Appendix 1

Commissioning Gateway Review Report
Stage 4

Draft v2.1

Residential Care for Older People

Contains:-

Review Overview and Details
Stages review summary
Gateway Approval

Gateway Review Approval

Budget and Performance Review Group 12th July 2016

1. PURPOSE OF REPORT

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

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

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

Appendix 1

RAG	Gateway Decision	Definition
Red	**Stop**	The Gateway identified significant issues that require immediate action before the Review can proceeds onto the next stage.
Amber	**Conditional Approval**	The Gateway identified issues that must be actioned before next Gateway Review.
Green	**Approved**	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.

Recommendations *(if applicable)*	**Overall RAG**
	Red ☐ Amber ☐ Green ☐

Sign off	
Chief Executive :	
Lead Director/Sponsor:	
Review Cabinet Member:	
Date:	

REVIEW OVERVIEW

Commissioning Strand Lead:	Alex Williams
Service Review Lead:	Alex Williams
Service Review Title:	Residential Care for Older People

Appendix 1

2. BACKGROUND

2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change[1], defines the following high level population outcomes:

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

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

"Older people age well and are supported to remain independent".

Secondary Drivers for this are:

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

The City and County of Swansea's Corporate Plan; "Delivering for Swansea 2016-17"[2] identifies the following priorities:

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

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

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

[1] file:///C:/Users/User/Downloads/The_One_Swansea_Plan_2015_final_version_august.pdf
[2] http://www.swansea.gov.uk/corporateimprovementplan
[3] Swansea's Prevention Strategy – Draft V 14; June 2016

2.2 National Policy Context

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

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

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

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

2.3 A New Vision for Adult Social Care

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

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

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

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

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

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

2.4 The Service Model for Adult Social Care

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

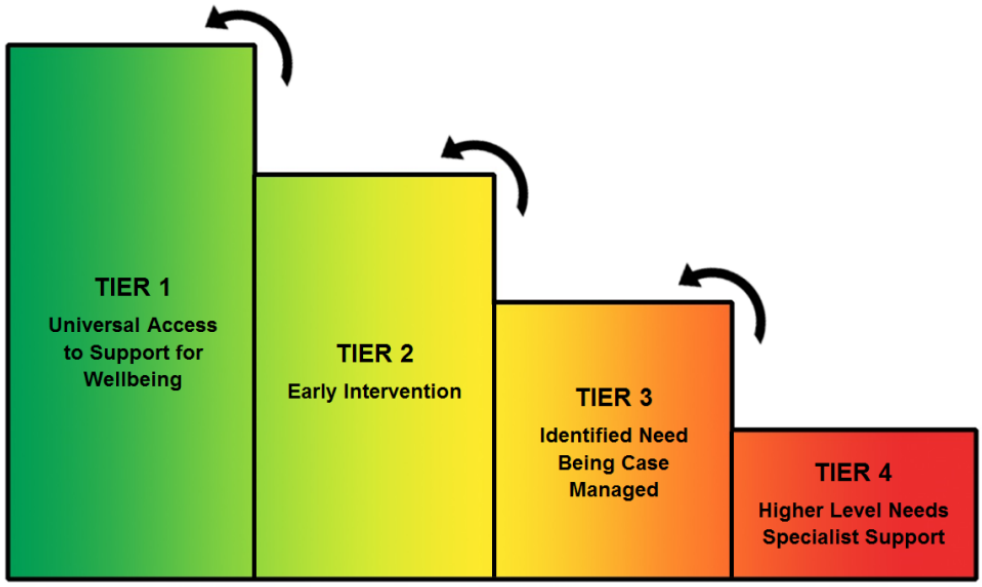
- Ensuring quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

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

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf

Appendix 1

The service model can be illustrated diagrammatically below:



Glossary

Tier 1 – Universal services aimed at all Swansea Citizens to enhance wellbeing
Tier 2 – Early intervention targeted support for people in need – single agency
Tier 3 – Managed care aimed at people in need of managed care to support achievement of person's own outcomes – Multi disciplinary approach
Tier 4 – Managed Care Complex/Higher needs aimed at people with long term complex needs

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

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

2.5 Key Priorities for Swansea Adult Social Care Services

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

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

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

2.5.1 Targeted Early Help

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

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

2.5.2 A different approach to assessment

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

[5] Local Government Association's Adult Social Care Efficiency Programme Reports 2014

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

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

2.5.3 Developing Strong Practice

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

In particular, we plan to:

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

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

Appendix 1

3. THE RESIDENTIAL CARE SERVICE

3.1 Scope of the Commissioning Review

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

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

3.2 Definition of Residential Care Services

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

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

3.3 Strategic Role

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

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

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

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

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

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

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

3.4 Western Bay Care Home Commissioning Strategy

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

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

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

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

[6] http://www.housingcare.org/jargon-extra-care-housing.aspx

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

3.4 Outcomes

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

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

3.5 Vision

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

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

4. SERVICE PERFORMANCE

4.1 Analysis

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

Currently there are:

