Contact Officer:
Maureen Potter 01352 702322
maureen.potter@flintshire.gov.uk

To: Cllr Carol Ellis (Chair)

Councillors: Mike Allport, Marion Bateman, Andy Dunbobbin, Gladys Healey, Cindy Hinds, Andrew Holgate, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGuill, Martin White, Ian Smith and David Wisinger

23 March 2018

Dear Councillor

You are invited to attend a meeting of the Social & Health Care Overview & Scrutiny Committee which will be held at 10.00 am on Thursday, 29th March, 2018 in the Delyn Committee Room, County Hall, Mold CH7 6NA to consider the following items

*** Members of the Committee are advised that a session to consider the draft Directors Annual Report will be held at the rise of the meeting***

A G E N D A

1 **APOLOGIES**

Purpose: To receive any apologies.

2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Purpose: To receive any Declarations and advise Members accordingly.

3 **MINUTES** (Pages 3 - 10)

Purpose: To confirm as a correct record the minutes of the meeting held on 25 January 2018.

4 **A PLACE TO CALL HOME** (Pages 11 - 152)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To advise of the content of the Flintshire's 'A Place to Call Home? – Impact Analysis' report; and

To provide details of ongoing actions and initiatives underway within Social Services to continue to enhance the quality of life of residents in Flintshire care homes.

5 **CHILDREN'S OUT OF COUNTY PLACEMENTS** (Pages 153 - 174)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To endorse a fundamental review of residential placements for children and young people. The aim of the review is to enable the Council to: i) more proactively support vulnerable children with complex care and education needs ii) better manage demand for placements and iii) develop the market to be more responsive and affordable.

6 **QUARTER 3 COUNCIL PLAN 2017/18 MONITORING REPORT** (Pages 175 - 198)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To review the levels of progress in the achievement of activities, performance levels and current risk levels as identified in the Council Plan 2017/18

7 **ROTA VISITS**

Purpose: To receive a verbal report from Members of the Committee.

8 **FORWARD WORK PROGRAMME** (Pages 199 - 204)

Report of Social and Health Care Overview & Scrutiny Facilitator

Purpose: To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee

Yours sincerely

Robert Robins
Democratic Services Manager

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
25 JANUARY 2018

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held at Llys Jasmine, Jasmine Crescent, Mold on Thursday, 25 January 2018

PRESENT: Councillor Carol Ellis (Chair)
Councillors: Mike Allport, Marion Bateman, Andy Dunbobbin, Cindy Hinds, Andrew Holgate, Kevin Hughes, Rita Johnson, Mike Lowe, Dave Mackie, Hilary McGuill, Martin White, Ian Smith and David Wisinger

APOLOGIES: Councillor Gladys Healey

CONTRIBUTORS: Councillor Christine Jones, Cabinet Member for Social Services; Chief Officer (Social Services); Senior Manager, Children and Workforce; Senior Manager - Safeguarding and Commissioning; Senior Manager – Integrated Services and Lead Adults, Service Manager Disabilities, and Finance Manager

IN ATTENDANCE: Social & Health Care Overview & Scrutiny Facilitator and Democratic Services Officer

41. DECLARATIONS OF INTEREST

Councillor Ian Smith declared a personal interest in relation to agenda item 5 – Social Services Revenue Budget 2017/18.

42. MINUTES

(i) The minutes of the meeting held on 16 November 2017 were received.

(ii) The minutes of the meeting held on 13 December 2017 were received.

Matters Arising

Minute number 37: In response to a request from Councillor Hilary McGuill, Officers agreed to provide further information on the contact number for Children's Services.

RESOLVED:

That the minutes be approved as a correct record and signed by the Chair.

43. NORTH WALES POPULATION ASSESSMENT REGIONAL PLAN

The Chief Officer (Social Services) introduced the report to review and approve the draft North Wales Population Assessment Regional Plan. He provided background information and advised that local authorities and Health Boards were required to produce a joint area plan in response to the population assessment by 1 April 2018.

The Chief Officer reported on the main considerations as detailed in the report concerning the regional priorities, response to population assessment chapters and core themes, and the overall findings. He gave a presentation on the North Wales Regional Plan which covered the following key areas:

- Children and young people
- Older people
- health, physical disability and sensory impairments
- learning disabilities
- Mental health and substance misuse
- Carers
- violence against women, domestic abuse and sexual violence
- secure estate
- Veterans
- housing and homelessness
- Autism Spectrum Disorder (ASD)

The Chair thanked the Chief Officer for his presentation and invited questions.

Councillor Hilary McGuill asked what support was available for families who found themselves in a crisis situation because they were caring for an older relative who was suffering with dementia and was neither in hospital or a nursing home. She also referred to ASD and the need for early intervention and asked at what age children could be medicated.. The Chief Officer advised that a medical assessment was undertaken on the individual and but there was no specific age when this was carried out.

The Chief Officer explained that the Authority proactively supported people with dementia and referred to the respite provision and domiciliary care support services provided to help families to cope. The Senior Manager – Integrated Services and Lead Adults advised that the Authority also funded the North East Wales Carers Information Service which provided Crisis Careline Information for carers and referred to the 'bridging the gap' scheme.

Councillor Carol Ellis commented on the developing issue of homelessness and commented on the shortage of suitable accommodation, the impact this had on the behaviour of children, and the mental health of parents.

In response to a concern raised by Councillor Kevin Hughes regarding an increase on the number of children on the Child Protection Register, the

Chief Officer explained that the 9% increase referred to in the report was regional and that there was a national increase in Wales. The Senior Manager, Children and Workforce, advised that the increase was due in part to a greater awareness amongst agencies around safeguarding and child protection issues and to early intervention. He also referred to a project which was about to commence to support mothers who had repeat pregnancies and were unable to care for their children.

Councillor Kevin Hughes commented on the issue of online bullying and the need to inform and work closely with schools to support pupils. He also referred to the need to work with schools to promote healthy living and address the issue of obesity. Councillor Christine Jones and the Chief Officer gave an assurance that both matters were addressed within the Authority's Safeguarding policy. The Senior Manager – Integrated Services and Lead Adults also commented on the work undertaken with professionals in the Health sector regarding tackling obesity in young people and early intervention with parents. She also confirmed that childhood obesity was a Public Health priority.

Councillor Cindy Hinds commented on the need for a broader knowledge about autism and mental health issues and earlier recognition within Education settings.

Councillor Andy Dunbobbin referred to the action to support older people with complex needs and conditions including dementia and commented on the need to also support veterans. The Chief Officer acknowledged the point made and explained that support was provided for people under the age of 65 and that Flintshire was the only Authority in North Wales to offer such support services.

In response to a query by Councillor Rita Johnson officers advised that the out of hours service provided mental assessment services and emergency out of hours contact and support services for mental health issues.

Councillor Hilary McGuill expressed concerns on the impact that the local prison service had on local hospitals and cited increased delays in waiting times for appointments and treatment at Wrexham Maelor as an example. Councillor Carol Ellis commented on the need for additional funding to be provided to meet the cost of treating individuals from the prison service. The Chief Officer agreed to raise the Committee's concerns regarding the impact on Flintshire residents with Betsi Cadwaladr University Health Board.

RESOLVED:

(a) That the Committee recommends approval of the draft North Wales Population Assessment Regional Plan; and

(b) That the Committee meets the challenges of delivering services in the current financial climate

44. SOCIAL SERVICES REVENUE BUDGET 2017/18

The Chief Officer (Social Services) introduced the report to review and scrutinise key variances in revenue expenditure. He provided background information and advised that the report provided an explanation of the current budget position, the influences in relation to overspend by service area, and the planned actions to manage the overspend through possible budget realignment to meet known service pressure and other measures. The Chief Officer gave an overview of the financial monitoring within the following three areas of adult services, as detailed in the report.

Mental Health/residential care placements

Councillor Dave Mackie queried the cost of a mental health placements and the figures within 1.05 of the report. Officers explained that the cost of mental health placements would fluctuate depending on the level of support required and included a range of placements both short and longer term. Officers referred to the success with rehabilitating individuals, resulting in reduced costs for packages. Officers also explained that joint funded placements with the Health service could be complex. Work was done on a recovery model to support individuals to less restrictive and supervised independence. The Service Manager, Disabilities, reiterated the success of working with people to enable them to make progress. The Chief Officer advised that the budget was insufficient to meet current service demands and to address the variances in the mental health budget consideration was being given to a budget realignment. He added that due to the growing demands on the service and the complex needs one placement could significantly impact the budget.

In response to a question from Councillor Hilary McGuill regarding crisis situations and whether Health took ownership, the Senior Manager Integrated Services and Lead Adults confirmed that feedback was that Health and Social Services both acted as quickly as possible.

The Chief Officer referred to areas of corresponding underspends and said that the department would seek to align this matter.

