

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

Lleoliad: Ystafell Bwyllgor 3 - Canolfan Ddinesig, Abertawe

Dyddiad: Dydd Mawrth, 25 Medi 2018

Amser: 4.00 pm

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

Cynullydd: Y Cynghorydd Peter Black CBE

Aelodaeth:

Cynghorwyr: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris a/ac G J Tanner

Aelodau Cyfetholedig: T Beddow a/ac K Guntrip

Agenda

Rhif y Dudalen.

- 1 Ymddiheuriadau am absenoldeb.**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeliadauBuddiannau
- 3 (4.15pm) Nodiadau cyfarfodydd blaenorol** **1 - 5**
Derbyn nodiadau'r cyfarfodydd blaenorol a chytuno eu bod yn gofnod c ywir.
- 4 (4.20pm) 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 (4.30pm) Rhaglen Iechyd a Gofal Cymdeithasol Bae'r Gorllewin - Cyflwyniad a Sesiwn Frifio** **6 - 39**
Kelly Gillings, Swyddog Arweiniol Dros Dro'r Rhaglen Ranbarthol
- 6 (5.00pm) Trosolwg o Grant y Rhaglen Cefnogi Pobl** **40 - 50**
Alex Williams, Pennaeth y Gwasanaethau i Oedolion
- 7 (5.30pm) Amserlen Rhaglen Waith 2018/19** **51 - 52**

8 (5.35pm) Llythyrau

53 - 62

- a) Llythyr at Aelod y Cabinet (cyfarfod 21 Awst 2018)
- b) Llythyr at Aelod y Cabinet (cyfarfod 17 Medi 2018)

Cyfarfod nesaf: Dydd Mawrth, 23 Hydref 2018 ar 3.30 pm

Huw Evans

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mercher, 19 Medi 2018

Cyswllt: Liz Jordan 01792 637314

Agenda Item 3



City and County of Swansea

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

Committee Room 5 - Guildhall, Swansea

Tuesday, 21 August 2018 at 1.00 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)

J A Hale
P K Jones
G J Tanner

Councillor(s)

C A Holley
J W Jones

Councillor(s)

P R Hood-Williams
E T Kirchner

Co-opted Member(s)

T Beddow

Officer(s)

David Howes
Liz Jordan
Alex Williams

Director of Social Services
Scrutiny Officer
Head of Adult Services

Apologies for Absence

Councillor(s): Y V Jardine and S M Jones
Co-opted Member(s): K Guntrip

1 Disclosure of Personal and Prejudicial Interests.

Disclosures of interest – Joe Hale, Chris Holley and Gloria Tanner

2 Notes of meeting 17 July 2018

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

3 Public Question Time

No members of the public were present at the meeting.

4 Performance Monitoring Report

Alex Williams, Head of Adult Services went through the Performance Monitoring Highlight Report, focussing on the main issues and answering questions. Dave Howes, Director of Social Services also attended.

Discussion points:

- Common Access Point (page 7) – Panel would like to see a graph included in the Performance Report so that fluctuations can be seen.
- Carers Identified and Whether Wanted Care Assessment (page 7) – since the recording system has been changed, the data now shows a much higher percentage as being offered the assessment.
- Long Term Domiciliary Care (page 8) – This is currently in a much healthier position than it was 12 months ago.
- Currently looking at an overspend of approximately £4 million in Adult Social Care this financial year. Mental Health is beginning to look a bit better. Learning Disabilities is now the greatest concern particularly supported living and residential care.
- Concern was expressed about the Health Board passing on costs to the Council regarding people with learning disabilities, which has contributed to the overspend in that area.
- Council and the Health Board are in discussions concerning continuing health care. A better collaborative arrangement is needed including pooled budgets.
- Delayed Transfers of Care (page 9) – Gorseinon Hospital is included in these figures and it is Gorseinon and Cefn coed where most of the delays are currently. A bid has been submitted to the Health Board to secure funding for another social worker to cover Gorseinon, and if agreed this will hopefully reduce delays.
- Reviews of Allocated Clients (page 9) – There has been significant improvement in recent figures particularly in the Learning Disability Team which had previously been a concern.
- Residential Reablement (page 10) – The criteria for reablement is being looked at, particularly in Bonynmaen.
- Timeliness of Response to Safeguarding Issues (page 11) – the percentage for timely response has increased significantly. The Panel was pleased to hear this.
- Timeliness of Deprivation of Liberty Assessments (page 11) – Should see a real improvement in performance in the next quarterly performance report as new working arrangements have been put in place.
- Planned Future Developments to the Report (page 58) – Panel would like to see a timeline for future developments included in the next performance report. Panel also feel it would be useful to have financial information included in the report and want this added to the Wish List.

5 Work Programme Timetable 2018/19

The Panel considered the work programme.

Actions:

- Add item to work programme for 20 November 2018 meeting - 'Wales Audit Office Report on Strategic Commissioning of Accommodation for People with Learning Disabilities'
- Panel agreed Chris Holley to act as convener for the additional Panel meeting on 17 September 2018 as Peter Black is unable to attend.

The meeting ended at 2.30 pm



City and County of Swansea

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

Council Chamber - Guildhall, Swansea

Monday, 17 September 2018 at 4.00 pm

Present: Councillor C A Holley (Acting Chair) Presided

Councillor(s)

P K Jones

Councillor(s)

P R Hood-Williams

J W Jones

Councillor(s)

Y V Jardine

E T Kirchner

Co-opted Member(s)

T Beddow

Co-opted Member(s)

Katrina Guntrip

Other Attendees

Mark Child

Cabinet Member - Care, Health & Ageing Well

Officer(s)

David Howes

Liz Jordan

Alex Williams

Director of Social Services

Scrutiny Officer

Head of Adult Services

Apologies for Absence

Councillor(s): P M Black (Chair), J A Hale, S M Jones and G J Tanner

1 Disclosure of Personal and Prejudicial Interests.

Disclosures of interest – Chris Holley, Jeff Jones and Mark Child.

2 Public Question Time

No questions were asked at the meeting.

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

The Panel thanked the Cabinet Member and officers for providing the report and attending the meeting to present and discuss the Outcomes of Residential Care and Day Care Services for Older People Commissioning Reviews.

The Panel highlighted the following issues:

Residential Care

1. The Panel is satisfied that the consultation process followed has been very thorough.
2. We are concerned about whether the Health Board is completely signed up to and committed to the model and the forecast figures going forward for complex care.
3. We have concerns about the definition used for complex needs. This is very important as forecast number of beds is going to determine the capacity going forward.
4. The Panel is pleased that the consultation was carried out with a wide number of individuals and groups but is disappointed by the low number of responses.
5. The Panel feel it would have been useful to be able to identify the source of the responses – whether an individual or a body/organisation.
6. The Panel would like your assurance that if the proposals are accepted and Parkways is to close, that the well-being of residents will be put first and that adequate time will be allowed for all residents and their families to be properly engaged with and assessed and moved into alternative accommodation.
7. We feel the Western Bay Commissioning Strategy should have been included in this review and would like reassurance that any other proposals that are being progressed alongside these proposals will be taken on board.
8. The Panel is disappointed that there has been no formal response to the consultation from the trade unions given the effect on Council staff.

Day Services

9. There was very little information in the proposals about the future role and model in respect of Local Area Coordinators and community provision. We would like confirmation that there is a proposal to expand community based facilities if the proposal to close two day centres goes ahead.
10. Again, the Panel is disappointed by the low number of responses to the consultation and that there has been no formal response from the trade unions to the proposed closing of two day centres.

4 Discussion and Questions

The Convener of the Panel will attend Cabinet on the 20 September 2018 and a letter will be sent to the Cabinet Member outlining the Panels views.

The meeting ended at 5.30 pm

Agenda Item 5



Report of the Cabinet Member for Care, Health & Ageing Well

Adult Services Scrutiny Performance Panel – 25th September 2018

WESTERN BAY HEALTH AND SOCIAL CARE PROGRAMME

Purpose	To provide a briefing as required by the board in relation to: <ul style="list-style-type: none">• An overview of the Western Bay Health and Social Care programme to include governance arrangements and current workstreams.• The goals to be achieved by 2019/2020, for each workstream.
Content	This report includes an overview of the Western Bay Health and Social Care Programme, including the Vision and Aims of the Programme, Governance, Key Workstreams of the Programme and the Western Bay Programme Review This report will be of interest to the Members of the Adult Services Scrutiny Performance Panel The report concludes with the next steps of the Western Bay Review
Councillors are asked for their views on	<ul style="list-style-type: none">• The overview of the Western Bay Programme including the current governance arrangements and workstreams• The workstreams for 2018/19 and beyond• The Western Bay Programme Review including the updated Population Assessment, Area Plan and Action Plan
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
Lead Officer(s)	Dave Howes, Director of Social Services
Report Author	Kelly Gillings, 07584 491980, Kelly.Gillings@swansea.gov.uk

1. Vision of Western Bay

- 1.1 The vision of the Western Bay Health and Social Care Programme (WBHSCP) is to work collaboratively to provide high quality services that protect children and adults from harm, promote independence and deliver positive outcomes for people across Bridgend County Borough Council, Neath Port Talbot County Borough Council and Swansea Council.
- 1.2 To achieve this, the Abertawe Bro Morgannwg University Health Board (ABMUHB) and the Local Authorities of Bridgend County Borough Council, Neath Port Talbot County Borough Council and Swansea Council will work together through the Western Bay Health and Social Care Collaborative, with third and independent sector partners. The primary purpose of the Collaborative is to provide a strategic mechanism for coordinating a programme of change through a suite of projects that partners have identified as common priorities. These priorities are designed to support and improve local delivery arrangements so that they benefit citizens and the care that they receive. This means that local authorities and Health Boards remain responsible for the delivery of Health Care and Social Services in their associated localities, but Western Bay as a region can work collectively to identify priorities that are addressed in an agreed manner. The Social Services and Wellbeing (Wales) Act 2014, requires regions to focus on opportunities for prevention and early intervention, an example is the Integrated Family Support Service developed on a Regional basis.

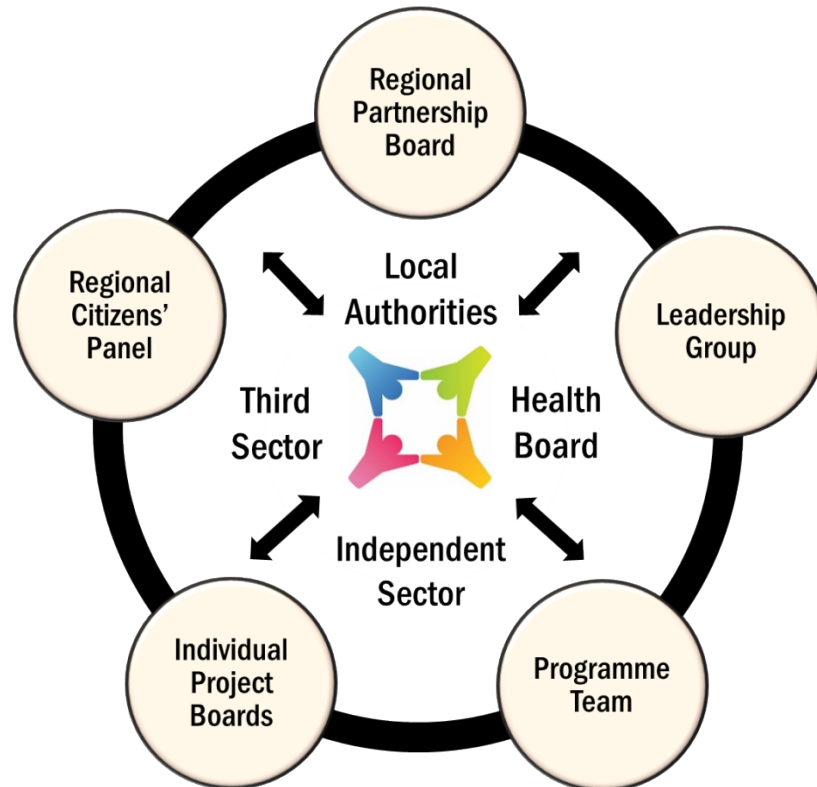
2. Aims of Western Bay

- 2.1 The long term and primary aim of the WBHSCP is to ensure services are resilient and sustainable and that there are demonstrable improvements in service delivery for all service users across the ABMU footprint encompassing Bridgend CBC, Neath Port Talbot CBC and the Swansea Council. Health and Social Care Services are currently over-stretched, with a growing demand and therefore the main aim of the programme is to make service improvements, to avoid service costs increasing and to ensure services are sustainable for the future. In order to do this the programme aims to achieve effective collaboration so that capacity is used in a more efficient and effective way, which will save time, resources, expertise and contribute to citizens' improved wellbeing.
- 2.2 The key aims of the Western Bay Health and Social Care Programme are:
- To promote **prevention and wellbeing** from a citizen centred perspective, that will support and strengthen both the care delivered and the health and wellbeing benefits to the people of Western Bay
 - To **integrate** services more effectively for the benefit of service users and carers
 - To focus on the person through an approach committed to personalisation, **independence**, social inclusion and choice
 - To fulfil a shared responsibility so that adults and children at risk of harm in Western Bay are **safeguarded** against all forms of abuse by working together to keep adults and children safe and to promote their welfare
 - To make **service improvements**, to **avoid service costs increasing** and to **ensure services are sustainable** for the future, in the face of growing demand and the current financial climate.

- To recognise that incremental changes to existing models of care will not be sufficient and that a bolder approach is needed to bring about innovative models that are appropriate to the needs of the population.

3. Governance

3.1 The Western Bay Regional Partnership Board (RPB) is responsible for managing and developing services to secure strategic planning and partnership working between Local Authorities, the Health Board, Third Sector partners and citizens.