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

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

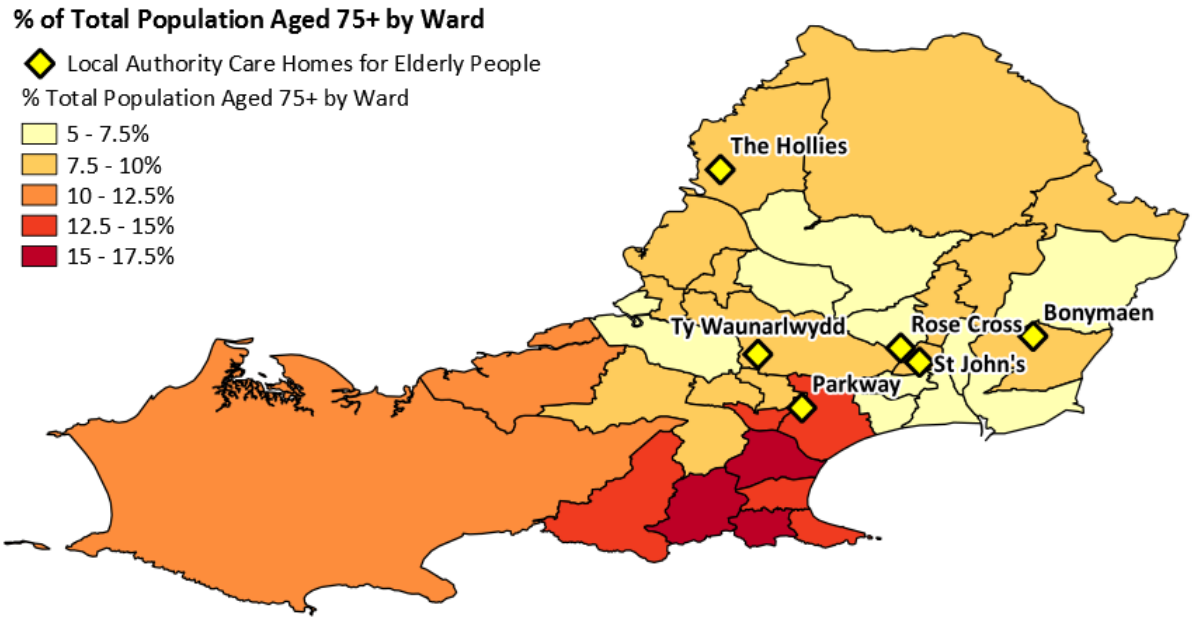
The average capacity within a care home is shown below (table 1).

Table 1 – Average Care Home Capacity

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

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

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



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

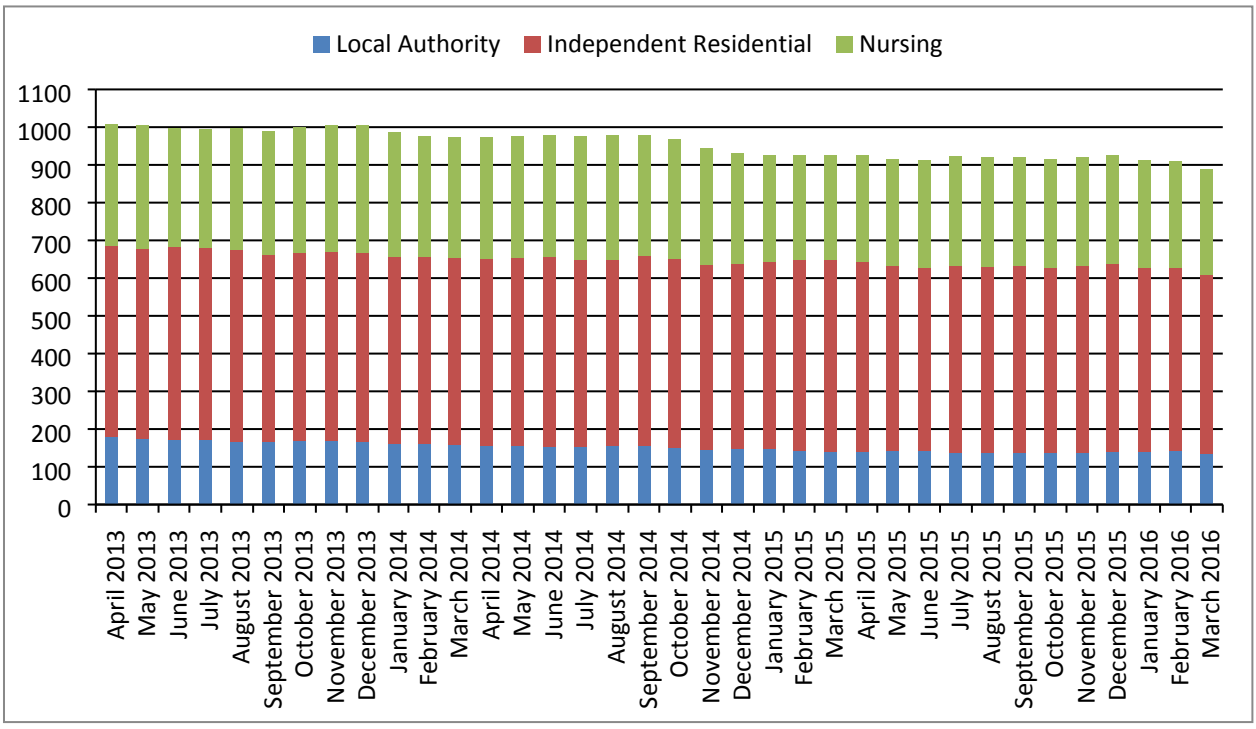
- 272 beds are dedicated for residential personal care
- 142 beds dedicated for dementia residential care
- 143 beds for dementia nursing care
- 986 beds are dual registered for either personal or nursing care to older people