Councillor Carol Ellis expressed her concerns regarding the further budget savings identified of £0.450m at Stage 1 and 0.982 at Stage 2.

The Committee recognised that the implications of pressures on Health was also an important factor, with placements being funded jointly between Health and Social Services. In addition there was an increase in the numbers eligible for support as a result of the Social Services and Well-being Wales Act. Councillor Carol Ellis commented that the Mental Health/residential care placements could put the Council in a similar position to the one with Out of County Placements a few years ago.

The Committee accepted the budget position as a result of the above explanations.

Resources and Regulated Services

Councillor Dave Mackie commented on the overspend which he felt was not significant and said that due to the Social Services and Well-Being (Wales) Act there had been an increase in the number of people who were eligible for support. He also commented on the delay in the transfer of the day and work opportunities service in moving to an Alternative Delivery Model which was also a contributing factor to the overall budget pressure. He said that the current figure of 1.62% seemed a reasonable variance considering the size of the budget.

Councillor Carol Ellis reiterated that the impact of the Social Services and Well Being (Wales) Act should be recognised as a significant factor as there were statutory requirements bot no additional funding.

Safeguarding Unit

The Chief Officer referred to the increase in the number of Deprivation of Liberty Safeguards (DoLS) which had resulted in an annual overspend. He said that the DoLS service were also extending their workload to encompass Community DoLS and that whilst demand continued to rise the service had taken action to streamline processes and reduce headcount. Projected overspends were being addressed by way of budget pressure submissions and he advised that a budget pressure of £100k had been put forward for 2018/19 which was subject to approval as part of the budget considerations.

Councillor Carol Ellis expressed concern that there was no additional funding for the increase in provision of the DoLS service which was a statutory requirement.

Councillor Dave Mackie commented that the Service had recognised the need for additional funding at an early stage and had raised the issue with Cabinet although it had been difficult to estimate accurately how much funding would be required at that time.

Referring to the Child Protection Register and pre-birth conferences, the Senior Manager, Children and Workforce advised that funding had been secured from the Welsh Government to work with and support women who had repeat pregnancies which then resulted in the child being placed for adoption within the County.

RESOLVED:

(a) That the information provided in the report be accepted; and

(b) That the Committee reports back to the Corporate Resources Overview & Scrutiny Committee and to Cabinet.

45. TRANSITION TEAM

The Senior Manager – Integrated Services and Lead Adults introduced a report to provide information on the function and purpose of the Transition Team for young people with Disabilities in Flintshire. She advised that the report used case examples to illustrate how the Team worked and to demonstrate positive outcomes delivered for young people. The report also identified key challenges for the Service where there are increasing numbers of younger people with complex needs. The Senior Manager invited the Service Manager, Disability, Progression and Recovery, to present the case studies.

Councillor Dave Mackie queried the costs for residential and non-residential placements and expressed concerns around the proposed increase in placement costs in the future. He referred to the information provided in the report which gave an example of college placement costs and asked if a comparative data on local residential and non-residential provision could be provided. Councillor Mackie also asked about respite provision. The Senior Manager – Integrated Services and Lead Adults explained that if a young person went to a local college respite could be provided through a variety of ways.

In response to a question from Councillor Hilary McGuill concerning the payment of Direct Payments to young people who attend a residential college, the Service Manager, Disability, Progression and Recovery, explained that the only Direct Payment the young person received was for respite during the Summer holiday period.

Councillor McGuill asked if the Service was working with Northop Horticultural College and Deeside College to provide out of hours activities and fund this as an internal service. The Service Manager, Disability, Progression and Recovery, explained that the Service was working with Northop College to develop ways to reduce costs and advised that the College had agreed to employ a person which would reduce the amount of personal care which the Service would have to provide to support students.

In response to a further question from Councillor McGuill regarding sex education, the Service Manager, Disability, Progression and Recovery, explained that Community Nurses generally had the expertise and resources to provide sex education to young people in colleges and schools.

Councillor Marion Bateman commented that there should not be a financial benefit for young people to go to residential college.

Councillor Andy Dunbobbin commented on the 21st Century Schools programme and said there was a need to look at the education strategy alongside the transition strategy.

In response to the comments and concerns raised by Members the Chief Officer explained that the Authority had done all it could to encourage young

people, parents, to use the local colleges and facilities but ultimately individuals had freedom of choice.

RESOLVED:

(a) That the purpose of the Transition Service be noted; and

(b) That the Committee recognised the action taken to reduce local college costs and encourage further efforts to achieve more resilience within the 21 Century Schools Programme.

46. ROTA VISITS

Councillor Kevin Hughes provided feedback on his positive visit to Marleyfield House and drew attention to a recent article which had appeared in the local press which had highlighted the homely and friendly environment and community spirit enjoyed by service users.

RESOLVED:

That the information be noted.

47. FORWARD WORK PROGRAMME

The Facilitator presented the Forward Work Programme and advised that Out of County Placements would be an agenda item for consideration by the Committee at the meeting to be held on 29 March 2018. She also advised that it had been agreed that a joint meeting of the Social & Health and Education & Youth Overview and Scrutiny Committees had been arranged on 24 May 2018.

In response to a request from the Committee, the Facilitator agreed to contact the Facilitator for the Community & Enterprise Overview & Scrutiny Committee to arrange a joint meeting before the departure of the Chief Officer (Community and Enterprise) at the end of April 2018.

RESOLVED:

(a) That the Forward Work Programme be updated accordingly; and

(b) That the Facilitator, in consultation with the Chair of the Committee, be authorised to vary the Forward Work Programme between meetings, as the need arises.

48. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was one member of the press in attendance and no members of the public.

(The meeting started at 2.00 pm and ended at 4.48 pm)

.....
Chair

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 29th March 2018
Report Subject	A Place to Call Home
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Older People's Commissioner for Wales's issues a Care Home Review in November 2014. The review, entitled 'A Place to Call Home?' looked into the quality of life and care of older people living in care homes in Wales, whilst the review confirmed that residential care is a positive choice for many people and one that enhances their quality of life, there were also improvements which could be made to improve the 'lived experience' of many residents.

The report included 43 required action points. Local Authorities were responsible for some of these along with the Welsh Government, the local health boards, CIW (Care inspectorate Wales), Social Care Wales and providers of care homes themselves.

Since the publication of the report, Flintshire has been developing strategies to improve the experience and quality of life for people living in our care homes and this work was reviewed by the Older People's Commissioner for Wales who completed a full impact and analysis of each partner agency in 2017.

Flintshire's 'A Place to Call Home? – Impact Analysis' report was published in January 2018 and this report is to advise of the findings.

RECOMMENDATIONS	
1	To advise of the content of the Flintshire's 'A Place to Call home? – Impact Analysis' report.
2	To provide details of ongoing actions and initiatives underway within Social Services to continue to enhance the quality of life of residents in Flintshire care homes.

REPORT DETAILS

1.00	**EXPLAINING THE OLDER PEOPLE'S COMMISSIONER'S 'A PLACE TO CALL HOME? – IMPACT & ANALYSIS' REPORT**
1.01	In 2014, the Older People's Commissioner, Sarah Rochira commissioned a review into the quality of life a care of older people in care homes across Wales.
1.02	The Review (A Place to Call Home?) was the biggest inquiry every undertaken into the quality of life and care of older people in care homes in Wales and combined data from questionnaires, written and oral evidence and direct evidence from care home owners and managers, together with site visits to over 100 care homes to meet with residents and their families.
1.03	The findings from the Review were challenging and made clear that the provision of care in a care home setting should not just be about being safe and having basic physical needs met, but should also be about the quality of live.
1.04	An Action Plan was published with the Review in early 2015 which was linked to the Social Services National Outcomes Framework and concentrated on four key areas: • Day to Day Life • Health and Wellbeing • People and Leadership • Commissioning, Regulation and Inspection
1.05	Social Services within Flintshire took particular note of the report and a number of ground breaking initiatives were established to improve the lived experience for residents in our in-house care homes and the independent provider homes. These included: • Creating a Place Called Homes, Delivering What Matters • Intermediate Care Team • Rehabilitation 'Step Up Step Down' Beds • Six Steps to Success Programme • Creative Conversations Research Project – in conjunction with Bangor University • Intergenerational activity – Dementia Friends training in schools • Working Together for Change
1.06	In 2017 the Older People's Commissioner undertook a follow-up review, analysing and assessing the results. The Commissioner's office looked for evidence of how the required changes outlined in the 2014 Review – A Place to Call Home? were being delivered and what were the resulting improved outcomes and better quality of life for older people.
1.07	All 22 Local Authorities, 7 Local Health Boards, Welsh Government and CIW (Care Inspectorate Wales) were reviewed and analysed against their 'Requirements for Action' in 15 specific areas as set out in the 2014 Care Home Review.