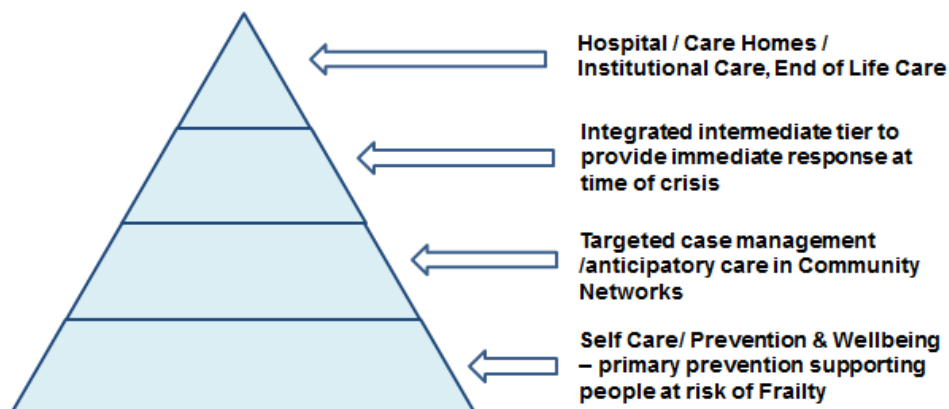


3.2 The full Western Bay Governance diagram can be viewed in Appendix 1

4. Key Workstreams and Activities

4.1 Community Services (Services for Older People)

The top 3 elements of the diagram below demonstrate the areas of focus for the Western Bay Community Services Programme



4.1.1 Intermediate Care Services – Optimal Model

The vision is to support the health and wellbeing of older people at home whenever possible; however people will require support at certain times throughout their later life and we aim to offer the right support, at the right time and in the right place for the individual.

Taking a person centred approach, working in collaboration with the individual, their family/carers across health and social care we can offer a co-ordinated service.

This approach builds on existing core services, recognising gaps and developing workforce capacity and capability; it is a culture change and staff are supported to look at new ways of working.

By asking *‘What matters to you....?’* Rather than *‘What is the matter with you?’* we ensure that we keep the individual at the centre of service provision, working with rather than limiting services to what has been traditionally available.

Intermediate care services aim to support people to remain confident, independent and safe in their own homes for as long as possible and in accordance with their dignity and choice.

Services are coordinated to contribute to:

- reducing the number of unplanned admissions by providing a response at time of crisis
- maximising independence
- reducing reliance on institutional care.

Rapid, close to home support is provided when necessary with short term interventions of reablement/rehabilitation after injury or illness.

The aim is to prevent admission to hospital by delivering care in people’s homes (when appropriate), reduce the reliance on long term care, supporting timely discharge when a hospital admission is appropriate.

4.1.2 Key Features of the Optimal Model which are now in place across Western Bay are:

- Multi-disciplinary triage in common access point
- Mental Health provision within common access point
- Third Sector Brokerage in common access point
- Acute Clinical Response (Rapid Response) 7 day service
- Therapy led reablement service
- Intake & review reablement
- Therapy led residential reablement
- Access for people with dementia
- Step up/step down intermediate care (residential or community)

4.1.3 The integration of Health and Social Care across Intermediate Care Services is making a significant contribution to the wider Health and Social Care Community.

There is a joint commitment to delivering Community Services which:

- Supports people to remain independent and keep well
- Enables more people to be cared for at home with shorter stays in hospital
- Changes the pathway from institutional care to community care
- Supports fewer people being asked to consider long term residential or nursing home care
- Will make more use of technology to support people
- Ensure services are joined up around the needs of the individual with less duplication across health and social care agencies
- Provides more treatment and care provided at home, as an alternative to hospital admission
- Makes services available on a 7 days a week basis
- Supports earlier diagnosis of dementia, and quicker access to specialist support for those who need it

This means that we are now delivering:

- Services that support people remain confident independent and safe in their own homes for as long as possible, and in accordance with their dignity and choice
- Services that are coordinated to reduce the number of unplanned admissions into hospital and long term care, and support timely discharge when a hospital admission is deemed appropriate.

4.1.4 The diagrams below have been taken from of an independent evaluation of the Intermediate Care Services.

4.1.5 The graph below shows the projected admissions for those over 65 across the Western Bay Region

The Blue line shows that the predicted admissions, without any intervention, would continue to rise, putting pressure on both secondary and community resource.

The Orange line on the graph shows the initial Business case prediction of impact

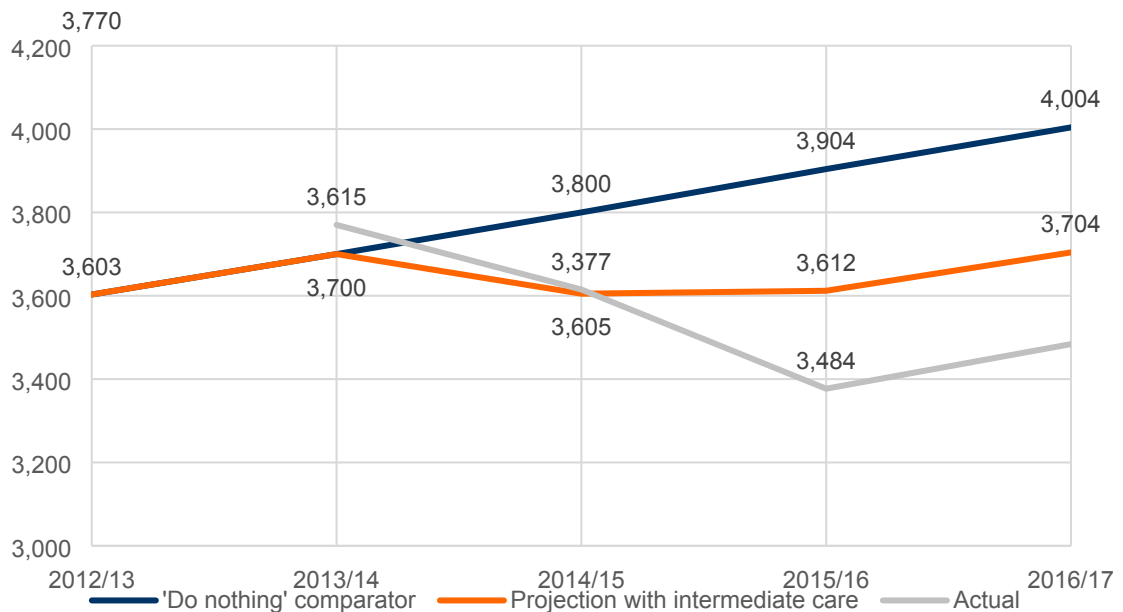
The Grey line shows the actual impact

This shows that the services implemented has reduced the impact more significantly than expected.

The Bridgend data has been shown below as this very clearly shows the impact

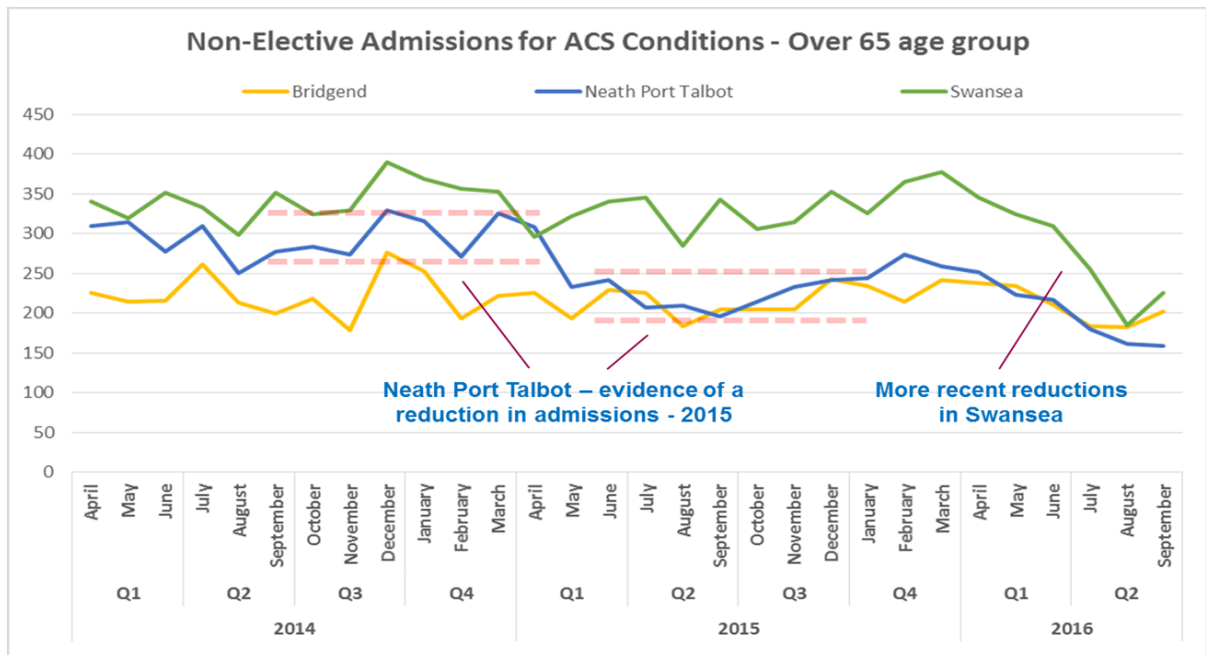
It should be noted that the impact in Swansea is similar however due to the way data was initially collected we cannot clearly show what is known to be happening.

The issues around data collection have largely been resolved now and teams are routinely collecting equivalent data across the region.



4.1.6 The graph below shows the reduction in admissions of Non-elective admissions Ambulatory Care Sensitive Conditions for the over 65 age group.

This graph demonstrates the reduction in admissions across the 3 areas – Swansea is the green line



4.1.7 Both graphs suggest that the Western Bay programme is performing effectively in a number of areas; the independent external evaluation (Cordis Bright 2017) further suggests investment in intermediate care services should be continued.

4.1.8 The independent evaluation report highlights cost savings of an estimated £4.9m through reductions in use of hospital beds, home care packages and care home placements; also in excess of £769k cost savings due to reductions in unscheduled admissions for people aged 65+. (These are all conservative estimates as data from Swansea has not been available, however as noted this is being addressed and will be forthcoming going forward).

4.1.9 Key recommendations from the evaluations are informing the Western Bay Community Services work plan going forward to ensure continued development and effectiveness.

Financial Achievements

- Since the Programme's inception in 2014, there has been a saving of £4,527,053
- Between September 2014 and March 2016, a total of £1.3 million was saved, exceeding the £1m target even after taking into consideration that the full complement of staff was not achieved until May 2015
- Between April 2016 and March 2017, the target of £1m was again exceeded and the Programme saved £1,310,256
- Between April 2017 and March 2018, the Programme exceeded the target of £1m and saved a total of £1,479,583
- To date the Programme is on target for the annual saving of £1m with savings from April to July 2018 standing at £426,628

Individual Personal Achievements

Sometimes Even Small Changes Can Make A Big Difference

Ali has a mild to moderate learning disability, has diabetes and has some autistic traits. Her mobility is poor and she requires a walking frame to get around. She loves gardening, but the layout of her accommodation is challenging as there are a number of steps to negotiate in outdoor area. Following an 'Outcome-Focussed Assessment', some raised (waist-height) flowerbeds have been installed in the garden, along with two ramps, which enable Ali to access the outdoor space and tend to the plants with ease.

She's thrilled with this outcome and is now growing her own vegetables!



MR Z'S STORY...

Mr Z suffers from schizophrenia and has been known to Mental Health services since 1979. After a short period of hospitalisation, he lived a stable life until 2016 when an incident occurred in his residence and it was felt admission to hospital was required. After a brief period of support, Mr Z was able to leave hospital and move to a nursing home. An 'Outcome-Focussed Assessment' was carried out in August 2017, which identified a number of personal and well-being goals for Mr Z, including:

- Mr Z felt he no longer needed care and support within a care home and wanted to explore options with a view that he would return to independent living.
- Mr Z had demonstrated an excellent understanding of his illness and although he doesn't like taking medication, appreciates he needs to do so in order to remain well.
- Mr Z explained that he missed the "simple things in life, like buttering my own toast...". He expressed the desire to live somewhere where he had the opportunity to re-build his confidence in food preparation.
- Mr Z stated he wants to have more freedom, but appreciates the need for support to ensure everything is going well and to check his compliance with prescribed medication /attendance at medical appointments.

A plan was created to help Mr Z work towards achieving his goal of independent living:

- Mr Z moved from the nursing home to a supported living scheme
- This offers him the opportunity to be more independent
- It has also met his aim of being able to butter his own toast, while being supported to take his medication.

4.2.2 Mental Health and Learning Disabilities Brokerage Regional Service for New Residential Placements

This work stream falls under the umbrella of Commissioning for Complex Needs which provides a Brokerage Service for individuals who have either mental health issues and / or learning disabilities who require a new placement in a residential or nursing home.

This service has improved the sustainability of new placements and in addition has improved the progression of individuals, which can be demonstrated by a number of available case studies.

A methodology for the 'Brokerage Service' has been developed along with an assessment form designed to support staff in demonstrating the outcomes expected for each individual.

Providers have welcomed this process and form, as quoted:

"Effective joint-working is an absolute must in this business, and the process is a good means of facilitating this. It's a structured and supportive way of managing a person's progression and helping them take steps to build their confidence and live more independently.

The 'outcome-based' approach helps us focus on what drives the person and allows us to work closely with other services to formulate a package of care

that meets their needs, while also providing them with opportunities to develop their skills and gradually become more self-sufficient.

The process enables us to track a person's progress and highlight key achievements. It also makes us as care providers think about what we're doing and why we're doing it.

The ultimate aim is to support someone to live a happy and productive life, and the process helps bring services together to make this a reality".