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

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

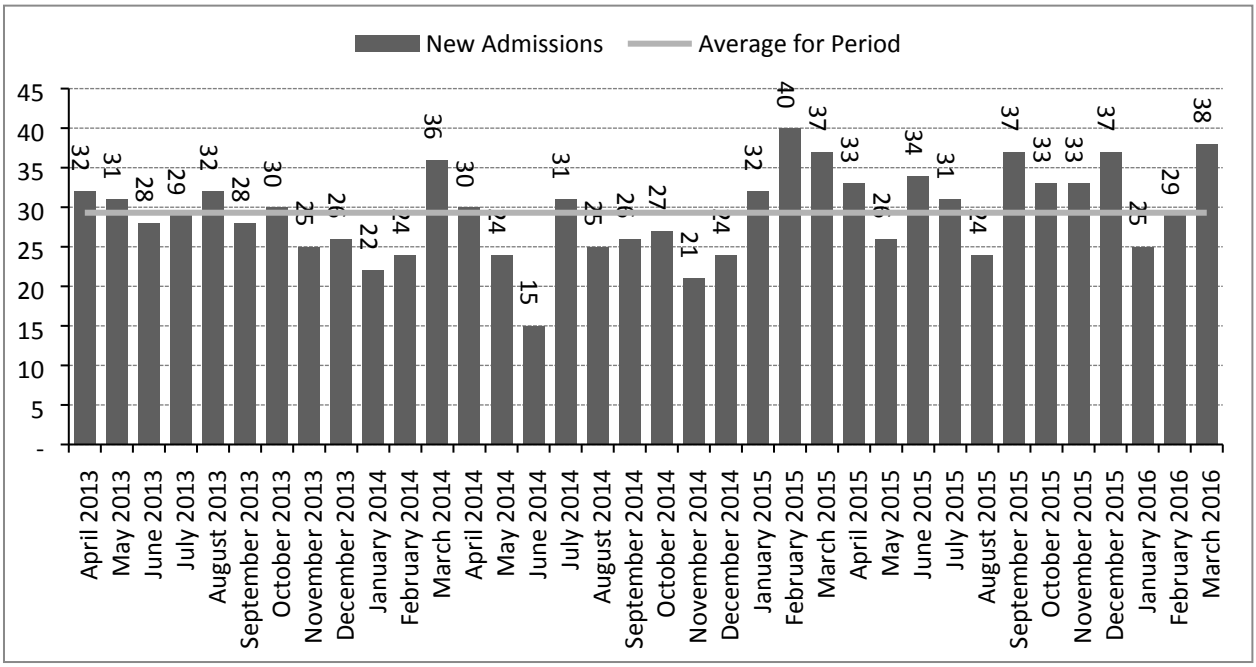
The overall number of people in local authority funded residential/nursing placements has fallen slightly over the past few years although this has recently stabilised.