1.08	The Commissioner commented that "It is clear from the responses provided that, with very few exceptions, progress in these areas is insufficient and that significant action is still required" Flintshire all our Requirements for Action were analysed as 'Sufficient' (ratings were Sufficient, Partially Sufficient or Insufficient).
1.09	Flintshire's evaluation report identified that we were 'Sufficient' in all out Requirements for Action, and whilst the terminology may give the impression of adequacy, the rating system used was: • Sufficient • Partially Sufficient • Insufficient Of the 22 Local Authorities in Wales, only four Local Authority responses were judged as sufficient across all the Requirements for Action, Flintshire being the only North Wales local authority to achieve this result.
1.10	The final report highlights Flintshire as an example of innovative or best practice on five occasions.
1.11	The Commissioner identified that Flintshire could undertake further work to improve the evidence of outcomes and more meaningful and measurable data be made available to further illustrate our improvements. This has been taken forward as an action.
1.12	It is the intention of Social Services to continue to improve the lived experience for those living in Flintshire care homes and to this aim the roll out of 'Creating a Place Called Homes, Delivering What Matters' remains a priority with the Council Plan at Q3 2017/18. Six homes had achieved the Bronze Standard, a further 10 were working towards the award and 4 more are due to embark on the programme before the end of March '18, ensuring 20 of our 23 homes are engaged in the programme.
1.13	Continuation of the Creative Conversations Research project with Bangor University which was highlighted as innovative practice several times in the Commissioner's Impact and Analysis Report.

2.00	**RESOURCE IMPLICATIONS**
2.01	An initial investment of £0.050m was made from the Integrated Care Fund in 2015 to design and develop the Creating a Place Called Home, Delivering What Matters programme.
2.02	All managers and direct care staff within each of the residential homes engaged in the programme have received training and the Contract Monitoring Team are working with homes to develop practice and achieve Bronze accreditation.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	An extensive period of consultation and co-productive work with providers and residents was undertaken during the design and development of the Creating a Place Called Home, Delivering What Matters.
3.02	Providers and residents have been engaged in the Creative Conversations Research Programme in particular around the skills and competencies all staff including domestic and auxiliary staff require when supporting people living with dementia.

4.00	RISK MANAGEMENT
4.01	There is a potential risk of complacency following a positive review. To mitigate this, performance measures linked to the work have been identified in the Council Plan for 2017/18 and 2018/19. New workstreams have already been identified to expand the Creating a Place Called Home, Delivering What Matters programme to domiciliary care and nursing home providers.
4.02	The continued work with Bangor University to develop Creative Conversations with people living with dementia will have benefits across services and continue the development of innovative programmes of work.

5.00	APPENDICES
5.01	Appendix 1 - Initial Care Home Review 2015 – A Place to Call Home?
5.02	Appendix 2 - Flintshire's Covering Letter – from the Older People's Commissioner
5.03	Appendix 3 - A Place to Call Home – Impact & Analysis Report
5.04	Appendix 4 - Response letter – to the Older People's Commissioner
5.05	Appendix 5 - Action Plan

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. **Contact Officer:** Jane Davies, Senior Manager Safeguarding and Commissioning **Telephone:** 01352 702503 **E-mail:** jane.m.davies@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Creating a Place Called Homes, Delivering What Matters:** Our Contracts and Commissioning Team in Flintshire has been undertaking innovative work in partnership with our care homes and Helen Sanderson Associates by embarking on a programme of cultural change called "Creating a Place Called Home, Delivering What Matters" which is striving to improve the day to day lives of individuals living in care homes by embedding person centred practices and delivering what matters to people. The outcome in Flintshire is that care homes are work towards a bronze rating for person-centered practices. To be bronze, everyone in the care home (including all staff) needs to have an up to date one-page profile that is being used, and more importantly is making a difference. **Intermediate Care Team:** Flintshire's Intermediate Care Team is part of the Reablement Team and shares the same approach and ethos, providing a short term assessment and multidisciplinary rehabilitation support to individuals in a step up step down bed located in care homes; this team aims to maximise independence, choice and quality of life. **Rehabilitation 'Step Up Step Down' Beds:** Social Services is commitment to promoting and securing sufficient 'rehabilitation / assessment / step up step down' beds in care homes to avoid hospital admissions, facilitate timely discharges and provide intensive rehabilitation support in a care homes setting and closer to their community. We have 4 rehabilitation beds and these are used to support recovery and re-able residents with the aim of returning them home if possible; the 4 rehabilitation beds have level access en-suites and a kitchen area so independence is encourage from the outset. The care staff within the home and staff from our Reablement Team support the individuals to achieve their personal outcomes. **Six Steps to Success Programme:** The programme was launched in Flintshire to improve the end of life care for older people living in care homes. This programme to date has been successful in increasing staff confidence and understanding of end of life care all of which has enabled older people to have a choice and more control over their end of life care plans which means they can remain at home should they choose. **Creative Conversations:** An exploratory study of an arts in health approach to embedding person-centred care and improving communication between care staff and people living with dementia. **Care Inspectorate Wales:** The inspectorate for Care and Social Services formally known as Care and Social Services Inspectorate Wales (CSSIW). **Working Together for Change:** This is an approach that Flintshire County Council has piloted within one of their care homes, Llys Gwenffrwd, Holywell. It is a structured approach to engaging with residents, to review their experiences and help to determine the priorities for change. Residents at Llys Gwenffrwd, as well as care staff, recorded 'what's

	working', 'what's not working' and 'what needs to change in the future' on individual paper records. This was collated and shared. People were then asked to vote on their three highest priorities of things that are 'not Working', which could have the greatest impact on residents.

Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

A Place to Call Home?

A Review into the Quality of Life and Care of Older People living in Care Homes in Wales

Summary Document

Foreword

When older people move into a care home, all they are doing in effect is moving from one home to another. The word ‘home’ should mean something special, a place that we hope will be filled with friendship, love and laughter.

Regardless of where we live when we are older, or how frail we are, we will all want to feel respected and valued and be able to do the things that matter to us. We all want, regardless of our age or frailty, or where we call home, to have the very best quality of life. This is why I chose to focus my Review on the quality of life and care of older people in the place they should be able to call home.

At our best, and I have personally seen much of our best, we are ambitious, bold, challenging of ourselves, creative and innovative. At our best, our care homes in Wales, our care staff and our services, give people the best quality of life they could have. However, many of the older people and families that I have supported and those who have contacted me as part of my Review have shared with me examples of care that not only fall below the standard of care that people have a right to expect, but are also unacceptable.

My Review has been the biggest inquiry ever undertaken in Wales into the quality of life and care of older people in care homes and the lives they live. Led by me, with the support of an advisory board of experts in the field of residential and nursing care, as well as older people and carers, it combined a national questionnaire, to which over 2,000 people responded, and extensive written and oral evidence from 93 organisations. I also met and heard directly from care home owners and managers. At its heart, however, were visits to 100 care homes across Wales to meet with residents, their families and staff to ensure I was able to deliver what I promised my Review would do: give a voice back to older people, their families and those who care for and care about them.

The findings of my Review make for hard reading, but in failing to acknowledge the changes required we undermine the good care there is and prevent ourselves from achieving what we are capable of in Wales. My Review makes very clear the impact of failing to get it right upon the people living in care homes and the price that is paid when failures occur, which, for too many, is simply too high.

A simple concept needs to be reclaimed across residential care: that it is not just about being safe or having basic physical needs met, essential as these are, it is also about having the best quality of life, in whatever way that is defined by an individual older person. Within the current social care system, there is no formal way to recognise or reinforce crucial values such as compassion, friendship and kindness,

self-determination, choice and control. Yet these values are key to quality of life and must now be placed at the heart of the residential and nursing care sector.

I recognise that there are many changes to our health and social care services underway, both at a strategic and local level in Wales, through legislation, modernisation programmes and collaborative approaches. Whilst I strongly welcome this progress, a key question I have asked throughout my Review is a simple one: are the changes underway sufficient to deliver the change that older people want and have a right to see? In determining the areas where further action is required, I have been conscious of current constraints without losing the ambition that we should have in Wales. I have linked my action back to the current and developing policy agenda in Wales, in particular to the Social Services National Outcomes Framework.

My Review is about people and the lives they lead, the value we place on those lives and the value we place, as a nation, on older people. We should be ambitious as a nation on behalf of older people, not just because we are in public service, or because the people I am representing through this Review are some of the most vulnerable people in our society, but because of who older people are. They are not a group apart, they are our family and friends, the people who raised us and taught us, the people we care about and who care about us. They still have much to contribute and should be seen as important members of our communities.

My Review follows shortly after the adoption and launch, by the Welsh Government, of the Declaration of the Rights of Older People in Wales, which reminds us all of our duties towards older people. Through my Review I want to set a new benchmark in respect of the duty of care owed to older people. In doing this, a strong and clear signal is sent: that older people living in care homes in Wales are valued.