Michelle Martin of M&D Care

Since the inception of the Brokerage Service, the partner organisations have achieved cost avoidance savings of £1,252,274. 131 cases have been referred to the service, with 73 new outcome-focused placements being made.

4.2.3 Optimal model – Embedding the Process

This work stream is designed to plan and implement the methodology and lessons learned through the experiences of the 'Outcome Focused Commissioning – Adults with Complex Needs' initiative. The Optimum Model will be developed to ensure that the delivery of services for individuals with Mental Health or Learning Disabilities are designed to provide the ideal best possible care and support.

This work stream is also linked to the implementation of the Mental Health Strategic Framework, which is a regional priority identified in the Area Plan and Action Plan for Western Bay.

The development of the optimal model is in its infancy and a high level overview of potential work streams listed below will be presented to the appropriate Boards throughout the year:

- Development of an Operational Model
- Development of Regional Commissioning
- Development of a Single Entry Point to the Service

4.2.4 Joint Funding Matrix

- The joint funding matrix is being developed to support decision making in relation to placement and care funding for those with mental health and learning disability within the Commissioning for Complex Needs area.
- A collaborative group across Western Bay with Health and Social Care staff have devised the draft joint funding matrix tool.
- The tool is currently being evaluated by Swansea University to ensure academic validity and reliability.
- The expected benefit of the tool is that each partner across the region will have a method for making clear funding decisions which do not impede on any progress of care for individuals.

4.2.5 Regional Supported Living Process

A process for setting up new supported living schemes to enable individuals to live close to home. Each local authority either have their own framework or are in the process of setting up a framework for supported living providers. However a

regionally coordinated process is required to ensure all partners are involved at the correct stages and that suitability of supported living and compatibility of the residents is discussed as early as possible.

4.2.6 National Integrated Health & Social Care Collaborative Commissioning Programme

All four partners have now signed up to use the NHS Wales National Framework for Adults in MH and LD Care Homes with/without Nursing. The main aims of the framework are to:

- Improve health and wellbeing outcomes
- Improve quality and safety
- Reduce overall publicly funded costs

As part of the tender evaluation and selection process, providers' capability and capacity to deliver services required is evaluated. Providers are assessed against a set of Framework Care Standards and for any standards that have not been achieved, providers are issued with a Remedial Action Plan which details the work that must be undertaken to meet the Framework requirements.

Western Bay undertook a cost benefit analysis before moving any current packages of care onto the framework. Packages are reviewed as part of the Outcome Focused Assessments workplan prior to moving over to the framework to ensure the correct number of support hours is commissioned. To date 12 packages of care have moved across. New packages that are agreed at complex case panels are now being made via the framework. To date, 2 new packages have been placed via the framework.

4.3 Welsh Community Care Information System

4.3.1 Western Bay have previously identified a vision for Welsh Community Care Information System (WCCIS) in the region recognising that the system has the ability to enable the transformation of services and to make appropriate information readily available to practitioners. The regional commitment to WCCIS has continued during 2018/19. The three regional posts are continuing to support the implementation of Wales Community Care Information System across the region.



These posts have been funded by the Integrated Care Fund and have introduced a necessary resource to help services focus on the benefits of WCCIS. The regional posts are working closely with the organisations within the region to support their readiness activities and to assist the organisations progress their intentions to sign the necessary Deployment Orders.

4.3.2 During the year, Swansea Council have approved their business case for WCCIS, and are finalising their requirements to update their Deployment Order. This will then be agreed with the supplier and will result in the agreed implementation plan. Neath Port Talbot Council have also progressed their interest in WCCIS and are considering their options with regards to implementation. An options paper is being developed and will be presented to senior management in due course to agree on the best way forward for Neath Port Talbot. Meanwhile ABMU recently

reaffirmed their commitment to WCCIS at executive board level, where it was agreed that the Health Board would recruit resources to complete their business case and undertake necessary “readiness” work in preparation for their implementation plan. ABMU are also in the process of deploying 2,500 iPads for community-based staff in readiness for WCCIS.

- 4.3.3 The Regional WCCIS team have undertaken targeted pieces of work to ensure services are preparing for WCCIS, and any learning is being gathered in readiness for organisational implementations. For example, a workshop has been held with the Regional Adoption Service to ensure that the WCCIS functionality meets the requirements of the regional service. Most notably is the implementation of WCCIS within the Bridgend Community Resource Team based in Trem Y Mor, to evidence how the system can benefit an integrated team of health and social care workers. This work has been phased across a range of community health workers including therapy staff and is proving to be of significant value not just to Trem Y Mor, but to the wider region. This has also gained national interest, resulting in presentations being provided to Welsh Government and other audiences. The regional team have also been approached to contribute to a workshop alongside CareWorks, the system suppliers, to present the findings from this piece of work at the National Social Care Conference in Wales.
- 4.3.4 The learning that has emerged from this piece of work has resulted in the product being further developed to meet the needs of community-based staff. This work has proven that existing WCCIS functionality has the ability to deliver a range of benefits to an integrated team. The provision of essential devices, such as laptops, is enabling a more agile way of working, leading to staff working more efficiently and effectively. A detailed and structured ongoing evaluation of the implementation presents a valuable learning resource that will continue to be updated as the system is rolled out to additional workers based in Trem Y Mor.
- 4.3.5 In addition, it has been confirmed that selected health and social care staff based in Trem Y Mor will participate in the national testing of the WCCIS mobile application. This will be tested on tablet devices that have been procured via the regional budget and will present another opportunity to evaluate the effectiveness of the mobile application in a live operational environment. As Bridgend are the only authority currently live with WCCIS within the region, the mobile application will also be tested by Bridgend social care staff. This maintains Bridgend’s position in leading the development of WCCIS, continuing to drive and promote positive change.

4.4 Children and Young People’s Programme

The aims of the Children and Young People’s Programme are:

- To plan and commission children and young people’s services that require a common approach across the region
- To agree a common model for service delivery for children and young people across the region (in health and social care terms)
- To oversee the strategic planning and commissioning of service models for children and young people’s services, researching best practice and evidence of effectiveness from elsewhere

4.4.1 Outcome Focused Commissioning – Children with Complex Needs

This work stream’s principal aim is to address any irregularities in the quality of commissioned care across the region. This involves fostering positive, co-

productive relationships with care providers, with the ultimate aim of increasing the independence of service users, and supporting them to achieve their personal well-being goals.

The ethos is one of true collaboration that puts the child/person at the centre of service planning and delivery. Care providers work closely with representatives from health and social services to create bespoke, outcome-focussed packages of care for each individual.

This methodology encourages progression, which empowers children to develop skills that enable them support themselves as they become adults and ensure that they are able to be less reliant on services in the future. Reviewing existing and devising new packages of care for children in residential living placements whose needs are complex.

The aim of each review is to ensure that the child receives services that will enable them to live as independently as possible in the future. The team of 'outcome-focused assessors' comprises senior social workers, nurse specialists and contract officers funded by the Welsh Government's Integrated Care Fund. This team also calls upon staff from across the region such as health care support workers, occupational therapists, clinical psychologists and psychiatrists.

The methodology was developed in line with the processes and paperwork that has been used in the Outcome Focused Commissioning for Adults with Complex Needs since 2014.

Outcomes are as follows:

- The programme has identified a number of areas that require further investigation and the knowledge gained to date will be shared with the teams supporting the children and the Children's Commissioning Consortium Cymru (4'C's). Examples of the findings are:
 - Discrepancies between 1 to 1 commissioned hours and the services being delivered/identified
 - Information flow between partners and providers
 - Having the ability to review packages across the partnership has provided us with a collective view of all issues such as the reporting of incidents.
 - Charges for some aspects of care are higher than we pay in Adult Services
 - In some cases, recreational provision and costs are not utilised by the children.
 - With regard to Education, in some cases discrepancies were found between commissioned provision and actual provision.
- Delivery of regional workshops to share the findings of the project, with all staff involved in placements have taken place in Neath Port Talbot County Borough Council and Bridgend County Borough Council. The workshop for Swansea Council staff will take place at the end of September 2018

4.4.2 Multi-Agency Placement Support Service (MAPSS)

Development of Multi Agency Placement Support Service (MAPSS), a multi-disciplinary team that aims to help children with, or at risk of mental illness and emotional and behavioral difficulties by providing specialist placement support and therapies

The work stream is looking to have a team of staff consisting of a Lead Clinical Psychologist, a Clinical Psychologist, a Team Manager, Consultant Social Workers, Therapists and Family Support Workers.

Staff continue to be recruited to post, however to date a number of outcomes have been achieved. For example, 91 children have been referred into the Multi Agency Placement Support Service with each of them identified to receive therapeutic interventions.

The following additional benefits are expected as the service develops:

- Improved placement stability for looked after children;
- Improved educational stability;
- A reduction in the number of looked after children subject to school exclusion and number of looked after children changing school for reasons other than normal transition;
- An improvement in the capacity and ability of in-house fostering services to meet the needs of Looked after Children.

To date the Lead Clinical Psychologist, Team Manager, 2 consultant social workers, 1.5 therapists and 2 family worker have recently been recruited to the team. The team are currently located in the Guild Hall in Swansea.

4.4.3 Continuing Care for Children with Complex Needs

The arrangements for funding children and young people with complex needs has become increasingly problematic, particularly in the current economic climate where Health, Education and Social Care are finding their budgets challenging and children are presenting with increasingly challenging needs.

The aim of this project is therefore to review the current arrangements and make recommendations for change in the light of good practice, and the implications of the Welsh Government legislation.

Stage 1 which reviewed the existing processes is now complete. Stage 2 is underway where interviews with individuals or small groups of key system stakeholders including families, clinicians and social care practitioners to design preferred options into a draft operating framework.

The final step to be undertaken is testing and adjusting this framework through case study exercises with the key system stakeholders and the steering group members.

4.5 Carers Partnership Board

4.5.1 Partner organisations including Abertawe Bro Morgannwg University Health Board, Local Authorities, Swansea and Bridgend Carers Centres and Neath Port Talbot Carers Service and other Third sector organisations demonstrate their commitment to working together on the Carers agenda by participating in the Western Bay Carers Partnership Board and its subgroups; in working across organisational and area boundaries to share best practice and deliver services to Carers and Young Carers. The Board has been active since 2012 to increase Carer awareness, engagement and assisting Carers by providing information, advice and support.

4.5.2 Update 2018/19

The Carers Partnership Board commissioned a third sector organisation (Bridgend Association of Voluntary Organisations) to research and produce Carers services

mapping report. The findings of the report have been used to inform the development of the Board's action plan for Carers 2018/19. This also reflects the three Welsh Government national priorities for carers and themes identified in the Carers Chapter of the Western Bay Area Plan.

4.5.3 There are four primary outcomes for carers and young carers within the draft Action Plan

- a. Ensure work continues to promote early recognition of Carers and Young Carers so that they are signposted to information and support in a timely manner.
- b. Develop and continue to provide information, advice, assistance and support to Carers and Young Carers enabling them to make informed choices and maintain their own health and well-being
- c. Work co-productively with the Carers on an individual and strategic basis so that their contribution is acknowledged and voice is heard.
- d. There is improved partnership working between funders and service providers (for Carers). This will result in Carers moving easily between partner organisations, Carers being able to access sustainable 3rd sector services which are funded on evidence of need and outcomes

4.5.4 Welsh Government Funding

£179,000.00 was made available to ABMU by Welsh Government to support work with carers and young carers during 2018-19.

The funding has been allocated to the following projects; the majority of which will be delivered by local 3rd sector organisations

- Providing a Link Worker to 3 GP Clusters to improve Carer recognition.
- Regular weekly Carer Helpdesks, supporting 6 GP surgeries providing a direct, accessible service for carers via their local surgery.
- Young Carers Information Assistance and Advice to run alongside the existing Young Carers Service adding value and additional support to young carers.
- Providing timely support service for carers across Swansea, to facilitate discharge and upon discharge from hospital.
- Providing timely support service for carers across Neath Port Talbot, to facilitate discharge and upon discharge from hospital.
- Carers Communication & Information Officer to provide appropriate service information to carers.
- Carer Co-ordinator to work with Partner organisations across Western Bay

In addition funding will be allocated to local and regional Carers events for Adult and Young Carers, to produce Carers information and for Development of Carers Awareness Recognition Scheme.

4.5.5 Integrated Care Fund 2018-19

£125,000 via the large grant scheme has been allocated this year for projects which support Carers and Young Carers in the Western Bay area.

Projects funded include

- Young Carers in Education Projects in Swansea and Bridgend

- Welfare Benefits Advisor
- Integrated Carers Assessment Worker
- Integrated Carers Support Worker (Hospital Based)
- Single Point of Contact / Triage Project for Carers
- Carers Support - Transfer of Care & Liaison Service (TOCAL)

£56k has also been allocated via the ICF 3rd sector small grants scheme for Carers. Projects funded include:

- Help desk at a number of GP surgeries in Swansea
- Activities for children with autism and their families over the school holidays
- Multi-lingual support to for carers
- Emotional and mental health well being sessions for 18-25 year olds in NPT
- Support and information for children and adults living with Spina Bifida and/or Hydrocephalus, their parents/carers and siblings

4.6 Mental Health and Learning Disability

4.6.1 The ABMU Health Board established the Mental Health and Learning Disabilities Commissioning Board across Health and Social Care and includes:

- Bridgend County Borough Council,
- Neath Port Talbot County Borough Council,
- Swansea Council,
- Primary Care and the Third Sector.

4.6.2 The Mental Health and Learning Disabilities Commissioning Board have agreed to the joint development of three strategic frameworks, which focus on adult mental health services, adult learning disability services and services for people with dementia. In addition the Board has agreed the following four priority areas, access to services, substance misuse, high cost residential and nursing placements and acute assessment services.