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



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

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



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

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

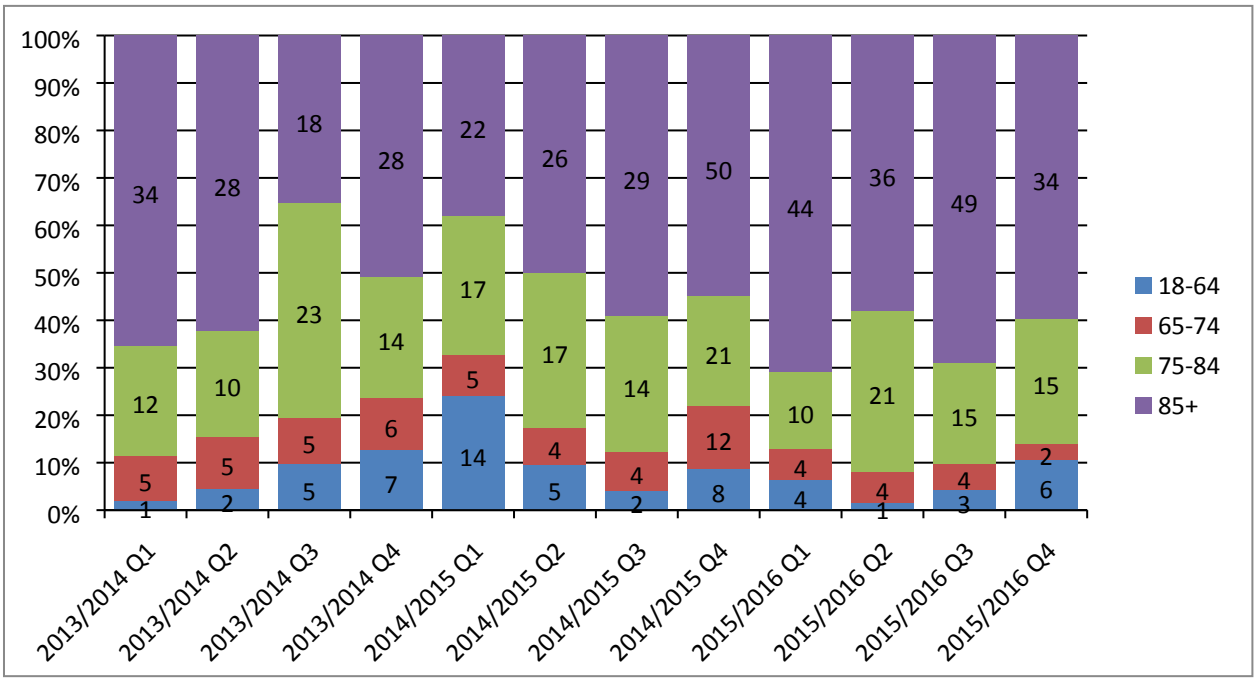
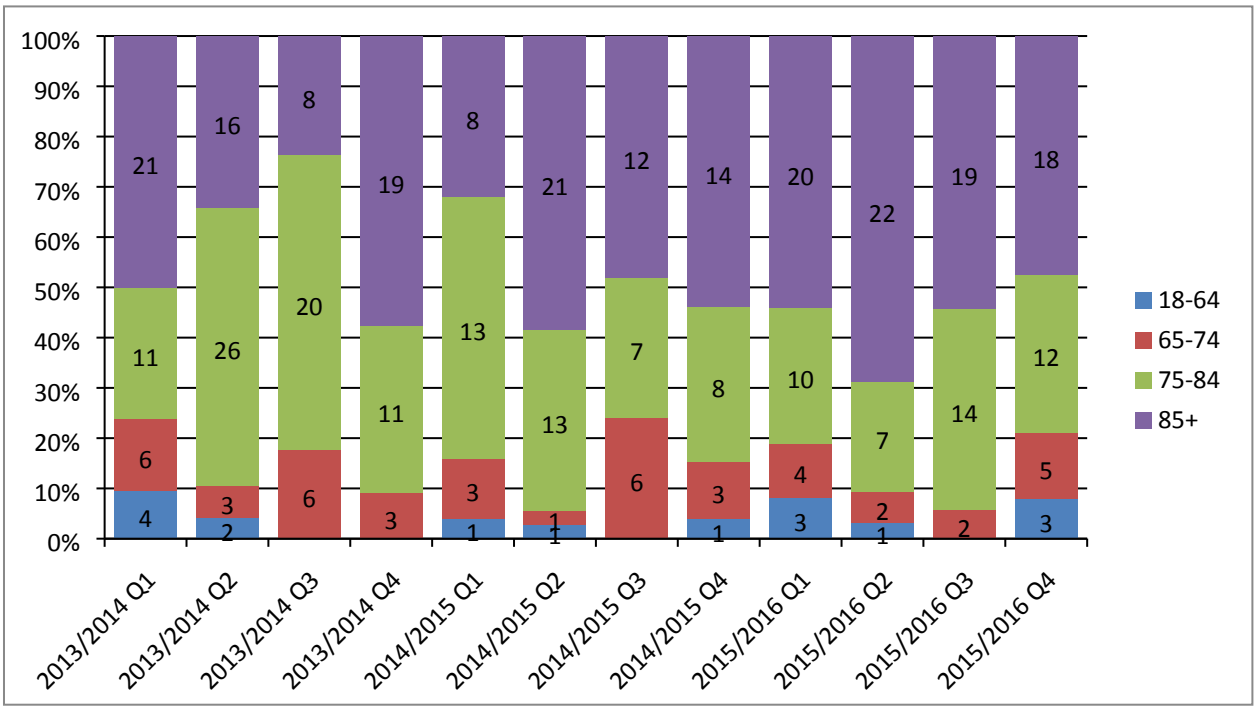