I would like to thank all of the older people who have responded to my calls for evidence and helped to shape the outcome of this Review. I would also like to thank my amazing team of Social Care Rapporteurs. Together they have helped me to keep my promise to give a voice back to older people living in care homes in Wales.

All of us who work within public service in Wales have both a responsibility and a real opportunity, through our collective effort, to make good practice standard practice. Based on the good practice that I have seen through my Review, the passion and dedication of so many public service staff and care home providers and the opportunities afforded to us by new legislation, I have no doubt that this is achievable.

Sarah Rochira
Older People's Commissioner for Wales

Key Findings

This section presents the key findings of my Review in respect of four key areas related to the quality of life of older people living in care homes in Wales.

- Day-to-Day Life
- Health and Wellbeing
- People and Leadership
- Commissioning, Regulation and Inspection

These key findings draw together the evidence from my questionnaire, Social Care Rapporteurs' visits to 100 care homes and written and oral evidence submitted to me through the Review.

Day-to-Day Life

Social Participation

- There is a lack of social stimulation within care homes that can lead to older people withdrawing, both physically and emotionally, which has a significant impact on their health, wellbeing and quality of life.
- Residents often do not have choice and control over the activities that they are able to participate in and are not supported to do the things that they want to do when they want to do them.
- There is a lack of awareness amongst care staff about the specific communication needs of people living with dementia and/or sensory loss, as well as the needs of Welsh language speakers, which can significantly reduce opportunities for social participation.

Meaningful Occupation

- Only a small number of care homes enable residents to participate in meaningful occupation, activities that are essential to reinforce an individual's identity, such as making tea, baking, gardening, setting the table, keeping pets, taking part in religious services and helping others.
- In many cases, risk-aversion and a misunderstanding of health and safety regulations act as barriers and prevent opportunities for meaningful occupation.

Personal Hygiene, Cleanliness and Comfort

- While residents' basic hygiene needs are generally being met, the approach to personal care is often task-based and not delivered in a person-centred way that enables an individual to have choice and control.

- The personal hygiene needs of residents with high acuity needs, such as those living with dementia or a physical disability, are sometimes not met, with care staff reporting that they found it difficult or lacked the training to provide personal care in these circumstances.

- There are significant variations in the ways in which residents are assisted in using the toilet. Some care homes take a tasked-based approach, which can have a detrimental impact both on an individual's independence and their dignity, while others respond to residents' needs in a respectful and dignified way, assisting them to use the toilet as and when they require.

- Incontinence pads are often used inappropriately, with residents being told to use them, despite the fact they are continent and able to use the toilet. Pads are also not changed regularly. This causes significant discomfort and has a disabling impact on mobility and independence, stripping people of their dignity entirely in some cases.

Personal Appearance

- Residents are generally supported to choose which clothes and accessories they wear in order to maintain their personal appearance. This is essential to reinforce an individual's identity and ensure that they feel comfortable, relaxed and at home.

The Dining Experience

- Mealtimes are often a 'clinical operation', seen only as a feeding activity, a task to be completed, which means there is very limited positive interaction between staff and residents and a lack of a positive dining experience.

- Residents often have little choice about what to eat, and when and where to eat, which can lead to residents having no control over a fundamental aspect of their daily lives.

- There is a lack of positive communication and interaction between residents and care staff, which is essential to ensure that residents' choices and preferences are taken on board and they are encouraged to eat.

- In many cases the dining experience does not reflect the needs of the individual or enhance quality of life, instead it is structured to be functional and convenient for the care home.

Care Home Environment

- Many care homes have a functional, institutional and clinical feel, with a design and layout that is often unsuitable, rather than being homely, comfortable and welcoming.

- Care homes are often not dementia friendly, lacking in helpful features such as pictorial signage or destination points, which can result in increased confusion, anxiety and agitation among residents living with dementia.
- There is a lack of consideration of the needs of residents with sensory loss, with a lack of assistive equipment, such as visual alarms, hearing loops, stairwell lighting, handrails and clearly marked ramps, essential to allow residents to move around the care home as safely and as independently as possible.

Factors Influencing Day-to-Day Life

- Care homes are often characterised by institutional regimes, where a task-based approach to delivering care concentrates on schedules, processes and checklists, rather than the needs of an individual.
- There are clear variations in the quality of care provided, even within individual care homes, which means that older people are often not receiving the level of care they have a right to expect.
- Older people and their families can have low expectations about quality of life in a care home.
- Older people did not expect anything more than an adequate quality of life in a care home.
- The role of independent advocacy and its importance is neither fully understood nor recognised and there are significant variations in the availability of and access to advocacy services. There is little evidence that independent advocacy services are being actively promoted within care homes.
- The ability of third sector organisations to deliver independent advocacy services is often affected by unstable and unreliable funding.

Health and Wellbeing

Prevention and Reablement

- Inadequate staff resources and training can lead to risk averse cultures developing that can result in inactivity and immobility amongst residents. Similarly, restrictive applications of health and safety regulations can prevent an individual moving freely around the care home. Immobility can actually contribute to a fall, which is inevitably more damaging to an older person's physical and emotional wellbeing.
- Access to preventative healthcare and reablement services, such as Physiotherapy, Occupational Therapy, Speech and Language Therapy and Podiatry, is severely limited within care homes. Where such services are

available, often people are waiting too long to access them, a delay that means it is often not possible to reverse the physical damage or decline that has already occurred.

- The culture of care homes is often built upon a dependency model, where it is assumed that people need to be 'looked after'. This approach often fails to

  prevent physical decline and does not allow people to sustain or regain their independence.

GPs

- There are significant variations in how older people living in care homes are able to access GP services, with particular issues around appointment processes and out of hours services.
- There is often a reliance on telephone diagnoses from GPs, which can lead to medications being prescribed incorrectly and potentially dangerous polypharmacy.
- There are often delays in the transfer of medical records, which impact upon the ability of GPs to assess an older person's health needs when they move into a care home. This is a particular issue when an older person is discharged from a hospital in one Health Board area to a care home in another.

Sensory Loss

- Older people are not routinely assessed for sensory loss upon entry into a care home and there is also a lack of on-going assessment for sensory loss for older people living in care homes. This can result in many older people living with an undiagnosed sensory loss, leading to difficulties in communication that can often be misinterpreted as dementia and lead to a failure to meet an individual's care needs.
- There is limited awareness in care homes about sensory loss and its impact, which means that a large number of older people could be missing out on essential assistance and support.
- There are issues around the basic maintenance of sensory aids and care staff are often unaware of how to support individuals to use them. This can mean long delays and avoidable visits to hospital to carry out basic maintenance.

Diet

- There are significant variations in the quality of food provided to residents in care homes, from meals that included fresh produce and lots of fruit and vegetables to meals with a 'ready meal' appearance.

- There is a limited understanding within care homes about the dietary needs of older people, in particular the importance of meeting an individual's specific dietary needs, and a 'one size fits all' approach to residents' diets is often adopted.

- There is a lack of support to assist and encourage older people to eat, something particularly important for people living with dementia and/or sensory loss. This is often due to care staff being unaware that an individual requires assistance and can result in older people struggling to feed themselves, which has a detrimental impact on their health and wellbeing and can lead to malnutrition in some cases.

Oral Hygiene

- Many care home residents rarely or never have access to a dentist, which results in a significant deterioration of people's oral health.

- Care staff rarely receive training on oral hygiene and are therefore unable to maintain the oral health needs of older people effectively or are unaware of how to identify a problem that needs to be referred to a dentist.

People and Leadership

Care Staff

- Working with emotionally vulnerable, cognitively impaired and frail older people is emotionally, mentally and physically challenging and demanding. Many care staff are generally kind and committed and are trying their best to deliver high standards of care in a pressured environment with limited resources and support.

- Care work currently has a particularly low social status, reflected by low pay, long working hours, poor working conditions and a lack of opportunities for professional development and career progression.

- Registration and regulation of care staff would be an effective way of driving up the status, identity and value placed on delivering residential and nursing care for older people.

- Many care homes are understaffed, sometimes chronically, which can significantly increase the pressure placed on care staff and can result in them having less time to interact with residents as they become more task-orientated to ensure that their essential core duties are undertaken.

- The recruitment and retention of high quality care staff is vital to older people's quality of life. Many of the best care homes are those with high morale among care staff and low staff turnover.

- Current basic mandatory training for care staff, which consists only of manual handling, fire safety and health and safety training, does not sufficiently prepare individuals to understand the needs of older people and provide the appropriate support. Furthermore, a significant number of care staff (estimated to be 40% of the workforce) are delivering care without even this most basic of training.

- Values based training, which includes themes such as dignity and respect, attitudes and empathy and equality and human rights, is essential to ensure that care staff not only fully understand the needs of older people living in residential care, but can also understand what it feels like to be an older person receiving such care. This is essential to be able to provide truly person-centred care and not simply follow a task-based approach.