4.6.3 During 2017/18, the Regional Framework for Mental Health was developed and endorsed by the Regional Partnership Board and Local Authority Cabinets. During 2018/19 an Implementation Manager will be recruited and a plan for implementing the strategic framework will be developed.

4.6.4 As a result of the work to date, we are ambitious to develop services to meet people's outcomes in a different way. Work is ongoing to identify more opportunities for supporting independence and to develop new and more imaginative ways to support individuals.

4.6.5 A significant challenge is evidencing how lives have been changed for the better. Measuring positive outcomes for people who are non-verbal or lacking in capacity can be difficult to demonstrate, but we are working to overcome this by establishing relationships and maintaining a dialogue with family members, carers and professionals involved in arranging or delivering a person's care making for a truly integrated and co-productive approach.

4.7 Integrated Autism Service

- 4.7.1 An Integrated Autism Service (IAS) is currently being rolled out across Wales on a regional basis, utilising a national service model which was developed following extensive consultation with individuals with autism, parents and carers.
- 4.7.2 In Western Bay, this Integrated Autism Service will be hosted by Abertawe Bro Morgannwg University Health Board, working directly in partnership with the three Local Authority partners within the region and Third Sector organisations.
- 4.7.3 The Integrated Autism Service is a pioneering new service for children and adults with autism across Bridgend, Swansea and Neath Port Talbot. The service will be integrated and outcome-focussed with the aim of addressing the gaps highlighted in the recent national consultation, for example, diagnosis and assessment services for adults, support for emotional and behavioural issues, support for Autistic Spectrum Disorder (ASD) specific issues and life skills and access to social and leisure opportunities within communities.
- 4.7.4 Western Bay was one of the last regions in Wales to receive funding from Welsh Government and submitted their funding proposal to Welsh Government towards the end of 2017, which was subsequently approved. The Integrated Autism Service has been agreed as a priority project in the Western Bay Programme and is overseen by Western Bay Regional Partnership Board. The Head of Child and Family Services in Swansea Council is allocated as Project Sponsor and the Head of Psychology and Therapies in ABMU Health Board is allocated as Project Lead.
- 4.7.5 A Regional Autism Strategy Group was established in 2017 to oversee the Integrated Autism Service project and includes representatives from three Western Bay Local Authorities, the ABMU Health Board, Third Sector, Education, the National Integrated Autism Service team and the Neuro-Developmental Service. An Integrated Autism Service Operational Group has also been established.
- 4.7.6 A team of ten staff will be recruited during 2018 and will include the following posts, based on the national model: Service Manager, Clinical Psychologist, Occupational Therapist, Speech and Language Therapist, Specialist Practitioner, Coordinator/Admin post and four Well-being Support Workers.
- 4.7.7 The Service Manager has been recruited ahead of the rest of the team in order to drive forward the establishment of the Integrated Autism Service and commenced her role on 6th August 2018.
- 4.7.8 Activity has been underway preparing for this new service, and has included:
- A development day in January 2018 for staff in all partner organisations and the Third Sector in order to inform them of the new service
 - Funding in 2017/18 was utilised to purchase Information Technology equipment for the team and a wide range of resources for the service
 - Training was purchased for both professionals and parent/carers
 - Service user and carers engagement event took place on 2nd May to inform them about the new service and help inform and shape the development of the new service
 - Recruitment processes underway for the remaining 9 IAS staff
 - Options for office accommodation for the Integrated Autism Service team are currently being explored. ICF Strategic Capital bid has been agreed for the refurbishment of accommodation for the IAS team and has been submitted to WG on 31st August

4.8 Transformation Fund

4.8.1 A letter was received from Dr Andrew Goodall on 13th July to inform Partnership Boards of the Transformation Fund Guidance.

4.8.2 A series of meetings between representatives of the ABMU Health Board, Neath Port Talbot CBC and Swansea Council were held to outline a combined regional offer to the Cabinet Secretary and Minister for Children and Social Care on Western Bay's intent to radically transform our care system into one that is integrated to respond to issues that matter to the people we serve and care for, and our priorities to achieve this.

4.8.3 In a **Healthier Wales: our Plan for Health and Social Care** Welsh Government wants everyone to have long, healthy, happy lives. For this to happen we need to help people look after themselves well, and we need to make sure we have the right health and social care services to help people stay well, to get better when they are ill, or to live the best life possible when they have problems that won't get better.

The five main ways in which health and social care need to change are:

In each part of Wales **the health and social care system will work together** so that people using them won't notice when they are provided by different organisations. New ways of joined-up working will start locally and scale up to the whole of Wales. We will make sure local services learn from each other and share what they do, because we want everyone in Wales to have the same high quality services. We also want services to use a single digital record so that they can give the most appropriate support and treatment based on a complete picture of a person's needs.

We want to **shift services out of hospital to communities**, and we want more services which stop people getting ill by detecting things earlier, or preventing them altogether. This will include helping people manage their own health, and manage long term illnesses. We also want to make it easier for people to remain active and independent in their homes and communities.

We will **get better at measuring what really matters** to people, so we can use that to work out which services and treatments work well, and which ones need to be improved. We will identify and support the best new models of health and social care so they scale up more quickly to the whole of Wales.

We will **make Wales a great place to work in health and social care**, and we will do more to support carers and volunteers. We will invest in new **technology** which will make a real difference to keeping people well, and help our staff to work better. By making health and social care a good career choice, investing in training and skills, and supporting health and wellbeing at work, we will be able to get and keep the talented people we need to work in Wales. We will look to introduce digital advances that help staff work more effectively.

To make our services work **as a single system, we need everyone to work together** and pull in the same direction. We think we can do this in a small country like Wales, especially if we as a government provide stronger national leadership, and make sure we keep talking – and listening – to the people who deliver and use our health and social care services.

4.8.4 The combined regional offer paper has been sent to the Cabinet Secretary and Minister for Children and Social Care for consideration, we are awaiting the outcome.

4.9 Workforce Development

- 4.9.1 In 2017/18, Social Care Wales's Regional Facilitation Grant part funded a coordinator post to maintain partnerships and develop new links in the wider social care community across Western Bay. The coordinator has the capacity and network to ensure the sector is kept updated on relevant and pertinent information and gathering information of emerging issues that informs the core regional partnership work in developing workforce priorities to meet new ways of working.
- 4.9.2 The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) has been the focus of regional work in 2017/18, which impacts on the role and responsibilities of 'Responsible Individuals' in provider organisations. Training and awareness has focused on the expectations of the Responsible Individual to take a more active role in the management of their organisations and workshops have been delivered across Western Bay to support these changes.
- 4.9.3 Another requirement of the Regulation and Inspection of Social Care (Wales) Act 2016 is that care workers will be required to register with Social Care Wales from 2018 (voluntarily) with a relevant qualification. As of 2020, registration will be mandatory. In order to register, care workers will be required to provide evidence of competency or have completed the Health and Social Care Induction Framework and be working towards the new Level 2 qualification.
- 4.9.4 The main thrust of the work has therefore been to support home care workers to achieve the required qualifications to ensure sustainability of home care services.
- 4.9.5 'Join Our Caring Community' - Care Worker Recruitment Campaign

A Welsh Government Integrated Care Fund grant of £35k was awarded to Western Bay partners to improve the reputation and raise the profile of care work, with the aim of attracting more people with the right values into the sector.

A key component of this initiative was the delivery of a campaign focusing specifically on recruiting Care Workers employed by Private Domiciliary Care Providers and Social Care Personal Assistants. This was launched in early January 2018 and was overseen by the Western Bay Workforce Development Steering Group.



Activities comprised:

- A bus rear poster campaign
- Coverage in the South Wales Evening Post and Glamorgan Gazette - 4 page supplement and advertisements featuring images and quotes from real-life care workers from across the region
- Articles and digital advertising on Wales Online
- Facebook+ advertisements and sponsored tweets (delivered via @WalesOnline, @SwanseaOnline and @GlamGazette) linking to the campaign's main landing page (www.westernbay.org.uk/care) and encouraging use of hashtags #JoinOurCaringCommunity and #YmunwchanCymunedOfalu
- Facebook and Twitter promotion via Western Bay partners' platforms
- Bilingual radio advertorials featuring real-life care worker testimonials on The Wave, Swansea Sound and Bridge FM

- Distribution of bilingual campaign posters and flyers to various locations across the region.

The campaign's landing page received 3110 views between 8th – 31st January 2018.

Neath Port Talbot Council's dedicated 'Social Care Personal Assistants' recruitment webpage (www.npt.gov.uk/pa) also saw a sharp rise in page views following the launch of the campaign.

4.9.6 Provision of Information, Advice and Assistance (IAA)

Care Choices Directory

Care Choices' regional care directories are currently being produced for over 35 Local Authority areas across the UK. They aim to promote care services directly to the people who are looking for them, both in printed format and via an online e-book. The guides provide a comprehensive outline of care services available for citizens (both self-funders and Council clients) and professionals alike, as well as including advice on undergoing assessments and accessing support services within the community.

Western Bay is the only region in Wales to offer this publication, which comes at no cost to the Programme's partners as charges associated with production and distribution are covered by revenue generated by private advertising.

In 2017/18, thousands of printed copies have been distributed to larger Council buildings and a number of satellite sites, including hospitals, Common Access Points and offices of Third Sector organisations. An electronic version is also available via the [Care Choices website](http://www.carechoices.co.uk).

The content of the 2017/18 edition of the directory was compiled by the Western Bay Communications and Engagement Officer, with input from officers in each of the three Local Authority areas.



4.10 Communications

Western Bay's dedicated Communications and Engagement Officer has delivered the following during 2017/18:

- A quarterly bilingual newsletter highlighting the progress of Western Bay projects and work streams, and promoting positive outcomes for service users and their families. The 14th issue, published in August 2018, celebrates Western Bay's success at the All-Wales Continuous Improvement Community (AWCIC) Awards 2018. It also features a short report on Welsh Government Minister Huw Irranca Davies's visit to the Western Bay Regional Partnership Board meeting in April 2018, and an introduction to the new Integrated Autism Service (IAS) due to be launched later this year.
- Content management for the Western Bay Programme's website (www.westernbay.org.uk), producing clear and concise copy describing the Programme's key areas of work, sourcing links to training resources/learning materials and drafting 'Latest News' items from across the region.
- Liaison with Communications leads, and other relevant colleagues from across the Western Bay constituent organisations to promote the health and social care integration agenda and raise awareness of the work of the Programme. The Communications and Engagement Officer is a member of the WCCIS Communications Sub Group and the Western Bay Safeguarding Communications Group, and also took the lead on the design and delivery of all promotional materials pertaining to the 'Join Our Caring Community!' campaign (see page 18).
- Digital promotion of the Programme's activities/service users' experiences via the '[Western Bay TV](#) YouTube channel'. Following the Local Government elections in May 2017, a short video was produced to provide newly elected Councillors with an overview of Western Bay and its key areas of work. This can be found [here](#).
- The Communications and Engagement Officer has created visual display boards and marketing materials promoting the work of the Programme. These were displayed during information-sharing sessions aimed at newly elected Councillors following the local government elections in May 2017.



5. Bridgend and ABMU Transition to Cwm Taff

- 5.1 In December 2017, Welsh Government launched a 3 month public consultation which proposed changing the Health Board boundary for the Bridgend population.
- 5.2 Taking into consideration all the views expressed through the consultation process, the Cabinet Secretary for Health and Social Services, Vaughan Gething AM, announced that from 1st April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area will move from ABM University Health Board to Cwm Taf University Health Board.
- 5.3 In addition services and programmes provided by and implemented via the Western Bay Health and Social Care Programme will be affected as Bridgend will be included into the Cwm Taf Regional Partnership Board.
- 5.4 All Services and programmes are currently being reviewed by senior officers to ensure that all services provided continue and do not adversely impact the individuals receiving services.

6. Western Bay Review

6.1 Scope

- 6.1.1 Partners in the Western Bay programme requested that the Institute of Public Care at Oxford Brookes University (IPC) to undertake a review of the programme to ensure it is fit for future purpose, given impending policy and organisation changes in the region and across Wales. To develop the scope of the review, an initial telephone conference was held on 28 February with project sponsors Chris Sivers, Siân Harrop-Griffiths and Sara Harvey, proposing the project scope and activities will be completed.
- 6.1.2 There has been a great deal of progress made in building the partnership and delivering better outcomes in Western Bay since it's last review of arrangements in October 2013. There are a number of changes facing the Partnership in Western Bay in the next period:
- A new national action plan for health and social care is due in the Spring following the Parliamentary Review report in January 2018, and there are continued changes required by the Social Services and Wellbeing (Wales) Act 2014.
 - A consultation period on the future of Bridgend as a part of the Western Bay Regional Partnership Board (RPB) is about to finish, and there is the likelihood that it will leave.
 - There are leadership changes imminent in the Programme Office.
- 6.1.3 As a result, partners have agreed that it is now an appropriate time to undertake a review with the following purpose:
- Recognise the progress made by the RPB and the Programme in the last 5 years.
 - Consider the implications of the changing legislative and policy framework within which the RPB will need to work in the next period.
 - Propose a new vision and focus for the work of the Partnership going forward.
 - Propose a future shared approach to integration or joint working

- Propose a new set of governance and working arrangements for the Partnership and the Programme Office
- Provide Bridgend CBC with a summary document which will provide sufficient information including achievements, outcomes and challenges to support the potential transition to Cwm Taff, subject to the consultation outcome.