Figure 5 - Nursing Care - Admissions by Age Group 2013-16



Appendix 1

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

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

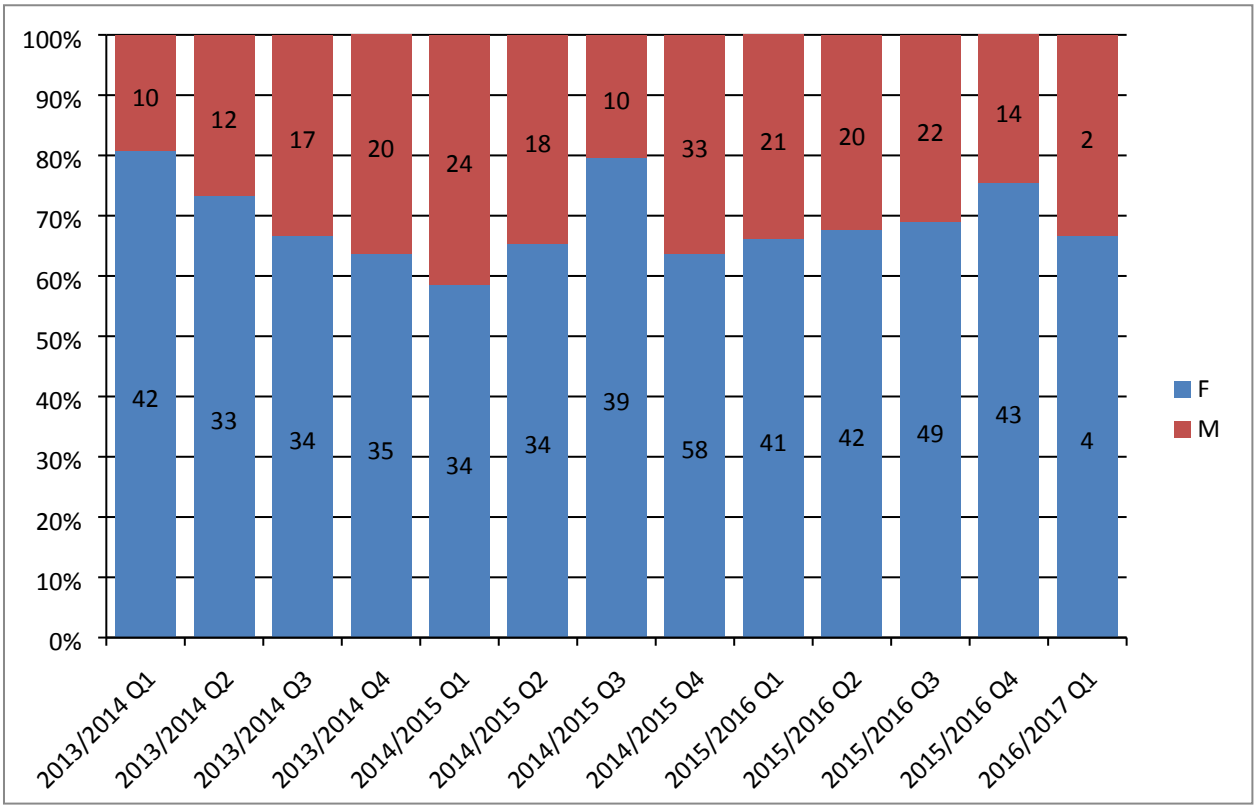
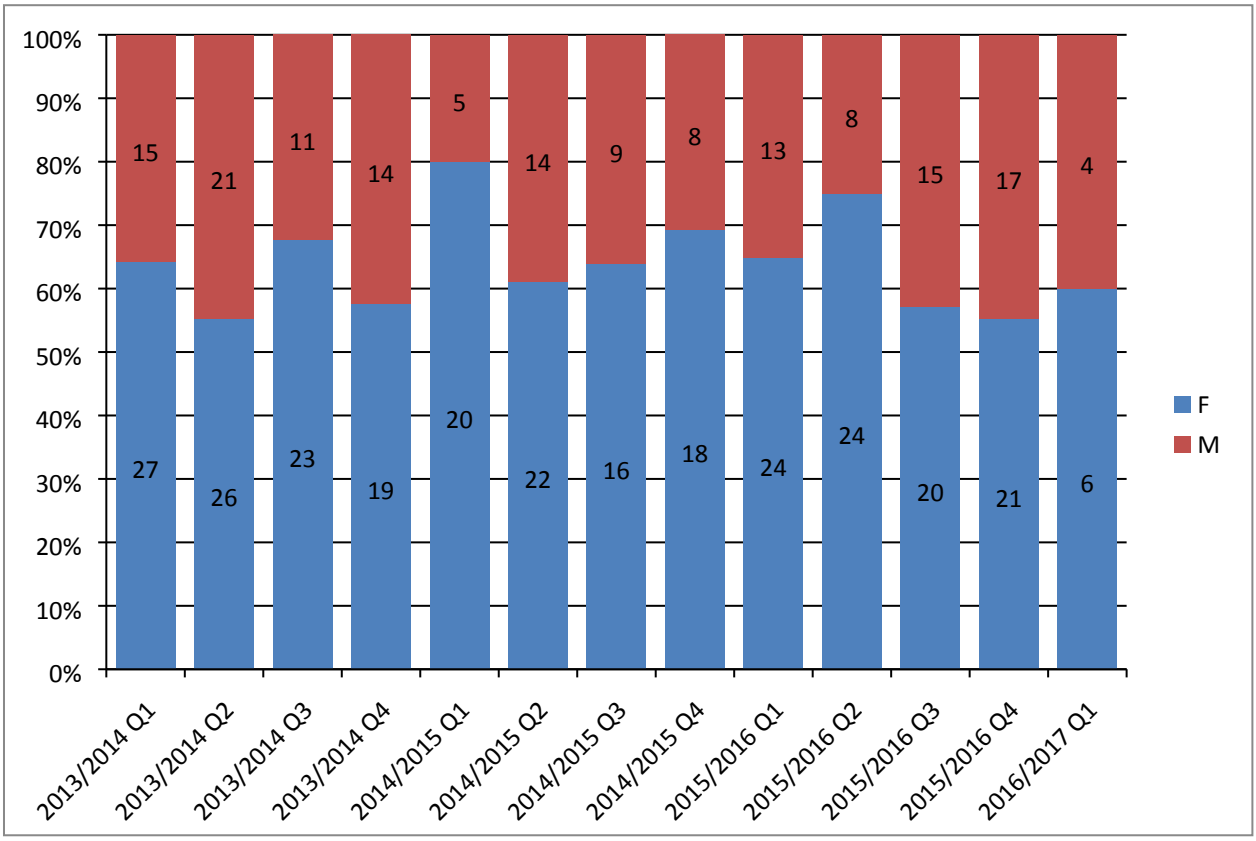