Nursing Staff

- There is often disparity between the standards of nursing in the NHS and the standards found in nursing care homes. This can be due to a number of factors, including limited clinical supervision, a lack of peer support in nursing homes and a lack of opportunities for professional development.

- It is more difficult to recruit nurses to work in nursing care homes due to a lower standard of pay and conditions, more isolated working environments and a general negative perception of nursing care homes.

- There can be confusion about roles and responsibilities for clinical treatment and care between the NHS and nursing care homes due to assumptions that nurses working in nursing care homes can 'do everything'. This means that the NHS often does not provide support in a proactive way.

Care Home Managers

- Effective leadership is a common factor amongst good care homes and strengthening management and leadership skills delivers better outcomes. A Care Home Manager plays a key role in modelling person centred care on a daily basis and is essential to improve the quality of interactions between residents and care staff to ensure that a task-based approach is not used in the delivery of care.

- The breadth of a Care Home Manager's role, as well as competing priorities and demanding workloads, can result in a lack of time to drive the cultural change often required within care homes.

- There is a clear need for effective and on-going support for Care Home Managers, both in the form of additional training and specialist and peer support, due to the increasing demands and expectations that are now placed on this role.

- The role of a Care Home Manager can be too much for one individual to balance and a more equitable balance between the Care Home Manager and the responsible individual (e.g. care home owner) can deliver better outcomes for older people.

Workforce Planning

- Workforce planning is challenging due to a lack of demographic projections about future demand for, and acuity levels within, care homes. It is therefore not possible to quantify the 'right' number of care staff needed in the future.
- The unregulated nature of the care home workforce in Wales, which means that data is not held on the number of care home staff in Wales, can also lead to difficulties around effective workforce planning.
- In relation to nursing staff, workforce planning is not effective as it is based only on the needs of Health Boards and does not consider the needs of residential care. This can cause particular issues around the recruitment of qualified and competent nurses to work in EMI (Elderly Mentally Infirm) settings.
- There are issues around the recruitment of qualified and competent Care Home Managers and there is a lack of effective planning for current and future needs.

Commissioning, Inspection and Regulation

Commissioning

- The statutory focus of commissioning processes has been on contractual frameworks and service specifications rather than the quality of life of older people living in care homes.
- There is a lack of shared intelligence and joint working in contract monitoring to ensure that older people are safe, well cared for and enjoy a good quality of life.
- Commissioners are often experts in procurement but are often not experts in social care and do not fully understand the increasingly complex needs of older people.

National Minimum Standards

- The National Minimum Standards[1] (The Standards) are reinforcing a culture of tick box compliance, rather than creating an enabling culture where older people are supported to have the best quality of life.
- The Standards are insufficient to meet the needs of the emotionally vulnerable and frail older people now living in care homes.
- The Standards do not explicitly outline how to provide enabling care and

support to older people with sensory loss and/or cognitive impairment and dementia.

Availability of Care Homes

- The residential and nursing care market in Wales is volatile and fragile. There are a number of barriers that can discourage providers from entering the market in Wales.
- A lack of registered Care Home Managers and a shortage of appropriately skilled nursing staff are risk factors to both the quality of care being provided and the ability for a provider to continue provision.
- The choices available to older people are often restricted by a lack of capacity in some areas, which can result in older people having to move away from their family and communities or live in a care setting that is not entirely appropriate for their needs or life.
- There is no overview at a strategic level to ensure sufficient and appropriate care home places for older people in Wales, both now and in the future.

Self-funders

- The current lack of knowledge about the number of self-funders in Wales living in care homes has an impact on the quality of life of older people as it is not clear what support and advice individuals are receiving and the extent to which or how the quality of care that self-funders receive is monitored.
- Residents who are self-funders and their families are fearful about raising concerns and complaints with a provider because of the perceived risk that they may be asked to leave the residential home and would not know how to manage such a situation without support.
- The health and care needs of self-funders are not sufficiently monitored and are therefore often not recognised and acted upon by visiting Local Authority and Health Board staff because they only monitor the individuals who are funded by their bodies.
- Local Authorities and Health Boards are unable to fully plan for the future needs of the older population and required provision of residential and nursing care if they are unaware of the total number of self-funders living in care homes, or how many self-funders are likely to live in care homes in the future.

Regulation and Inspection

- Quality of life is not formally recognised by the system in the way that it implements regulation and inspection at present and there is too great a reliance simply on formal inspection.

- The current inspection approach adopted in respect of nursing homes means that there is currently not a system-wide approach to ensuring effective scrutiny of the delivery of healthcare within residential and nursing care settings.
- The potential for the regulation and inspection system to be strengthened through the use of Community Health Councils and Lay Assessors to monitor healthcare and wider quality of life within care homes has not yet been fully explored.

Key Conclusions and Required Change

My key conclusions, which are drawn from the key findings of my Review, as well as my own casework and on-going engagement with national and local government across Wales, provide a high level assessment of those areas where change is required. This change is underpinned by clear outcomes to ensure that Wales, in taking forward the action contained within this report, stays focused on the overall aim of my Review: that quality of life sits at the heart of residential and nursing care in Wales.

The overall conclusion of my Review is clear: Too many older people living in care homes have an unacceptable quality of life and the view of what constitutes 'acceptable' needs to shift significantly.

Our best care homes are empowering, enabling, flexible, welcoming and friendly, communities in their own right but also still part of the wider communities in which they are located. The older people who live in these homes have the very best quality of life that they could. In our best care homes, older people are safe, can regain their independence, have a sense of identity and belonging, and are supported to live better lives. This care is a tribute to the many dedicated care home staff across Wales, as well as others who work within our social care system.

However, this is not the case for all care homes. Too many simply focus on the functional aspects of care, with a reliance on a task-based approach, rather than delivering care that is person-centred. Too many care homes are focused on an unchallenged dependency model that prevents older people from maintaining their health, wellbeing and independence for as long as possible. For too many older people their lives in care homes can be without love or friendship and people can be lonely and sad.

Too often, there is an acceptance by organisations and the 'system' of an overall level of care that is simply not good enough. Much of what is now considered to be acceptable should be considered unacceptable in 21st century Wales and falls below the standard that older people have a right to expect. Care delivered without abuse or neglect is not the same as good care.

Through undertaking my Review I have drawn the seven conclusions below. Underneath each conclusion I make clear the change that needs to take place and the outcomes that must be delivered. The actions required, including lead responsibilities and time scales, are contained in the Requirements for Action section.

1. Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives.

When older people move into a care home, too often they quickly lose access to the things that matter to them that give their lives value and meaning and are an integral part of their identity and wellbeing, such as people, places and everyday activities. Older people are often not supported to do the things that matter to them but instead have to fit into the institutional regime often found in care homes, losing choice and control over their lives.

This is due, in part, to a risk-averse culture, but is also indicative of a system in which the dignity and respect of older people is not sufficiently protected and older people are not seen as individuals with rights. This is exacerbated by de-humanising language too frequently used, such as 'toileting', 'feeding', 'bed number' or 'unit' that further strips older people of their individuality, their dignity and the concept of the care home as their home. For too many, a daily culture of inactivity and a task-based approach to delivering care, centred around the functional aspects of day-to-day life such as getting up, eating, formalised activity hours and going to bed, leads to institutionalisation and a loss of value, meaning and purpose to life.

The change I expect to see:

Older people are supported to make the transition into their new home, are seen and treated as individuals, have choice and control over their lives, enabling them to do the things that matter to them, and are treated at all times with dignity and respect.

Evidence of this will include:

Older people receive information, advice and practical and emotional support in order for them to settle into their new home, beginning as soon as a decision to move into a care home is made (Action 1.1 & 1.2).

Older people's physical, emotional and communication needs are fully understood, as are the issues that matter most to them, and these are reflected in the services, support and care that they receive (Action 1.1).

Older people have real control over and choice in their day-to-day lives and are able to do the things that matter to them, including staying in touch with friends and family and their local community (Action 1.1).

Older people are aware of their rights and entitlements and what to expect from the home (Action 1.2).

Older people are clear about how they can raise concerns and receive support to do so (Action 1.2).

Older people are supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times (Action 1.1, 1.3, 1.5).

Mealtimes are a social and dignified experience with older people offered real choice and variety, both in respect of what they eat and when they eat (Action 1.1, 1.4).

Older people are treated with dignity and respect and language that dehumanises them is not used and is recognised as a form of abuse (Action 1.1. 1.3, 1.4, 1.5, 4.6).

Older people living in care homes that are closing, as well as older people that are at risk of or are experiencing physical, emotional, sexual or financial abuse, have access to independent or non-instructed advocacy (Action 1.6).

2. Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life.

