SCRUTINY PANEL**  
**[CLLR.PETER.BLACK@SWANSEA.GOV.UK](mailto:CLLR.PETER.BLACK@SWANSEA.GOV.UK)**