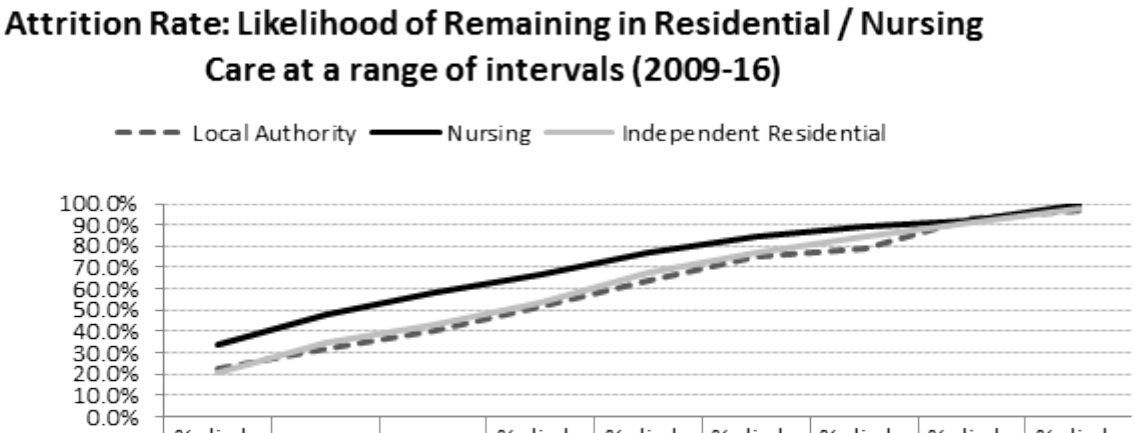
Figure 7 - Nursing Care - Admissions by Gender 2013-16