Older people want to maintain their physical and mental health for as long as possible. However, formal health promotion is absent from many care homes. Too many older people are not being offered preventative screening or interventions, such as falls prevention, mental health support, speech and language therapy, occupational therapy, physiotherapy and wider re-ablement, which would enable them to sustain or regain their independence, mobility and overall quality of life. This is a particular issue when older people move into care homes after periods of ill health or following hospital admissions.

The lack of this specialist support, which would be more readily available if they were still living in their own home, can hasten frailty and decline, both physical and mental.

The change I expect to see:

Older people living in care homes, through access to health promotion, preventative care and reablement services, are supported to sustain their health, mobility and independence for as long as possible.

Evidence of this will include:

Older people benefit from a national and systematic approach to health promotion that enables them to sustain and improve their physical health and mental wellbeing (Action 2.1).

Older people receive full support, following a period of significant ill health, for example, following a fall, or stroke, to enable them to maximise their independence and quality of life (Action 2.2).

Older people's risk of falling is minimised, without their rights to choice and control

over their own lives and their ability to do the things that matter to them being undermined (Action 2.3).

The environment of all care homes, internally and externally, is accessible and dementia and sensory loss supportive (Action 2.4).

3. The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.

Older people living in care homes need to feel safe, reassured and that they are cared for and cared about. The current focus on task-based care, together with the absence of a values-based approach, can lead to care and compassion, simple kindness and friendship, too often being missing from older people's lives in care homes. Their emotional and communication needs are often misunderstood and neglected, with the needs of older people with dementia frequently poorly understood. As a consequence, they are too frequently labelled as 'challenging' or 'difficult', which places them at risk of unacceptable treatment and the inappropriate use of antipsychotics. The absence of emotional care is not recognised as emotional neglect, which, in turn, is not recognised as a form of abuse.

The change I expect to see:

Older people in care homes receive the care and support they need to sustain their emotional and mental wellbeing and anti-psychotic drugs are not inappropriately used. Residents feel safe, valued, respected, cared for and cared about, and care is compassionate and kind, responding to the whole person.

Evidence of this will include:

All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made (Actions 3.1 & 3.2).

Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community (Action 3.3).

Older people are able to continue to practice their faith and maintain important cultural links and practices (Action 3.3).

The mental health and wellbeing needs of older people are understood, identified and reflected in the care provided within care homes. Older people benefit from specialist support that enables them to maximise their quality of life (Action 3.4, 3.5).

Older people are not prescribed antipsychotic drugs inappropriately or as an alternative to non-pharmaceutical methods of support and NICE best practice guidance is complied with (Actions 3.4 & 3.5).

Emotional neglect of older people is recognised as a form of abuse and appropriate action is taken to address this should it occur (Action 3.6).

4. Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.

Too many older people living in care homes do not have access to the basic functional screening and primary healthcare that would have been available to them while living in their own home, such as regular access to GP services, eye health, sight and hearing tests, podiatry services, oral health advice, medication reviews and specialist nursing care.

Older people are unable to access services to which they are entitled, undermining their health and wellbeing. As a result of this, their ability to do the things that matter to them and communicate effectively can be significantly compromised.

The change I expect to see:

Older people living in care homes clearly understand their entitlements to primary and specialist healthcare and their healthcare needs are fully met.

Evidence of this will include:

There is a consistent approach across Wales to the provision of accessible primary and specialist health care services for older people living in care homes and older people's healthcare needs are met (Actions 4.1, 4.2 & 4.5).

Older people in nursing care homes have access to specialist nursing services, such as diabetic care, tissue viability, pain management and palliative care (Action 4.1, 4.2).

Older people are supported to maintain their sight and hearing, through regular eye health, sight and hearing checks (Actions 4.1, 4.2 & 4.3).

Older people are able to, or supported to, maintain their oral health and retain their teeth (Actions 4.1, 4.2 & 4.3).

Older people have full access to dietetic support to prevent or eliminate malnourishment and to support the management of health conditions (Actions 4.1, 4.2 & 4.3).

Care staff understand the health needs of older people and when and how to access primary care and specialist services (Action 4.3, 5.4).

Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed (Action 4.4).

Older people are able to challenge, or have challenged on their behalf, failures in meeting their entitlements (Action 4.5).

5. The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.

Care staff and Care Home Managers play a fundamental role in ensuring that older people living in care homes have the best quality of life and should be seen as a national asset to be invested in.

However, despite working in highly challenging and difficult circumstances, they currently receive low pay, often have poor terms and conditions, work long hours, lack training and work in a sector that is rarely seen as having a valuable status.

There is insufficient support available to care staff to ensure that they have the skills, knowledge and competencies required to deliver both basic and high quality care and there are limited opportunities for continued professional development and career progression.

Despite the high acuity levels of many older people living in care homes, there is no standard approach to staffing levels and required competencies and, for many care home providers, support is only available to them once the quality of their services has declined to an unacceptable level.

The change I expect to see:

There are sufficient numbers of care staff with the right skills and competencies to meet the physical and emotional needs of older people living in care homes.

Evidence of this will include:

Care homes have permanent managers who are able to create an enabling and respectful care culture and support care staff to enable older people to experience the best possible quality of life (Action 5.1).

Older people are cared for by care staff and managers who are trained to understand and meet their physical and emotional needs, including the needs of people with dementia and sensory loss, and who have the competencies needed to provide dignified and compassionate care (Action 5.2).

Older people receive compassionate and dignified care that responds to them as an individual (Action 5.3, 5.4, 5.5).

Care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources and support that leads to improved care and reduced risk (Action 5.6).

Older people are safeguarded from those who should not work within the sector (Action 5.7).

The true value of delivering care is recognised and understood (Action 5.8).

6. Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life.

At present, there is an inconsistent and geographically variable focus on quality of life within commissioning, which is too often seen as a functional task-based process. Although there is action being taken at a local level in Wales to better recognise quality of life and the Welsh Government has published a new Social Services National Outcomes Framework, this has yet to translate into a consistent and systematic approach to the commissioning, regulation and inspection of care that has quality of life at its heart and is reflected in the way that commissioning, regulation and inspection are implemented.

There are competing and inconsistent demands upon providers, both in relation to standards and reporting, as well as an inconsistent approach to joined-up working, information sharing and the use of information to better evaluate quality of life and care.

Within nursing care homes there is also a lack of independent inspection from a healthcare perspective and there is currently not sufficient scrutiny of access to healthcare within residential care settings.

There is a lack of information that can be meaningfully used by older people, their families and those who care for and support them, to judge the quality of life, care and safety in individual care homes. There is also a lack of information in the public domain from commissioners and providers about the quality of care they provide or are accountable for.

Too many older people struggle to raise concerns and feel that their concerns are acted upon in an unsatisfactory way. There is also, too often, a lack of any evaluation of the quality of care outside of formal inspections.

The change I expect to see:

Quality of life sits in a consistent way at the heart of regulation, provision and commissioning, inspection and reporting. Providers, commissioners and the inspectorate have a thorough and accurate understanding of the day-to-day lives of older people living in care homes and this information is shared effectively to promote on-going improvements and reduce the risk of poor care. There is greater public reporting on the quality of care homes within Wales and older people have access to meaningful information in respect of the quality of care provided within individual care homes. There are effective ways in which the views of residents and their families are sought and used to support continuous improvement.

Evidence of this change:

Quality of life sits consistently at the heart of the delivery, regulation, commissioning and inspection of residential and nursing care homes (Action 6.1).

Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes (Action 6.2, 6.3).

Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement (Action 6.2, 6.3).

The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting (Action 6.4, 6.5, 6.6).

Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide (Action 6.7, 6.8, 6.9, 6.10).

Older people are placed in care homes that can meet their needs by commissioners who understand the complexities of delivering care and are able to challenge providers about unacceptable care of older people (Action 6.11).

7. A current lack of forward planning means that the needs of older people in care homes will not be met in the future.

There is not a clear national understanding of what the future need for residential and nursing care will be, nor an understanding of how acuity levels within care homes are likely to further change as a result of wider changes in the model of health and social care within Wales and the potential for further development of other models that combine housing and care, such as extra care, has not been fully explored.

This means that there is a lack of effective forward planning for, and action to ensure, the future supply of appropriate, high quality care home places in Wales with the appropriate numbers of specialist staff required, in particular in respect of nursing care.

There are already parts of Wales that are unable to meet current demand, in particular in respect of care of older people with high levels of dementia and nursing care needs.

The change I expect to see:

There are sufficient numbers of care homes in Wales, or alternatives to traditional care homes, in the places that older people need them to be, that are able to provide high quality care that meets the needs of older people.

Evidence of this change:

Forward planning ensures there is a sufficient number of care homes, of the right type and in the right places, for older people (Action 7.1).

Forward planning and incentivised recruitment and career support ensures that there are a sufficient number of specialist nurses, including mental health nurses, to deliver high quality nursing care and quality of life outcomes for older people in nursing homes across Wales (Action 7.2, 7.3).