7. Western Bay Review Findings to Date

7.1 Current Approach adopted by Western Bay

- 7.1.1 'Develop regionally, deliver locally' – in other words, in most projects the design, testing and development of service models has been undertaken by regional project teams comprising both operational and commissioning staff from across the agencies involved.
- 7.1.2 This is complemented by the expectation that once testing and development stages are complete it is up to local organisations to deliver changes in their services on a bi-lateral or individual basis. There are exceptions to this, notably in areas where there is a national requirement to be delivering on a regional basis, including for example Adoption and ASD.
- 7.1.3 The programme office was set up as a function to support the regional projects primarily through project management, co-ordination and support. They are expected to work with and to operational leads on the projects to ensure the agreed objectives are achieved.
- 7.1.4 The Programme Office have a wider role in: data collection, analysis and review to ensure that reporting on projects and budgets is of good quality, in publicising the programme and the wider aspirations of the Partnership, in undertaking projects directly for the RPB to analysis population needs and complete an agree Area Plan.

7.2 Current Challenges

- 7.2.1 The programme has struggled to be clear regarding its direction of travel. The overall vision its aspirations are clear, but more clarity is needed on the model the partnership it aspires to, and how partners will work together in the future to deliver better care.
- 7.2.2 The programme covers a very wide range of activities involving many project groups and teams and the steer from the RPB has not always been evident.
- 7.2.3 The programme office have been very effective in the role they have undertaken for the RPB, ensuring that projects are well organised and supported and that the strategic monitoring and decision-making needed from the RPB is undertaken on the basis of good quality information and analysis. However, the model chosen has meant they are not project leaders, and the leaders from the operational services have not always been able to commit their time and energy to the projects in a way that the projects needed.

7.3 Welsh Government Plan for Health and Social Care

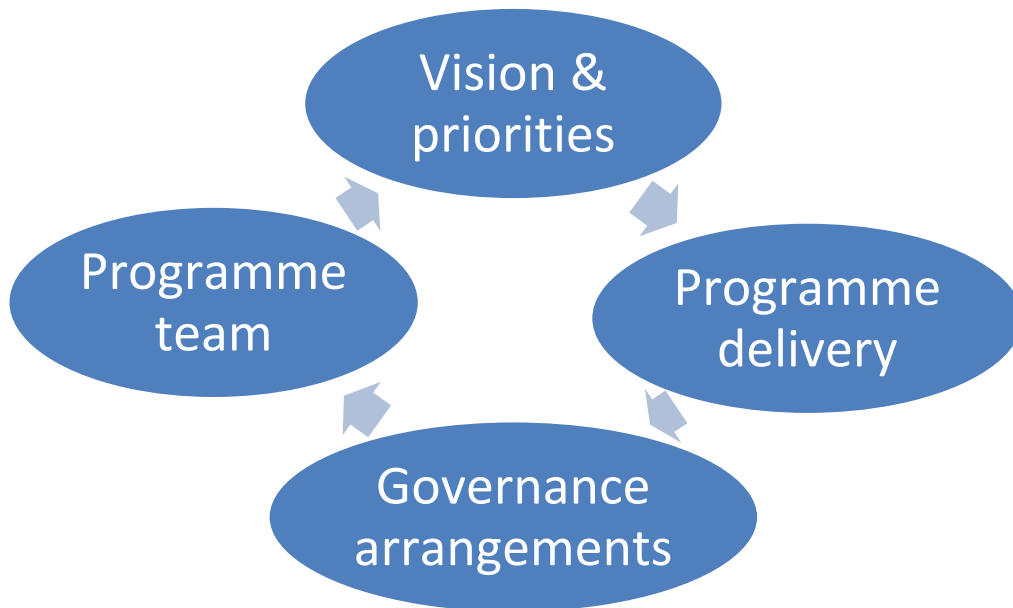
- 7.3.1 Will place a greater emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and on enabling people to live

independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home.'

7.3.2 Have noted that '...regional partnership working will be at the heart of how we will develop high value models of integrated health and social care and Regional Partnership Boards, which bring together local authorities, health boards and Third Sector providers, will occupy a strong oversight and coordinating role, including on a national Transformation Programme will ensure that change happens quickly, and with purpose, across Wales'.

7.3.3 Specifically, each RPB will be required to review their Area Plans to set out new models of seamless care, pooled budgets and joint commissioning arrangements, and to identify and promote at least two models of seamless locality-based health

and
social
care



services, and Clusters will need to work closely with RPBs to promote transformational ways of working, so that they are adopted across Wales.

7.4 Areas of improvement identified to develop of the Western Bay Health and Social Care Programme

7.5 Vision and Priorities

7.5.1 The Regional Partnership Board will need to:

- Describe what services will look like in 5 years including acute and specialist health.
- Focus on priorities described in the national plan for health and social care including care closer to home, early intervention and prevention.
- Focus particularly on the importance of effective seamless locality community and primary care services
- Raise partner's ambitions for delivering significant changes in health and social care services across the region, including private, voluntary and public services, and across community, primary and tertiary care.
- Recognise the financial and resource challenges partners are facing.
- Confirm the default approach to partnership across the region.
- Confirm a willingness to work beyond regional boundaries where appropriate
- Emphasise the commitment to citizen engagement and partnership.
- Deliver through a combination of a central programme team and operational leaders.
- Focus on outcomes.
- Cover a scope across all wellbeing services including for example education and housing.
- Be very clear about how partners see the future governance and accountability arrangements underpinning the regional programme, and clear about what form of alignment partners are aiming for in the longer term

7.6 Programme Delivery

7.6.1 Current Challenges

- The regional projects and workstreams have struggled at times to secure sufficient commitment from partners, and there have instances where similar issues were being dealt with by parallel regional and local projects, causing confusion and wasting resources.
- Perhaps in part because of the ICF funding requirements, but also because of the complexity in establishing regional groups for the first time, some of the workstreams and projects have been somewhat slow to get established, and unresponsive to changes of circumstances. They are often seen as additional to the local priorities rather than as one of them.
- The workstreams and projects have at times not had the senior organisational backing to ensure that all partners play their full part, or that the changes proposed are agreed regionally and delivered locally.
- The Regional Partnership Board has had limited success in actively overseeing and influencing the projects and workstreams. This is not surprising given the low frequency of meetings and the extended membership, but it has meant that the governance on projects and workstreams has tended to be actively undertaken in the Leadership Group which involve fewer of the representative bodies.

- The projects have tended to be fairly technical in focus and most have had very limited public, user or carer involvement. Because of the need to involve people from across the region to represent their local organisation meetings and decision-making can be unwieldy.

7.6.2 The Regional Partnership Board will need to Review:

- Refocus projects and resources on key joint strategic priorities for the new Western Bay collaboration.
- Ensure that each project is working to a specific model agreed by partners within an agreed timescale which delivers on the new vision of the collaborative.
- Ensure that projects are designed effectively to deliver on the 'regional design, local delivery' principal.
- Ensure that each major project has the right architecture to ensure delivery including senior staff, project management and skills.
- That each project has built in engagement with appropriate stakeholders including the third and private sector, service users and carers.
- Ensure that where existing projects are not considered to be a regional priority, they are handed over carefully to relevant organisations to progress.
- The programme review should be overseen by the RPB and delivery ensured by the Leadership Group

7.6.3 The programme will also need to Deliver a New Area and Action Plan for the “New Western Bay”

- An emphasis on the joint development of locality-based seamless health and care services building on work on the 11 GP clusters across the new region, and a clear description of the implications of this for partners including local authority, independent, primary and tertiary health services.
- For each major priority project a description of what model of integration partners are working towards, what services will look like, how they will be different, and how resources will shift over time. This will need to include shared responses to, for example, questions of social value and alternative delivery models, pooled funds, integrated locality teams, joint management arrangements and co-terminosity for example.
- For each major project priority a plan for how partners will work together to develop an agreed design for services across the region, and a detailed plan for delivery in each local area which can be held up to regional scrutiny. To be clear, we do not propose that the delivery of every project is left to local priorities. A number of services (eg adoption, youth offending) seem to be appropriately run on a regional basis and there may be more services to join them – but where there is agreement that local delivery makes sense, there should be clear plans for how this will be overseen regionally, and how all partners will remain accountable.
- For each major project priority a detailed description of how development and delivery will be informed by all stakeholders including service users and carers.
- A much stronger regional approach to wider public information and engagement with partners working together to publish, broadcast and

engage with the public and with staff about the need for changes in services and practices and how these will be delivered.

7.7 Governance Arrangements

The “New Western Bay Region” will still be required to:

- A Regional Partnership Board meeting Partners statutory responsibilities and linking closely with the PSB and local governance arrangements.
- A Leadership group ensuring close co-ordination of executive actions to support delivery of the shared vision and RPB agenda.
- A citizens advisory function to the RPB.
- A programme team managing both the administrative and project management demands of the Programme.
- A range of project teams with a tasks and finish remit to deliver projects agreed within the programme.

7.8 Programme Management

The Western Bay Regional Partnership Board will need to consider

- The primary care clusters agenda currently runs separately from the Western Bay programme – this needs to be extended to a combined primary and community care agenda and brought under the umbrella of the programme.
- Projects will need to work on projects in two distinct phases – development and implementation, and will each need to hold local partners to account on the local delivery of agreed regional priorities and approaches – including how they have engaged with and worked with local communities.
- Ensure the scope, membership and deliverables of existing projects encompass acute and specialist health agendas wherever appropriate and that NHS input to them is commensurate.
- It is highly unlikely that any of the projects or services should be dropped or removed from the regional governance umbrella. A clearer and stronger set of timescales and deliverables from each project, should enable partners to be able to agree relative priorities.
- Issues concerned with the boundaries of responsibility between local authorities and the NHS – eg EMI beds, support for people with complex physical disabilities and acquired brain injury, CHC and transition to children and young people, and support for looked after children - should be addressed through revisions to the scope of existing projects.
- Do not simply reduce the central team capacity in line with the overall reduction in resources as a result of changes in government grants./ Bridgend move
- Ensure that the projects which partners are committed to are sufficiently well resourced to deliver what has been agreed. Review the teams for each project on the basis of what is required project by project – these will be different according to the aims and resources available. Consider both operational leadership and project management and co-ordination requirements.

- Tidy up the project co-ordination and reporting arrangements by bringing all of the projects under the Western Bay programme to report directly to the Programme Director – including, if they continue as currently configured, community services, carers and commissioning for mental health and learning disabilities, and the new locality programme incorporating the primary care clusters.
- Maintain a central programme team able to manage the reporting requirements on grants including ICF, regional governance arrangements and good communications between partners and with the public and staff. The number and type of posts will need to be worked out in relation to the overall programme but we would estimate that the overall task is unlikely to be much reduced despite Bridgend leaving, as the reporting requirements will remain broadly the same as currently.
- Ensure that the real and perceived balance of skills and experience reflects the multi-agency agenda for the programme – including by ensuring that there is sufficient health service experience in the team.
- Establish permanent posts for the team leadership and the central co-ordination roles, to reduce the risk of the experience and relationships established by people in these posts being lost.
- The Programme Director post is currently filled on an interim basis. We propose that as part of the review of the programme vision, priorities and projects, that this post is strengthened, enabling it to have:
- Greater influence with each of the senior management boards of the statutory agencies through direct reporting arrangements to the Leadership Group, and line management from the Chair of the Leadership Group.
- Particular skills and experience in working with health and social care services in community and primary care settings and of working with public health services.
- Sufficient seniority to challenge operational leads on regional projects if they are not delivering against the agreed goals of each project.
- Sufficient seniority to challenge individual agencies if they are not meeting their commitments to the implementation of regionally agreed priorities.
- A clear representative role on behalf of the partnership with Welsh Government, other national and regional bodies.

7.9 Next Steps of the Western Bay Review

7.9.1 Kelly Gillings of the Western Bay Programme Office and Keith Moultrie of the Institute of Public Care (IPC) at Oxford Brookes University at the request of the Western Bay Regional Partnership Board July 2018 have developed a document proposing a series of activities to complete the project, to ensure that all key partners have the opportunity to consider the findings, and to enable the Programme to agree a concrete and practical plan for the work of the Partnership going forward.

7.9.2 The activities are:

Dates	Activities	Rationale	People
August 2018	IPC review comments from RPB, workstream reporting arrangements	The report will provide the starting	Keith Moultrie (KM) Kelly Gillings (KG)

Dates	Activities	Rationale	People
	with the programme office, risk profiles and produce draft report	point for discussion by the RPB, PSBs and partners	Nicola Trotman (NT)
	Confirm membership and meeting arrangements for the Implementation Group in Western Bay	This was agreed by the RPB on 20 July	RPB Chair and lead Directors
October 2018	<p>Half-day workshop for RPB and Workstream Board members to:</p> <ul style="list-style-type: none"> ■ Develop and agree vision and principles statement drawing on the IPC draft report. ■ Review the Transformation Bid for Western Bay and its implications. ■ Learn together on approaches and principles of co-production. ■ Agree the workstreams to be included in scope of the review (inc any Tier 2) ■ Review governance arrangements for RPB, including scrutiny across the programme ■ Review role's within RPB – Chair, Vice Chair, Citizen Reps 	Recommended by the IPC draft report and discussed at RPB	RPB Workstream Board Leaders Programme Office KM
	Prepare materials for the '3-day review exercise' including key workstream and project reports against the agreed vision and principles, and overall of governance and programme office arrangements drawing on IPC draft report.	To ensure review below is effective	Implementation Group and Programme Office
October/November	<p>Undertake '3 days review exercise' for the RPB to review</p> <ul style="list-style-type: none"> ■ Each workstream and new potential workstreams ■ Population Assessment and the implications for the area plan and action plan ■ Risk Profiles of each partner organisation ■ Overall governance ■ Programme office ■ Branding and communications plan ■ Update the Population Assessment in preparation for the relocation of BCBC to the Cwm Taff Region ■ Develop the 5-year Area and Action Plans 	Recommended by IPC report	RPB Workstream Leads Programme Office Relevant members of the citizen panel to attend sessions
November /	Prepare materials on:	To support effective	Programme office

Dates	Activities	Rationale	People
December	Programme plan and plans for each workstream Area Plan implications Public and staff information	engagement	and Implementation Group
January / February	A series of short engagement events for staff, public and users and carers	To inform and consult on the new vision, principles and programme targets for Western Bay	RPB members, workstream leads and the Programme Office
February	Complete sign-off of the newly branded Western Bay Area Plan, Programme and targets by RPB and individual authorities	To complete the exercise and formally commit agencies to the revised plans	RPB Local executives and members

8. Financial Implications

There were no financial implications in completing this report.