Appendix 1



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

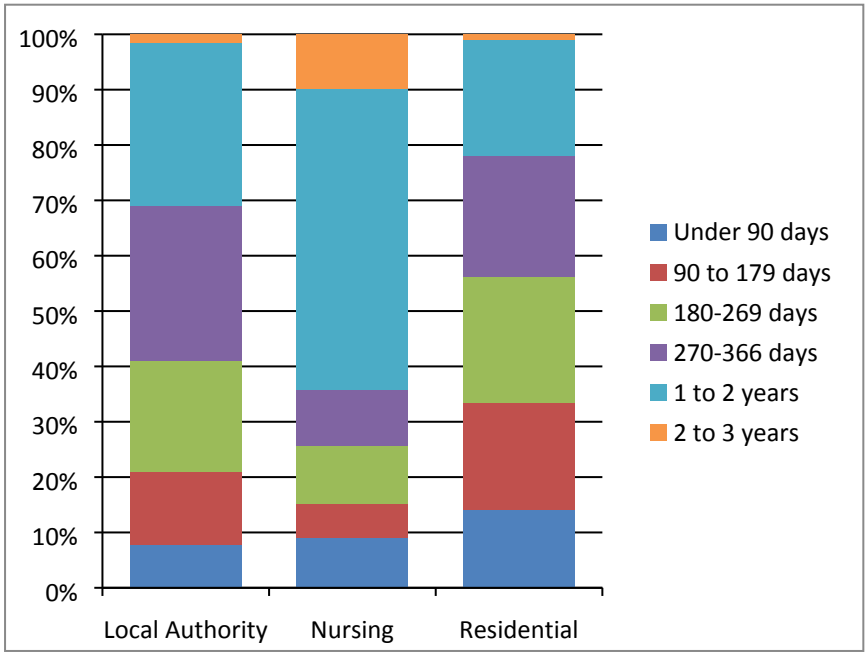
Figure 8



	% disch. at 6 months	% disch. at 1 year	% disch. 1½ years	% disch. at 2 years	% disch. at 3 years	% disch. at 4 years	% disch. at 5 years	% disch. at 6 years	% disch. at 7 years
Local Authority	22.6%	31.5%	40.7%	51.3%	63.6%	75.3%	79.3%	93.3%	97.0%
Nursing	33.7%	47.5%	57.8%	67.0%	77.3%	84.9%	89.6%	92.2%	99.5%
Independent Residential	20.8%	34.4%	43.3%	53.7%	68.0%	77.0%	85.0%	91.2%	97.6%

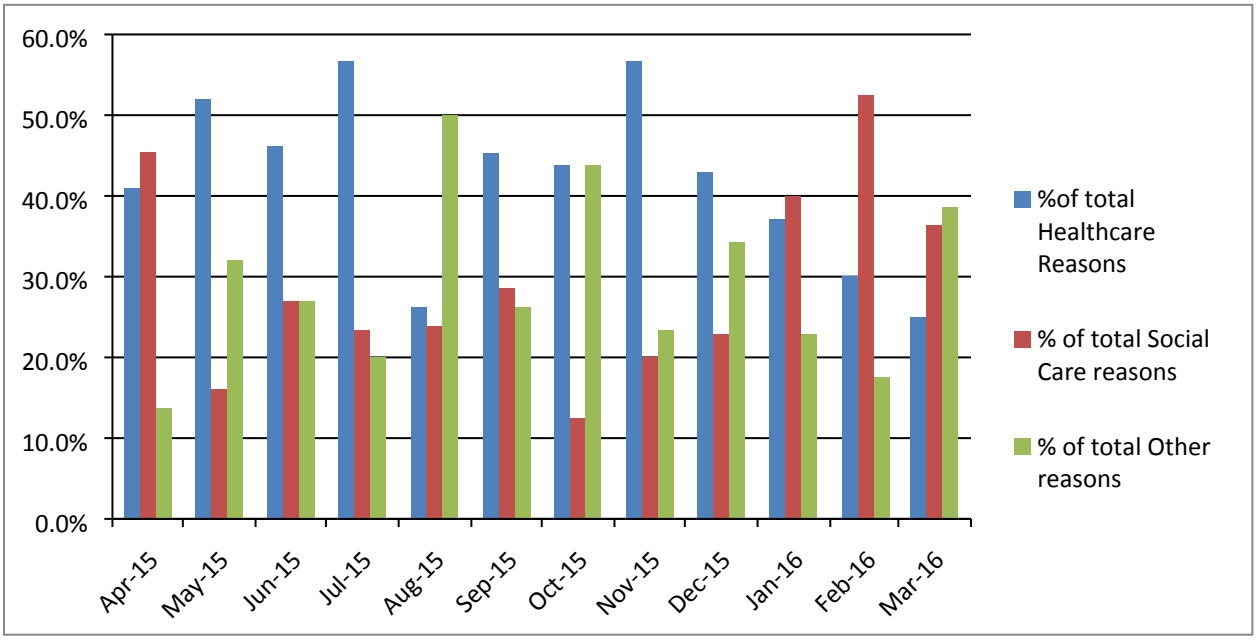
There is no data on outcomes for people in residential care although regular reviews will indicate that judgements have been made that an individual is receiving an appropriate level of care to meet their needs. Nearly 2/3rds of people in local authority and residential homes were reviewed in the last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