Impact of not delivering the change required

If we fail to deliver the change I have outlined in my report, we fail older people. We fail those who need us, expect us and require us, through our collective leadership, to act on their behalf. If we fail, the price will not be paid by those of us in public service, it will be paid by some of the most vulnerable people in society and the price that they will pay will be too high.

Within my Requirements for Action I make clear what the impact of this failure will be upon older people. This should drive all of us in public service to do everything that needs to be done to support, protect and stand up for those who are most vulnerable and ensure that older people living in care homes in Wales have the very best possible quality of life.

Why I Carried out my Review

In 2013, I published my priorities as Commissioner, based on extensive engagement with older people across Wales, in effect their priorities. In my Framework for Action, I clearly signalled that I expected to see significant improvements in the quality of, availability of and access to, health and social care. Specifically, that quality of life sits at the heart of residential and nursing care, that people with dementia and other groups of older people needing specific support have their needs met and that older people have voice, choice and control over how they receive services, care and support.

Whilst residential care is not an option for everyone, and increasingly need not be as a result of significant work within Wales to support people in their own homes, for many older people it continues to be a key way in which they receive the care and support they need and, in years to come, will be particularly important for our frailest and most vulnerable older people.

The majority of older people living in a care home will have moved there as a result of complex health conditions, disability or frailty, which meant that they could no longer live safely in their own homes. Many of these people, just a few years ago, would have been cared for in community hospitals or long-term care of the elderly wards.

This means that the 23,000 care home residents in Wales[2] are amongst the most vulnerable people in society, often as a result of significant levels of cognitive impairment, sensory loss and emotional frailty, as well as physical ill-health, which, too often, can leave them without an effective voice and powerless.

For example, 80% of older people living in residential care will have a form of dementia[3] or cognitive impairment. Similarly, it is estimated that 70% of people aged over 70 have some form of sensory loss, a figure that rises significantly among people aged 80 and over[4.5].

Older people in care homes, however, must not be categorised by their health conditions or be seen as a homogenous group. Older people living in care homes are diverse, with individual needs and wishes. The diversity of older people, which covers the breadth of race, gender, language, disability, sexual orientation, trans status and religion or belief, must be recognised and the care they receive must be sensitive to their individual needs.

I travel the length and breadth of Wales meeting with many older people living in care homes, as well as care staff, and I have seen for myself the impact that high quality care, which meets people's individual needs, can have on their lives. I have spoken frequently about the many excellent examples of health and social care in Wales and the many dedicated staff in both the public and private sector.

However, I have also received an increasing amount of correspondence about the quality of life and care of older people in care homes across Wales and I have had to provide individual support to older people and their families who have found themselves in the most distressing and unacceptable of circumstances to ensure that they are safe and well cared for.

As a result, I have spoken publicly many times about what I consider to be unacceptable variations in the quality of life and care of older people in care homes. I have been clear that we fail to keep too many older people safe and free from harm, that too many older people are not treated in a compassionate and dignified way and that, for some, their quality of life is unacceptable.

I recognise that much work has been undertaken and is taking place within Wales to address specific aspects of social care. The National Assembly for Wales' Health and Social Care Committee's Residential Care Inquiry, for example, examined how effective the residential care sector was at meeting older people's needs, with a focus on the process by which older people enter residential care. Similarly, the Social Services and Wellbeing (Wales) Act 2014 aims to transform the way that social services are delivered in Wales. Furthermore, forthcoming legislation in the form of the Regulation and Inspection Bill offers a real opportunity for quality of life to become a key part of regulation and inspection processes. There is also work underway across Wales, in some places significant, at a local level, both within Local Authorities and Health Boards and by care home providers, to address a wide range of aspects of residential and nursing care.

However, despite this work, I wanted, and required, a higher level of assurance that the action being taken would ultimately translate to safer, high quality care for older people living in care homes and that having the best quality of life would become the outcome that sits at the heart of residential and nursing care across Wales.

It is for the reasons outlined above that I took the decision to undertake a Review into the quality of life and care of older people living in care homes in Wales, using my powers under Section 3 of the Commissioner for Older People (Wales) Act 2006.

Focusing on and Defining Quality of Life

My extensive engagement with older people and care staff in care homes has made it clear to me that life is precious and life is for living, regardless of your age or how frail you may be. It is not sufficient for older people to be just safe and physically well cared for in care homes, essential as these are. Despite the importance of quality of life, through my engagement with older people, it became clear to me that this was systematically missing from our residential and nursing care sector.

Our quality of life as we grow older is hugely important to all of us and should be formally recognised and sit at the heart of the residential and nursing care sector in Wales to ensure that older people living in care homes have lives that have value, meaning and purpose. It is for this reason that my Review focuses on quality of life.

Older people have told me that their lives have value, meaning and purpose when they:

- Feel safe and are listened to, valued and respected
- Are able to do the things that matter to them
- Are able to get the help they need, when they need it, in the way they want it
- Live in a place which suits them and their lives

Figure 1.Quality of Life Model

Older people are very clear that they want to have a strong voice and meaningful control over their lives, both in their day-to-day life and how they are supported and cared for. The extent to which they do will have a direct impact on their quality of life and, in many cases, increase the positive impact of services.

How I Carried out my Review

In order for my Review to achieve its aims, I drew together a number of different approaches, including an extensive literature review, a questionnaire for older people, their families and carers, focus groups, written and oral evidence and visits to care homes to observe and understand the day-to-day lives of older people. To support me in these visits, I recruited a team of 43 Social Care Rapporteurs from a wide range of backgrounds and selected an observation tool that considers a range of quality of life factors such as control over daily life, personal safety and social participation and aligns with my own quality of life model.

Commencing in October 2013, the process for my Review comprised five phases:

Phase 1: (October 2013 – January 2014)

- Review team undertakes comprehensive review of research literature about residential and nursing care.
- Adoption of ASCOT, the Adult Social Care Outcomes Toolkit (Appendix 6), as the framework against which to consider quality of life factors for older people living in care homes.
- Development of a detailed questionnaire for older people, their families and the general public to share their experiences of residential and nursing care. The questionnaire considered factors such as physical and psychological health, social relationships, and the care home environment.
- Formal launch of the Review process, with extensive media coverage across Wales.
- Wide distribution of the questionnaire to every care home in Wales, third sector organisations, older people's groups, 50+ forums and Assembly Members to reach as many older people and their families as possible across Wales. Alongside this, the Review team undertook work with the media, particularly local newspapers, to promote the Review and call for evidence.
- Review team receives over 2,000 questionnaire responses.
- Review team gathers written evidence from the bodies subject to the Review (Appendix 3), with a particular focus on current systems in place and action underway to promote the quality of life of older people living in care homes.
- Review team also gathers extensive written evidence from a wide range of organisations that represent and work on behalf of older people, including professional bodies, third sector organisations and recognised experts in the delivery of residential and nursing care.

- Review team receives a total of 53 written submissions (Appendix 4).
- Review team recruits and trains 43 Social Care Rapporteurs (Appendix 2) to prepare them for visits to care homes during Phase 2.

Phase 2: (January 2014 – May 2014)

- Review team selects 100 care homes at random for visits by Rapporteurs. The selection process ensures that the care homes represent the diverse cultural and demographic context of Wales.
- Rapporteurs make unannounced visits to 100 care homes across Wales, seven days a week, to observe older people and to hear directly from them about their experiences and expectations.
- Review team undertakes a series of engagement events and focus groups across Wales to capture the views and experiences of the families of older people living in residential and nursing care, those providing independent advocacy and representatives of groups whose voices are seldom heard.
- Review team gathers oral evidence at roundtable discussion sessions with organisations that represent and work on behalf of older people, including professional bodies, third sector organisations and recognised experts in the delivery of residential and nursing care.
- Review team undertakes an analysis of the extensive evidence received.

Phase 3: (May 2014 – September 2014)

- Review team undertakes evidence and scrutiny sessions with bodies subject to the Review to discuss and consider the written evidence provided in greater detail and to obtain further information about their understanding of the day-to-day realities of living in residential and nursing care, the change required to improve quality of life and whether current action (planned or underway) is sufficient to deliver this change.
- Review team undertakes a second round of evidence and scrutiny sessions with bodies subject to the Review in order to cross-reference against evidence gathered from the Review questionnaires and care home visits.
- Review team analyses oral evidence from a total of 82 bodies gathered during roundtable discussion sessions and formal evidence / scrutiny sessions (Appendix 5).
- Writing of Review report and development of Requirements for Action.

Phase 4: (November 2014)

- Review report published.
- Requirements for Action issued to public bodies subject to the Review that state what must be improved, changed or implemented to ensure that quality of life sits at the heart of residential and nursing care across Wales.