9. Workforce Impact

Not applicable.

10. Equality and Engagement Implications

Not Applicable.

11. Legal Implications

Not Applicable.

12. Risk Management

Not Applicable.

13. Background Papers:

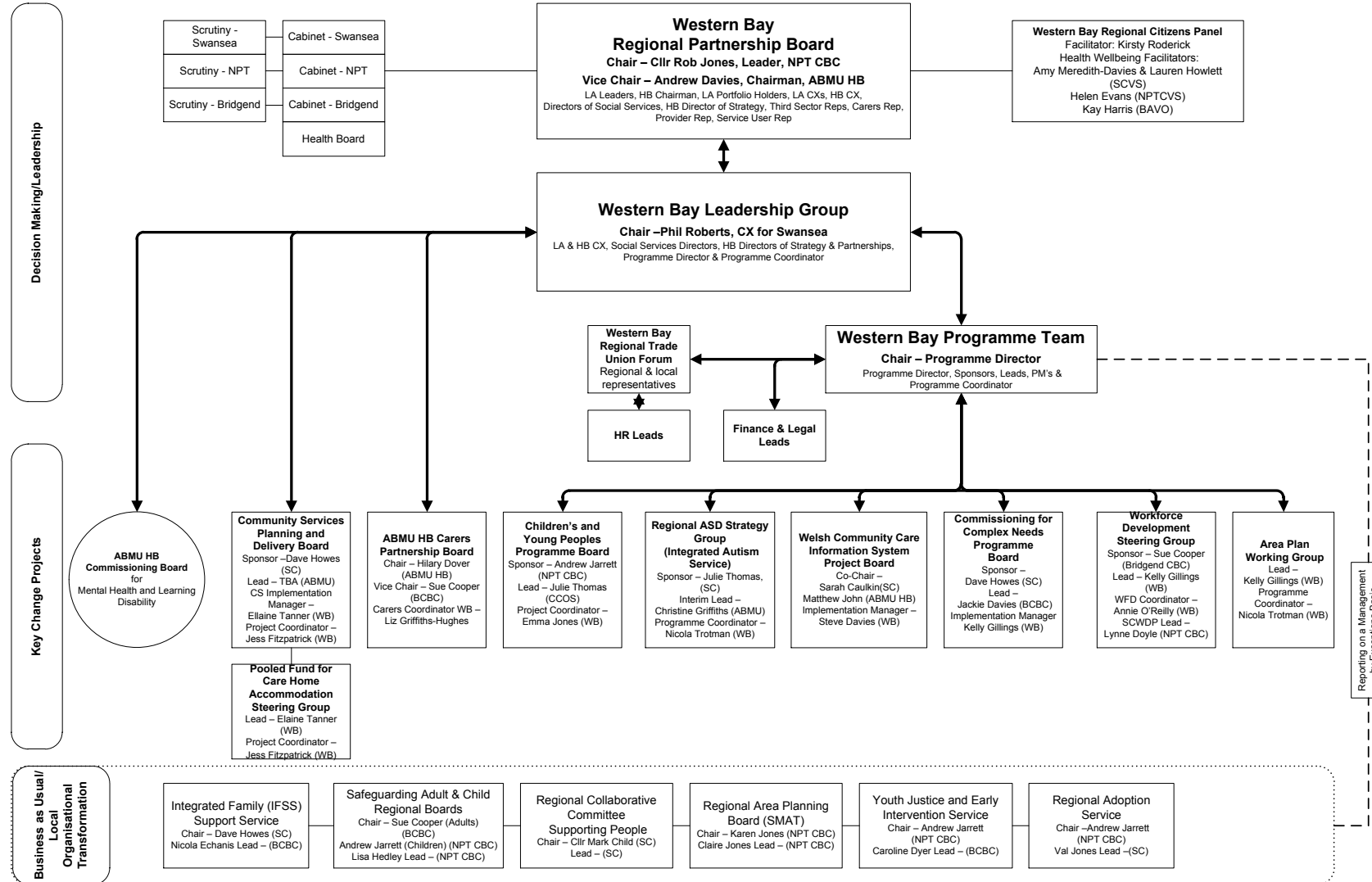
Not

Applicable

Appendix 1 – Western Bay Health and Social Care Programme Governance Structure



Western Bay Health & Social Care Programme Governance Structure (July 2018)



Appendix 2 – Commissioning for Complex Needs

WESTERN BAY HEALTH AND SOCIAL CARE PROGRAMME RHAGLEN IECHYD A GOFAL CYMDEITHASOL BAE'R GORLLEWIN COMMISSIONING FOR COMPLEX NEEDS PROGRAMME RHAGLEN GOMISIYNU AR GYFER ANGHENION CYMHLETH



Western Bay's Commissioning for Complex Needs Programme is transforming the lives of people receiving care services, while also delivering significant financial benefits. The methodology encourages progression, which empowers people to support themselves and become less reliant on services in the longer term.



The Purpose of the Programme

The Programme's principal purpose is to address any irregularities in the quality of commissioned care across the region. This involves fostering positive, co-productive relationships with care providers, with the ultimate aim of increasing the independence of service users, and supporting them to achieve their personal well-being goals. The ethos is one of true collaboration that puts the person at the centre of service planning and delivery. Care

providers work closely with representatives from health and social services to create bespoke, outcome-focussed packages of care for each individual. This methodology encourages progression, which empowers people to support themselves, become less reliant on services in the longer term, meaning cashable savings. The success of this collaborative approach has led to it being extended to apply to cases for children with complex needs.



SOMETIMES EVEN SMALL CHANGES CAN MAKE A BIG DIFFERENCE

Ali has a mild to moderate learning disability, has diabetes and has some autistic traits. Her mobility is poor and she requires a walking frame to get around. She loves gardening, but the layout of her accommodation is challenging as there are a number of steps to negotiate in outdoor area. Following an 'Outcome-Focussed Assessment', some raised (waist-height) flowerbeds have been installed in the garden, along with two ramps, which enable Ali to access the outdoor space and tend to the plants with ease.

She's thrilled with this outcome and is now growing her own vegetables!



ALI'S STORY...

MR Z'S STORY...

Mr Z suffers from schizophrenia and has been known to Mental Health services since 1979. After a short period of hospitalisation, he lived a stable life until 2016 when an incident occurred in his residence and it was felt admission to hospital was required. After a brief period of support, Mr Z was able to leave hospital and move to a nursing home. An 'Outcome-Focussed Assessment' was carried out in August 2017, which identified a number of personal and well-being goals for Mr Z, including:

- Mr Z felt he no longer needed care and support within a care home and wanted to explore options with a view that he would return to independent living.
- Mr Z had demonstrated an excellent understanding of his illness and although he doesn't like taking medication, appreciates he needs to do so in order to remain well.
- Mr Z explained that he missed the "simple things in life, like buttering my own toast...". He expressed the desire to live somewhere where he had the opportunity to re-build his confidence in food preparation.
- Mr Z stated he wants to have more freedom, but appreciates the need for support to ensure everything is going well and to check his compliance with prescribed medication /attendance at medical appointments.

A plan was created to help Mr Z work towards achieving his goal of independent living:

- Mr Z moved from the nursing home to a supported living scheme
- This offers him the opportunity to be more independent
- It's also met his aim of being able to butter his own toast, while being supported to take his medication.



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Agenda Item 6



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

Adult Services Scrutiny Performance Panel – 25th September 2018

OVERVIEW OF SUPPORTING PEOPLE PROGRAMME GRANT

Purpose	<p>This report has been requested to provide an overview of the Supporting People Programme Grant.</p> <p>The Supporting People Programme Grant (SPPG) is grant based funding from Welsh Government paid to each Local Authority to commission or provide services to help prevent people becoming homeless or requiring residential/ institutional services, through the provision of ‘housing related support’.</p> <p>Housing related support enables people to develop or maintain the skills and confidence necessary to maximise their ability to live independently for example budgeting, security, personal skills and safety.</p> <p>The allocation of funding from Welsh Government to Swansea Council in relation to Supporting People Programme Grant (SPPG) for 2018-2019 is £13,817,121.14.</p>
Content	<p><u>Background to SP</u></p> <p>The Grant Programme has housing, and preventing homelessness or people living in inappropriate institutional settings, at its core. Support can be offered to anyone eligible, regardless of the tenure, services can be of a fixed nature or float between service users’ homes. The emphasis of the programme is “doing with” as opposed to doing for and building their personal resilience.</p> <p>SPPG funds support to a wide range of vulnerable people ranging from older people in sheltered housing to the chronically sick or disabled, homeless persons,</p>

people experiencing domestic abuse or those with a learning disability and people with mental health problems.

The Programme reduces or prevents the need for more costly interventions by the NHS and/or social care for individuals and families and, in some cases, people who fall into the criminal justice system.

Funding

Grant funding for 2018/19 is £13,817,121.14.

The split of funding across client groups in 2017-2018 is as follows:

Mental Health – 27%
Learning Disability – 22%
Older persons – 12%
Single people / Homelessness – 7%
Young People inc Care Leavers – 12%
Domestic Abuse – 7%
Substance Misuse – 4%
Families – 5%
Physical Disabilities – 1%

Service Models

The services that the programme funds can be broadly grouped by the following service models in fixed and floating schemes.

Fixed Schemes

Direct Access Temporary Supported Accommodation

Temporary accommodation with staff available to manage the building and support the individuals who need to live there. Support is provided to develop skills of individuals to live independently and move to more sustainable accommodation. This accommodation includes refuge provision for women experiencing domestic abuse.

Temporary Supported Housing

Temporary accommodation which provides a more settled type of accommodation which is available up to two years. Individuals have access to support staff who work with them in a more planned way to help

individuals move onto a form of secure accommodation either without the need for further support or with some floating support.

Permanent Supported Housing

Accommodation with staff based at the property who work with individuals to maximise and maintain their independence. There is no requirement for move - on unless it is appropriate for the individual.

Sheltered Housing

Older persons' accommodation where there may be an onsite staff presence such as a warden / caretaker and /or community alarm facilities available.

Floating

Floating Support

A service where support workers visit the person in their own home. Staff may be working to resettle them after a period of homelessness or living in temporary accommodation or are working with individuals who may be threatened with homelessness to prevent the loss of that accommodation or to sustain a satisfactory level of independence. Floating support is available across all tenures i.e. Local Authority, RSLs, Private Rented.

Client Groups

Service models can be specialised and provide support to the following groups. The units of support per client group is listed as follows:

Mental Health

– 284 units (182 Fixed / 102 Floating)

Learning Disability

– 316 units (266 Fixed/ 50 Floating)

Older persons (including Sheltered)

– 2,083 units (1159 Fixed / 924 Floating)

Single people /Generic Homelessness

– 415 units (99 Fixed / 316 Floating)

Young People including Care Leavers

– 204 units (89 Fixed / 115 Floating)

Domestic Abuse

– 79 units (31 Fixed / 48 Floating)

Substance Misuse

– 37 units (34 units Fixed / 3 Floating)

Families

– 128 units (128 Floating)

Physical Disabilities

– 42 units (11 Fixed / 31 Floating)

A unit of support is the capacity to meet one person's support needs.

In fixed accommodation based services the units of support relates to the total amount of bed spaces with support attached which are available.

In floating support where support is provided to an individual in their own home, units of support relates to the total number of people that can be supported at any given time.

Tenure Profile

The majority of service providers are Third Sector, the Local Authority, and Registered Social Landlords with a small proportion of private sector providers.

Contract management and monitoring

There are over 30 external Providers in receipt of Supporting People Programme Grant funding for over 60 schemes.

The Local Authority must maintain contractual relationships with organisations in receipt of SPPG funding and will regularly review performance and quality of these services to ensure they are appropriate, strategically relevant and eligible for SPPG funding.

Outcomes

Services commissioned must be outcomes focussed, and support should focus on what outcomes are to be achieved by the individuals supported. These outcomes should be set in partnership with the person using the service, in the spirit of co-production. The SP programme has a specific methodology for capturing and reporting outcomes achieved for service users of SP grant funded services.

Quality and Audit requirements

WG guidance requires that these services are reviewed taking account of strategic relevance, cost effectiveness, quality assurance, grant administration and servicing the Supporting People Programme Grant Commissioning Group. The Supporting People Team (SPT) within Social Services undertakes this responsibility on behalf of the Local Authority.

Governance

The local governance structure is the Supporting People Commissioning Group (SPCG) which meets quarterly to oversee the local commissioning activity and approve specific funding decisions and agree the annual SPPG projected spend plan. The principal local commissioning partners are the Local Authority (Social Services, Housing, Anti-Poverty, Corporate Finance and Procurement) Probation and Health.

There is also a regional governance structure; the Western Bay Regional Collaborative Committee (RCC) is in place as prescribed by Welsh Government. The role of the RCC is to provide strategic direction and scrutiny at a regional level for the Programme. The RCC is required to meet a minimum of four times a year. It includes the same representative stakeholders within the Local Commissioning Group plus elected service provider and landlord representatives co-opted members as agreed and Welsh Government Officials.

Swansea Council is currently the coordinating Local Authority for the RCC.