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



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

Figure 10 - Delayed Transfers of Care



Appendix 1

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

Table 2 – Care Home Unit Costs

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

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

Individual Homes

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

Averages

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

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

Staffing data from the stage 2 report indicates:

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

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

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

4.2 Summary

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

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

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

4.3 Key Themes for Options Appraisal

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

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

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

5. SERVICE COMPARISON

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

5.1 Benchmarking Analysis

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

- Cardiff
- Newport
- Neath Port Talbot
- Wrexham

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

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

Table 3: Population in 2014 and breakdown by age

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

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

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

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

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

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

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

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

Table 5: Projected numbers receiving residential services by age

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

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

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

Table 6: Projected numbers of people with dementia

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

* source – Swansea

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

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

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

* source – Swansea

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

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

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

* data from Data Unit Wales – My local council

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

Appendix 1

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

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

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

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

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

* Data from Stats Wales

5.2 Summary

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

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

5.2 Key Themes for Options Appraisal

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

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

Appendix 1

6. BEST PRACTICE AND INNOVATION

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

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

6.1 Managing future demand for care home capacity

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

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

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

[7] Predicting and managing demand in social care Discussion paper. Professor John Bolton April 2016

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

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

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

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

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

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

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

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

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

[8] LGA Adult Social Care Efficiency Programme – The final report 2014

[9] Intermediate Care – Halfway Home Updated Guidance for the NHS and Local Authorities 2009

6.1.1 Managing Demand: Key messages

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

6.2 Care Homes as Community Hubs

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

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

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

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

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

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

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

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

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

Good Practice Example 3 - Hogeway Care Home, Holland

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

6.2.1 Care Homes as Community Hubs: Key messages:

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

6.3 Flexible bed use

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

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

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

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

Good Practice Example - Four Seasons, Stoke on Trent

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

[10] http://hogeweyk.dementiavillage.com/en/

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

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

6.3.1 Flexible Bed Use: Key messages

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

6.4 Future Role of Extra Care Housing

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

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

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

[11] Improving housing with care choices for older people: an evaluation of extra care housing. PSSRU, University of Kent. 2011

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

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

<u>Good practice example - Willow Housing and Care</u>

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

Appendix 1

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

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

Potential benefits/returns

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

Challenges

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

6.4.1 The Future Role of Extra Care Housing – Key Messages

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

6.5 Independent Sector as Innovators

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

[12] *Found at www.**housing**lin.org.uk//**Housing**/H2Hshelteredandextra**care***

Appendix 1

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

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

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

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

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

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

6.5.1 The Independent Sector as Innovators – Key Messages

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

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

6.6 Key Good Practice Messages

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

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

6.7 Key Themes for Options Appraisal

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

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

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

7. STAGE 4 – OPTIONS APPRAISAL

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

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

7.1 Assumptions

The following assumptions underpin the options and their appraisal:

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

7.2 Stakeholder Engagement

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

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

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

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

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

7.3 Options

Following detailed consultation, the following options were considered:

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

2. **Service Model in relation to Short Term/Complex Residential and Nursing Care**
    a) Maintain current service arrangements
    b) Commission short term/complex care on specific specialist sites

3. **Model of delivery**

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

4. **Balance of Mixed Model**

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

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

7.4 Evaluation Criteria

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

Service performance - Section 4.3

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

Service Comparison (Benchmarking) – Section 5.3

Appendix 1

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

Best practice – Section 6.7

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

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

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

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

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

2.5	Promotes partnership	L
3. Financial Impact		
3.1	Supports cost reductions (20% over 3 years)	H
3.2	Requires investment but supports savings elsewhere in the system	L
3.3	Makes better use of staff resources	M
3.4	Limited/no set-up costs	L
3.5	Achieves capital receipt	L
3.6	Reduce premises cost/maintenance backlog	M
4. Sustainability/Viability		
4..1	Promotes positive workforce	H
4.2	Shown to work elsewhere	L
4.3	Supports positive market development	M
5. Deliverability		
5.1	Legally compliant	H
5.2	Safe	H
5.3	Acceptable to stakeholders/public	H
5.4	Manageable project	H

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

8. SUMMARY & CONCLUSIONS OF REVIEW TEAM

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

Strategy

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

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

- Commission short term/complex care on specific specialist sites

Model of delivery

- Maintain mixed delivery to deliver new model

Balance of Mixed Model

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

Appendix 1

Appendices

1. Feedback on Options from Stakeholder Workshop 09.06.16

2. Options Appraisal

Background Papers (Available on request)

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