Links to Homelessness

There is a strong working relationship between Supporting People and Housing to ensure the effective use of Supporting People funding to prevent homelessness. There is a joint Supporting People and Homelessness Collaborative Forum for stakeholders and providers who work in the homelessness and housing related support sector. The Forum provides a constructive and effective collaborative working relationship, to inform and influence the development of appropriate services in response to meeting the priorities for preventing homelessness and supporting individuals to access and maintain accommodation in the community.

The Supporting People team have been an integral partner in the development of the Homelessness Strategy 2018- 2022.

Commissioning Priorities

A summary of Swansea Council's SP strategic priorities

for 2017-18 is attached at Appendix 1. The priorities for this financial year are in the process of being finalised, but are linked to the ongoing development of the Homelessness Strategy.

Flexible Funding

Welsh Government have announced intentions to introduce a Flexible Funding Project from 2018/2019 to increase flexibility and reduce bureaucracy for grant structures. The Grants currently identified include Supporting People Programme Grant. The flexibilities programme is still in a pilot phase and no decisions about how this will affect SP grant in the future have been made.

SPPG Commissioning Strategy /Procurement timeline

The procurement of generic homelessness floating support provision and the procurement of 24 hour supported accommodation for young people has been completed. The Supporting People Team are currently working with procurement colleagues to develop a timeline for re-commissioning the remaining SP funded services. This will ensure procurement of SP services is compliant with legal duties, local authority CPRs and audit requirements.

The development of commissioning options will also ensure that future provision is sustainable, creates efficiencies and improves outcomes for service users.

Councillors are being asked to	Give their views on the arrangements surrounding the Supporting People Programme and offer any feedback.
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well.
Lead Officer(s)	Dave Howes, Director Social Services. Alex Williams, Head of Adult Services.
Report Author	Sarah Vye Contract Officer sarah.vye@swansea.gov.uk

Summary of the City & County of Swansea Supporting People Programme Strategic Priorities

2017-18 Strategic Commissioning Priorities for Supporting People Programme

Priority Area	Issue	Activity	Outcome/Review
Prevention of Homelessness from within the Private Sector	<p>The majority of homelessness is loss of private rented accommodation.</p> <p>Under the new housing Act LA's are able to discharge the statutory homeless duty into private sector accommodation</p>	<p>Providing focused preventative support to tenants in the private rented sector by provision of support in :</p> <ul style="list-style-type: none"> • The LA Tenancy support Unit • The Local Authority Social Lettings Service • Support the exploration and piloting of private sector shared supported housing within the Welfare reform restrictions for under 35's. 	<ul style="list-style-type: none"> • Levels of homelessness are reduced from the private sector. • There are good quality affordable private rented opportunities available for individuals with and without support needs to access.
Preventing Homelessness of victims of Domestic Abuse	<p>One of the main reasons of Homelessness is still Domestic Abuse.</p> <p>Adverse childhood experience such Domestic abuse & can have long term impacts on health and wellbeing as an adult.</p>	<ul style="list-style-type: none"> • Respond to the findings of the Family Support Continuum review. • Continue to support a range of service models to support victims of Domestic Violence 	<ul style="list-style-type: none"> • Homelessness as a result of Domestic Abuse is reduced. • Victims of domestic abuse are supported to flee and supported to access and maintain sustainable accommodation.

Preventing Homelessness of Families with children	Adverse childhood experience such as homeless for any reason can have long term impacts on health and wellbeing as an adult.	<ul style="list-style-type: none"> • Explore the development of supported living options for single young parents with babies • Continue to prioritise support for families with dependent children 	<ul style="list-style-type: none"> • Homeless of families with dependent children is prevented. • Vulnerable Young Families are supported to establish sustainable homes.
Eliminating establishments the use of bed & breakfast as temporary accommodation	<p>Use of Bed & Breakfast accommodation is not desirable.</p> <p>The aim is when temporary accommodation is necessary to eliminate use of B & B and provide suitable alternative options</p>	<ul style="list-style-type: none"> • Continuation of the B & B Prevention Pilot for Young People • Explore increasing the range of “supported lodging” model including shared supported lodgings for young people & care leavers. • Review existing alternatives for ongoing suitability. 	<ul style="list-style-type: none"> • The City & County of Swansea has a range of suitable alternatives to the use of B & B for temporary accommodation.
Provision of support for complex and multiple support needs	A smaller number of individuals that the LA have duties towards have needs which are multiple, challenging and complex and require alternative approaches to support.	<ul style="list-style-type: none"> • Evaluate and adopt the effective elements of prevention pilots from Transitional funding. • Improve coordination and collaborative working with specialist statutory and non-statutory service e.g. substance misuse & mental health • Develop bespoke packages these individuals considering different method of provision such as spot purchasing or direct payments where appropriate.. 	Packages of support are available to prevent homelessness for more challenging and complex individuals.
Prison Leavers	Under the new	<ul style="list-style-type: none"> • Continue to provide the Ex-offenders support 	<ul style="list-style-type: none"> • Planning for prison

	<p>legislation there is no automatic duty to accommodate. However prison leavers are still one of the main group presenting to the LA as homeless</p>	<p>integrated within Housing Options Service.</p> <ul style="list-style-type: none"> • Support the implementation and operation of the National Prison Pathway • Link with the implementation of Part 11 of the SSWB Act. 	<p>discharge is improved and as a result fewer prisoners present as homeless.</p> <ul style="list-style-type: none"> • There is a positive impact on levels of re-offending as a result of homeless
<p>Develop further the early intervention, prevention services</p>	<p>Legislative changes focus on early intervention and prevention in Homelessness and the Social Service & Wellbeing Act to reduce crisis and dependence.</p>	<p>Explore and identify further opportunities for early intervention and prevention.</p> <ul style="list-style-type: none"> • Consider pre-tenancy support • Group work around pre-tenancy training options for key groups • Continue to support the rapid response service within the LA Tenancy Support Unit 	<ul style="list-style-type: none"> • Earlier opportunities for prevention work are identified and undertaken. • Homeless is reduced. • The level and intensity of support required is reduced. • Less people present in crisis requiring support.
<p>Prioritising support to those most in need.</p>	<ul style="list-style-type: none"> • Supported Accommodation /Living needs to be allocated to those most in need • Floating Support services should be prioritised to those most in need. • Welsh Government directive to move to tenure neutral services 	<ul style="list-style-type: none"> • Implement an Accommodation & Support Gateway into the 16 + Service. Development of a single portable assessment/referral. • Review the arrangements for the Mental Health OASIS Gateway. • Implement that all referrals for floating are received via the LA Tenancy Support gateway. • Opportunities for building efficiency and resilience in the single access point gateway process are explored • Continue to implement the Aylward recommendation on tenure neutral allocation of support to those most in need affecting Sheltered and other remaining floating support services. 	<ul style="list-style-type: none"> • The 16 plus service has clear method and process for prioritising referrals for supported accommodation and floating support capacity for Young People. • A person does not experience multiple assessment and referrals for supported accommodation. • There is one place or a coordinated point where all information on need and utilisation of support

			capacity reported from.
Progression and building resilience in the supported living models	<ul style="list-style-type: none"> • Many legacy service models in place. • Required to comply with EU and Corporate procurement directives 	<p>Develop and implement a procurement strategy to deliver new models of service identified to improve the outcomes for individuals identified by:</p> <ul style="list-style-type: none"> • Following review of homelessness floating and fixed services and identification of new Homeless prevention housing related support service models. • Action of the findings of the Outcomes Commissioning Review (Right Sizing Right Pricing) for Learning Disabilities • Action of the relevant coproduced recommendations from the Learning Disability/Mental Health Commissioning reviews. • Action of the relevant recommendations from the Family Support Continuum Review • Action of the recommendations from the review of Young Person supported housing review by the 16 Plus Gateway Group 	<ul style="list-style-type: none"> • People are supported to recognise and build on their assets • People are supported towards living a life free from services. • Effective and efficient services are procured with improved sustainability.
Supporting People Programme Grant Administration and Compliance	Ensure ongoing LA compliance with associated grant conditions and operating guidance.	<ul style="list-style-type: none"> • Mandatory Financial Spend Plan returns • Mandatory Outcomes returns • Mandatory audit returns • Mandatory cyclical Service Evaluation and Monitoring. • Undertaking collaborative and inclusive commissioning processes 	<ul style="list-style-type: none"> • The LA uses the SPPG programme to deliver effective services to individuals which support them to achieve the outcomes necessary to sustain accommodation in the community and prevent

		<ul style="list-style-type: none">• Compliance with RCC• Coordination of SPPG Regional Collaborative Committee	<p>their homelessness.</p> <ul style="list-style-type: none">• The LA is compliant• Opportunities for regional working are identified and supported.
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Agenda Item 7

ADULT SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2018/19

Meeting Date	Items to be discussed
Meeting 1 Tuesday 19 June 2018 3.30pm	Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan Review of the year 2017/18
Meeting 2 Tuesday 17 July 2018 4.00pm	Presentation - Update on Local Area Coordination (LAC) <i>Alex Williams, Head of Adult Services plus a Local Area Coordinator</i>
Meeting 3 Tuesday 21 August 2018 1.00pm	Performance Monitoring
Additional meeting Monday 17 September 2018 4.00pm	Pre decision scrutiny on Outcomes of Residential Care and Day Services for Older People Consultation
Meeting 4 Tuesday 25 September 2018 4.00pm	Overview of Supporting People <i>Alex Williams, Head of Adult Services</i> Overview of Western Bay Programme (to include <i>information on: Safeguarding, Intermediate Care, Procurement, Substance Misuse)</i> <i>Kelly Gillings, Programme Manager</i>
Meeting 5 Tuesday 23 October 2018 3.30pm	Update on how Council's policy commitments translate to Adult Services <i>Mark Child, Cabinet Member for Health & Wellbeing</i> Deprivation of Liberty Safeguards (DoLS)
Meeting 6 Tuesday 20 November 2018 3.30pm	Performance Monitoring Wales Audit Office Report on Strategic Commissioning of Accommodation Services for People with Learning Difficulties
Meeting 7 Tuesday 11 December 2018	Update on Social Work Practice Framework (presentation) <i>Alex Williams, Head of Adult Services</i> <i>(Social Care Wales also attending to discuss training they</i>

4.00pm	<i>are delivering in relation to this)</i>
Meeting 8 Tuesday 15 January 2019 3.30pm	Chief Executive and Chairman of ABMU attending to inform the Panel of their vision for Swansea once the number of authorities in ABMU is reduced to two
Additional meeting 11 February 2019 11.00am	Draft budget proposals for Adult Services
Meeting 9 Tuesday 19 February 2019 3.30pm	Performance Monitoring Adult Services Complaints Annual Report 2017-18 <i>Corporate Complaints Manager</i>
Meeting 10 Tuesday 19 March 2019 3.30pm	Update on Commissioning Review - Domiciliary Care and Procurement Safeguarding Arrangements update Briefing on Safeguarding – Modern Slavery / Human Trafficking (is there a problem in Swansea? What is happening to prevent it?) (Referred from SPC) <i>(Welsh Government Anti-Slavery Co-ordinator invited to attend)</i>
Meeting 11 Tuesday 16 April 2019 3.30pm	Update on Adult Services Improvement Plan <i>Alex Williams, Head of Adult Services</i>
Meeting 12 ? May 2019	End of year review

Future Work Programme items:

- Review of Community Alarms pre decision scrutiny (date to be arranged)
- Issues around Continuing Health Care - ABMU to be invited to attend (date to be arranged later in the year)

Agenda Item 8



To:
Councillor Mark Child
Cabinet Member for Care, Health & Ageing
Well

Please ask for: Scrutiny
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e-Bost:
Date 11 September 2018
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 21 August 2018. It covers performance monitoring.

Dear Cllr Child

The Panel met on 21 August and looked at performance monitoring for May and June 2018. We would like to thank Alex Williams and Dave Howes for attending to present the item and answering the Panel's questions. We appreciate their 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:

Performance Monitoring

Alex Williams went through the Highlight Report focussing on a number of points and we made a number of comments, namely:

Page 7 - Common Access Point – We asked for a graph to be included in future Performance Reports so that fluctuations can be seen and this was agreed.

Page 7 - Carer identified and Carer Assessment – We heard that since the recording system has been changed, the data now shows a much higher percentage as being offered the assessment. The Panel was pleased to hear this.

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU

SWANSEA COUNCIL / CYNGOR ABERTAWE

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I dderbyn yr wybodaeth hon mewn fformat arall neu yn Gymraeg, cysylltwch â'r person uchod
To receive this information in alternative format, or in Welsh please contact the above

Page 8 - Long Term Domiciliary Care. – We were pleased to hear that this is currently in a much healthier position than it was 12 months ago.

The Panel was informed that the Council is currently looking at an overspend of approximately £4 million in Adult Social Care this financial year. We heard that Mental Health is beginning to look a bit better and that Learning Disabilities is now the greatest concern particularly supported living and residential care. Clearly the performance figures need to be seen in the context of a service that has a performance outcome that is consuming more financial resource than has been allocated and the Panel is keen to attempt some notional recalibration of the relevant service components to allow for this.

We expressed our concern about the Health Board passing on costs to the Council regarding people with learning disabilities, which has contributed to the overspend in that area. The Panel will want to monitor this going forward.

We were encouraged to hear that the Council and the Health Board are in discussions concerning continuing health care as a better collaborative arrangement is needed including pooled budgets.

Page 9 - Delayed Transfers of Care – We heard that Gorseinon Hospital is included in these figures and that it is Gorseinon and Cefn coed where most of the delays are currently. We also heard that a bid has been submitted to the Health Board to secure funding for another social worker to cover Gorseinon, and if agreed this will hopefully reduce delays.

Page 9 - Reviews of Allocated Clients – We were pleased to hear that there has been significant improvement in recent figures particularly in the Learning Disability Team which had previously been a concern.

Page 10 - Residential Reablement – We were informed that the criteria for reablement is being looked at, particularly in Bonymaen.

Page 11 - Timeliness of Response to Safeguarding Issues – The Panel was pleased to hear that the percentage for timely response has increased significantly.

Page 11 - Timeliness of Deprivation of Liberty Assessments – We were pleased to hear that we should see a real improvement in performance in the next quarterly performance report as new working arrangements have been put in place.

Page 58 - Planned Future Developments to the Report – We think it would be useful for a timeline for future developments to be included in the performance report and asked that it be included in the next one. We also feel it would be useful to have financial information included in the report and would like this added to the Wish List.

The discussions of the main service components and their separate use of financial resources, was useful in understanding how funds are being used and to what effect, and where financial pressures are most severe. Officers and members share an intent to refine the performance report so that it increasingly links financial resource use and service delivery outputs or outcomes within each of the main service areas and we would welcome your observations on this approach to scrutiny.

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', written in a cursive style.

PETER BLACK
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.PETER.BLACK@SWANSEA.GOV.UK

To:
Councillor Mark Child
Cabinet Member for Care, Health & Ageing
Well

Please ask for: Scrutiny
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Llinell
Uniongyrochol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 19 September 2018
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 17 September 2018. It covers the Outcome of Residential Care and Day Services for Older People Commissioning Reviews.

Dear Cllr Child

The Panel would like to thank you, Dave Howes and Alex Williams for providing the report and attending our meeting to present and discuss the Outcome of Residential Care and Day Services for Older People Commissioning Reviews.

We are writing to you to share the views of the Panel, and where necessary, raise any issues or recommendations for your consideration and response. Find below the issues the Panel would like to highlight to you and Cabinet on 20 September arising from the discussion.

Residential Care

1. The Panel is satisfied that the consultation process followed has been very thorough.
2. We are concerned about whether the Health Board is completely signed up to and committed to the model and the forecast figures going forward for complex care.
3. We have concerns about the definition used for complex needs. This is very important as forecast number of beds is going to determine the capacity going forward.
4. The Panel is pleased that the consultation was carried out with a wide number of individuals and groups but is disappointed by the low number of responses.

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU

SWANSEA COUNCIL / CYNGOR ABERTAWE

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5. The Panel feel it would have been useful to be able to identify the source of the responses – whether an individual or a body/organisation.
6. The Panel would like your assurance that if the proposals are accepted and Parkway is to close, that the well-being of residents will be put first and that adequate time will be allowed for all residents and their families to be properly engaged with and assessed and moved into alternative accommodation.
7. We feel the Western Bay Commissioning Strategy should have been included in this review and would like reassurance that any other proposals that are being progressed alongside these proposals will be taken on board.
8. The Panel is disappointed that there has been no formal response to the consultation from the trade unions given the effect on Council staff.

Day Services

9. There was very little information in the proposals about the future role and model in respect of Local Area Coordinators and community provision. We would like confirmation that there is a proposal to expand community based facilities if the proposal to close two day centres goes ahead.
10. Again, the Panel is disappointed by the low number of responses to the consultation and that there has been no formal response from the trade unions to the proposed closing of two day centres.

A number of questions were submitted to the Convener of the Panel prior to the meeting by Councillor Mike Day. There was not enough time to deal with these questions at the meeting so you agreed to respond directly to Councillor Day before the Cabinet meeting. For completeness, your response to Councillor Day is attached to this letter (Appendix 1).

At the end of the meeting two questions were submitted in writing from members of the public. You have responded directly to these questions but for completeness, the questions and your response are stated below:

Question 1 – Regarding top-up fee contribution – will it be index linked?

Response: The figure of a maximum of £105 per week is a set figure and is not index linked. The Council feels that this is a generous figure, in light of the fact that the majority of top up fees charged in Swansea for standard residential care tend to be in the region of £40 per week. Therefore, the Council feels that £105 per week is more than sufficient to comply with their duties to meet assessed need and give adequate choice to Parkway residents and address any inflationary increases going forward. We would anticipate that the majority of residents affected would be paying third party charges significantly lower than £105 per week. If there were inflationary increases to third party fees below the maximum of £105 per week we would honour these inflationary increases.

Question 2: During the meetings at Parkway the question was raised about evicting the residents if they refused to leave. No mention of this appears in the report. Why was this?

Response: This was not mentioned in the report as this question was answered in the meetings, and did not add to the overall themes captured in the consultation. However, the question is noted in Appendix 5 to the report which includes records of the meetings held. If I recall correctly, when this was raised in the meetings, Officers/Cabinet were asked what would happen if residents refused to leave. Our response was that we would hope that we would not be faced with this situation and in the event that Parkway closed we would want to work closely with both residents and family members where applicable to identify a future home. In the event that someone did refuse to leave, we may have wellbeing concerns in relation to them being the only resident remaining and would need to take appropriate legal advice on the way forward, but we would very much hope that by working together we would not get to this position.

Your response

We recognise that our comments will be discussed at Cabinet on 20 September but would also ask for you to provide us with a written response to the issues we have raised by 9 October 2018.

Yours sincerely

A handwritten signature in black ink, appearing to read 'CHRIS HOLLEY', with a stylized flourish at the end.

**CHRIS HOLLEY
ACTING CONVENER, ADULT SERVICES SCRUTINY PANEL
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Appendix 1

Dear Cllr Day

Thank you for the questions that you asked to be considered at the Adult Services Scrutiny Performance Panel, which undertook the pre-decision scrutiny on the outcome of the consultation relating to Commissioning Reviews for Residential Care and Day Services for Older People yesterday.

I am able to provide you with the following response to your questions and views.

Question: Does the Cabinet Member recognise that the proposal to close Parkway will mean that:

1. *There will be no Council run facility in the West of Swansea as acknowledged on the bottom of page 47 of the Cabinet report.*

Response: This is correct. However, as demonstrated by the maps that have been circulated at the meetings with Parkway residents and families, there is a large number of residential homes in Swansea, with several located in either Sketty ward or adjacent wards. Therefore even if a decision is made to close Parkway, there would still be adequate choice for those wishing to access residential care in the West of Swansea.

2. *Respite provision will be located some way from homes of people living in Gower and Swansea West.*

Response: Parkway does not currently have designated respite beds. From time to time, respite is offered at Parkway but this only occurs in instances where alternative provision cannot be found. If Cabinet agrees to change the model of care, more respite beds will be available in other Council-run homes. In addition, those wishing to access respite can access it in the independent sector. Therefore, any potential closure of Parkway would not have an impact on availability of respite beds in Gower and Swansea West.

3. *Paragraph 1.19; that it is not up to unqualified and inexperienced members of the public to come up with viable alternative models for residential home provision.*

Response: I fully agree with your view. As part of the consultation we invited respondents to put forward alternative options so that the Council could satisfy itself that it had considered all options available. It is the Council that needs to however identify any viable options and determine whether they would be suitable alternatives and this has been articulated in the report.

4. *While the view of the Cabinet is that mitigating measures could help to alleviate concerns (para 1.21), the proposals will not remove the concerns for the well-being of residents at Parkway.*

Response: The report has been written by Officers and conveys the views of Officers rather than Cabinet. Cabinet will debate the contents of the report at its meeting on 20th September. I would agree that we cannot fully remove the concerns for those affected, but we can take every step possible to minimise the impact if we decide to proceed. The dedicated Equality Impact Assessment on the proposed closure of Parkway has articulated this.

5. *While the report indicates that no decisions have been taken, discussions with residents and staff (para 1.24) understandably lead to a view that the outcome of the consultation is a foregone conclusion.*

Response: The consultation was extensive and the outcome of the consultation will be considered along with all other factors referred to in the report when cabinet makes their decision on Thursday. There is no foregone conclusion. During the consultation process, we have wanted to ensure that all those affected are able to make as informed a response to the consultation as possible. It is for this reason that we offered 1 to 1 reviews with social workers so residents and families could understand if they had complex needs and if a decision was made to proceed with the closure of Parkway whether an alternative bed in a Council-run home would be an option available to them. We have explained the rationale for doing this to

residents and families throughout the consultation, and some individuals legitimately chose to decline this offer. In relation to staff, we are required to follow our HR processes. As soon as we are aware that an employee could be at risk of redundancy, we give them access to our redeployment procedures even if a final decision has not been undertaken. This is an agreed policy between us as an employer and the Trade Unions and is designed to give our employees the best opportunity to secure alternative employment.

6. *The moving of residents will disrupt friendships possibly built up over many years?*

Response: This is undoubtedly a concern. If a decision is made to proceed, social workers and the staff at Parkway will work with all those affected to not only look at move on arrangements but also how friendships can be maintained if friends do move to different homes.

Your view is that the consultation process was faulty for the following reasons:

- A. *Para 2.4 indicates that stakeholder workshops were held including elected members, but none from Sketty, the ward in which Parkway is located.*

Response: These were the original stakeholder workshops that were undertaken to determine the high level options for the preferred model. At this stage, preferred options had not been agreed and the proposal to close Parkway itself was not on the table. The elected members invited included the then Cabinet Member and the then Members of the Adult Services Scrutiny Performance Panel. Sketty ward members would have been able to attend if they had wished to do so.

- B. *Stats quoted in the report are over 2 years old. Process needs to re-run with the latest figures (Pages 49 -54 for example).*

Response: The statistics quoted fall within Appendix 1 of the report. This has been provided as a background paper and was the original Gateway Report which set out the high level options for consideration by Cabinet. Further modelling work was undertaken to determine how many Council-run beds would be undertaken which took account of current usage of internal beds and revised population projections in November 2016. This modelling exercise was then revisited in March 2018, so is based on the most up-to-date figures. Details of this is contained within paragraphs 3.5 and 3.6 of the main report.

- C. *The scoring system was never subject to any scrutiny and is inherently biased as it is subjective. As an example promoting health and wellbeing is ongoing given a weighting of M – not H. Page 75 – should health and wellbeing of residents be the top priority? Another example - Being acceptable to stakeholders/public is given H rating. What about residents/relatives, where does that appear? And where does that score appear anywhere in the report?*

Response: The scoring exercise cited is again contained within Appendix 1 of the report. This scoring exercise was used to determine the high level options in relation to the preferred future model, rather than determine that it should be Parkway that might close. These scoring criteria were considered and jointly agreed by the stakeholder workshop that met in 2016 in line with the corporate Commissioning Review process.

- D. *Page 105 – Many demographic details included but nowhere is there information about how long each resident has lived at Parkway.*

Response: The demographic data provided to inform the Gateway report related to the overall demographics of the population of Swansea rather than that relating to specific homes. Specific demographic data in relation to Parkway is contained within the Equality Impact Assessment relating to the potential closure of Parkway.

- E. *References are made to social work assessments being undertaken with residents post-decision, but discussions have already been taking place which have put pressure on residents and relatives.*

Response: I have answered this question in response to question 5 above. The decision to offer a social work review during the consultation process was not in any way intended to put pressure on residents and relatives. It was designed to allow them to make as an informed response as possible to the consultation.

Further questions include:

1. *Does the Council when commissioning services from the independent sector require the living wage to be paid to staff?*

Response: As employing organisations, all independent sector providers are required to meet all legal requirements in relation to employee terms and conditions. In setting annual fees with independent sector providers, the Council invites all providers to supply their actual costs of running their business and determines a rate that allows them to meet these costs with a modest profit. Contractually, the Council cannot mandate that independent sector providers pay the living wage to their staff. This is something however that is being looked at by a corporate working group for all services commissioned by the Council.

2. *Para 4.11; if residents wanted to live in homes in the independent sector, why haven't they moved already?*

Response: I am not sure that anyone would know the answer to this question, but I can provide reassurance that if Parkway does close all residents and families will be fully supported with any move.

3. *Para 5.7; how satisfied is the Cabinet that independent advocates were provided to residents?*

Response: All residents were offered a social work review during the consultation process. As part of this, if the resident did not have capacity and there was nobody that could advocate on their behalf, independent advocates were arranged. We are aware however that only one resident does not have family support, and that individual has full capacity, so the use of independent advocates was minimal as not considered necessary in most cases. If a decision is made to proceed, a social work assessment will be undertaken for each resident and the social worker will exert professional judgement as to whether advocacy is required.

4. *Para 6.10; was the petition of 1,000 against the closure dismissed out of hand. 'It was unclear what interest the signatories had in relation to Parkway.'*

Response: In line with the Council's procedures, the petition was acknowledged and considered as a consultation response. However, the petition gave limited information as signatories were purely asked to print their name and sign and no further information was known about them. This is referenced in paragraph 6.10 of the report.

5. *Para 7.5; the figure quoted for savings does not take into account redundancy and/or redeployment costs.*

Response: In the event that a decision is taken to proceed, we anticipate that the majority of staff will be redeployed and we are not anticipating any compulsory redundancies. We anticipate that a small number of staff may opt to leave the organisation through the Council's early retirement/voluntary redundancy scheme. In light of the majority accessing opportunities through redeployment and a small number potentially leaving through the ER/VR scheme, we anticipate that the revenue implications will be limited and will also be one off costs rather than ongoing expenditure. We have therefore not factored any figures relating to this into the overall projected saving for Parkway.

6. *Para 11.1; what is the impact on the timetable if even only one resident refuses to move?*

Response: It is difficult to make an assessment unless this situation arises. However, if a decision is made to proceed, we would hope that by working closely with residents and families and supporting them appropriately we would not encounter this situation.

7. *What assessment has been made of the impact of a move from Parkway on a residents' health, wellbeing and possible morbidity rates?*

Response: A full Equality Impact Assessment has been opened in relation to the proposed closure of Parkway, and has been updated throughout the consultation process. This will be used to inform Cabinet's decision on 20th September and will remain open and updated until such time as Parkway closes if Cabinet make a decision to proceed.

I trust that this answers your questions.

Kind regards

Cllr Mark Child