Phase 5: (February 2015)

- Deadline for responses to Requirements for Action. The public bodies to whom Requirements for Action are directed must demonstrate what action they will take to comply with them.
- Publication of a register detailing Requirements for Action and what action will be taken by public bodies.
- Agreed action is implemented and mechanisms agreed and adopted to provide assurance that this action has delivered the intended outcomes.

Requirements for Action

My required actions range from system changes to changes around very specific aspects of care. In formulating these actions, I have sought advice from a wide range of experts and I have focussed on action that will have the most impact, clearly linking my actions to intended outcomes. I have linked my required actions back to the current and developing policy agenda in Wales, in particular to the National Outcomes Framework, as well as the opportunities afforded to us by forthcoming legislation and the good practice that already exists in Wales.

Any change, particularly systemic change that reboots the system and redefines an approach to care, needs strong leadership and drive to ensure that it delivers in a way that is meaningful to the older people that the change is intended to benefit. Without taking away from the leaders in their own fields that there are across Wales, there is a clear role for the Welsh Government to lead from the front, both in respect of expected change and providing support to our wider services and the organisations under my Review to ensure not just that the change outlined in my report is delivered, but that the intended outcomes are delivered as well.

Following formal agreement, in line with the requirements of the Commissioner for Older People (Wales) Act, of the action that will be taken by the bodies subject to my Review, I will also agree how compliance against these actions will be reported and how assurance will be provided that the intended outcomes have been delivered.

Whilst there will be some resource implications to implement the required actions, I have been conscious of constraints on public finances and realistic in laying out my expected outcomes and action.

If the change required that has been identified in my Review is not delivered, the price that is paid by older people will be too high. Increasingly, in the years to come, a failure to act will expose public bodies and independent providers to litigation, reputational damage, time spent undertaking remedial action or formal investigations into failures in care and will further increase pressures upon the NHS and social services.

Key Conclusion 1: Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives.

1.1 A national approach to care planning in care homes should be developed and implemented across Wales.

1.2 All older people, or their advocates, receive a standard ‘Welcome Pack’ upon arrival in a care home that states how the care home manager and owner will ensure

that their needs are met, their rights are upheld and they have the best possible quality of life.

1.3 Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.

1.4 National good practice guidance should be developed and implemented in relation to mealtimes and the dining experience, including for those living with dementia.

1.5 An explicit list of 'never events' should be developed and published that clearly outlines practice that must stop immediately. The list should include use of language, personal care and hygiene, and breaches of human rights.

1.6 Older people are offered independent advocacy in the following circumstances:

- when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse.
- when a care home is closing or an older person is moving because their care needs have changed.
- when an older person needs support to help them leave hospital.

Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them sustain or regain their quality of life.

2.1 A National Plan for physical health and mental wellbeing promotion and improvement in care homes is developed and implemented.

2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.

2.3 A National Falls Prevention Programme for care homes is developed and implemented.

2.4 The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply.

Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse.

3.1 A national, standardised values and evidence based dementia training programme is developed that covers basic, intermediate and advanced levels of training, which draws on the physical and emotional realities of people living with dementia to enable care staff to better understand the needs of people with dementia.

3.2 All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

3.3 Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.

3.4 In-reach, multidisciplinary specialist mental health and wellbeing support for older people in care homes is developed and made available.

3.5 Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets For Dementia.

3.6 The development of new safeguarding arrangements for older people in need of care and support in Wales should explicitly recognise emotional neglect as a form of abuse, with this reflected in guidance, practice and reporting under the new statutory arrangements.

Key Conclusion 4: Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.

4.1 A clear National Statement of Entitlement to primary and specialist healthcare for older people in care homes is developed and made available to older people.

4.2 A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement.

4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.

4.4 Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.

4.5 Community Health Councils implement a rolling programme of spot checks in residential and nursing care homes to report on compliance with the National Statement of Entitlement and Fundamentals of Care.

Key Conclusion 5: The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.

5.1 A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies.

5.2 The development and implementation of a national standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people.

5.3 A standard set of mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes.

5.4 A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework.

5.5 All care homes must have at least one member of staff who is a dementia champion.

5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.

5.7 The Regulation and Inspection Bill should strengthen the regulatory framework for care staff to ensure that a robust regulation of the care home workforce is implemented for the protection of older people.

5.8 A cost-benefit analysis is undertaken into the terms and conditions of care staff. This analysis should include the impact of the introduction of a living wage and/or standard employment benefits, such as holiday pay, contracted hours and enhancements.

Key Conclusion 6: Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life

6.1 A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act.

6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon.

6.3 Lay assessors are used, on an on-going basis, as a formal and significant part of the inspection process.

6.4 An integrated system of health and social care inspection must be developed and implemented to provide effective scrutiny in respect of the quality of life and healthcare of older people in nursing homes.

6.5 Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in individual nursing homes.

6.6 An annual report on the quality of clinical care of older people in nursing homes in Wales should be published, in line with Fundamentals of Care.

6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes.

6.8 Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:

- the inappropriate use of anti-psychotics
- access to mental health and wellbeing support
- number of falls
- access to falls prevention
- access to reablement services
- support to maintain sight and hearing

6.9 The Chief Inspector of Social Services publishes, as part of her Annual Report, information about the quality of life and care of older people in care homes.

6.10 Care home providers report annually on the delivery of quality of life and care for older people.

6.11 A national, competency based, training programme for commissioners is developed, to ensure that they understand and reflect in their commissioning the needs of older people living in care homes, including the needs of people living with dementia.

Key Conclusion 7: A current lack of forward planning means that the needs of older people in care homes will not be met in the future.

7.1 A national plan to ensure the future supply of high quality care homes is developed.

7.2 NHS Workforce planning projections identify the current and future level of nursing required within the residential and nursing care sector; including care for older people living with mental health problems, cognitive decline and dementia.

7.3 The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.

Next Steps

Requirements for Action

The Commissioner's Requirements for Action clearly outline the change that is needed to drive up the quality of life and care of older people living in care homes across Wales.

The Commissioner expects, as do older people and the large number of individuals and organisations that responded to her Review, that the public bodies subject to her Review will take concerted action to deliver the change required and through this to embed quality of life at the heart of residential and nursing care within Wales and ensure that older people receive that to which they are entitled.

Implementation of the Commissioner's Requirements for Action

The Commissioner has requested, in line with the Commissioner for Older People (Wales) Act 2006, that the bodies subject to the Requirements for Action in this report provide, in writing, by 2 February 2015, an account of:

- How they have complied, or propose to comply with the Commissioner's Requirements for Action; or
- Why they have not complied with the Requirements for Action; or
- Why they do not intend to comply with the Requirements for Action.

Formal written notices will be issued to any bodies that fail to respond or provide inadequate information. If the response received is not deemed satisfactory after this process, the Commissioner reserves the right to draw it to the attention of the general public.

Requirements for Action / Recommendations Register

The Commissioner is obliged to keep a register of the recommendations made in the report and the actions taken in response. The register must be available for the general public to view. It will be published on the Commissioner's website and made available to individuals on request.

Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

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Mr Colin Everett
Chief Executive
Flintshire County Council
County Hall,
Mold
Flintshire
CH7 6NB

19 January 2018

Dear Mr Everett,

I write to thank you for providing a response to the follow-up work linked to my Care Home Review, which has now been analysed and assessed.

In undertaking this follow-up work, I was looking for evidence of how the required changes outlined in my Care Home Review report, A Place to Call Home?, are being delivered and whether this is resulting in improved outcomes and a better quality of life for older people.

My analysis of your submission is attached and includes detailed commentary on the quality of the evidence provided in relation to the specific Requirements for Action. In making my assessment, I have also taken into account the public commitments that you made in 2015, following my Care Home Review, as well as your evaluation of progress achieved to date.

The overall quality of your submission was good. For the most part it conformed to the format requirements and provided sufficient detail. All of your responses to my Requirements for Action have been analysed

as ‘Sufficient’ and your submission has demonstrated an acceptable level of progress. My analysis has highlighted where planning and/or delivery does not appear sufficiently robust to deliver the intended outcomes, but overall I am encouraged by the progress that has been made and the commitment to ongoing improvement

I would have liked more specific evidence of outcomes for older people as it is essential that the meaning of ‘outcomes’ is clearly understood by staff and embedded in policy and practice. The shortage of meaningful and measurable data to illustrate improvements made to older people’s quality of life is something that needs to be addressed.

I note that Flintshire is taking active steps to promote quality of life across care homes in the area, through the ‘Creating A Place Called Home, Delivering What Matters’ initiative; there is evidence that this is being achieved on a partnership basis and actively involving care home staff and residents, which is encouraging. At a regional level there is reference to the North Wales Regional Commissioning Board and Joint Inter-agency Monitoring Panel, and there is clearly a range of local monitoring and reporting activity in place.

My expectation is that the final report and the individual analysis that I have provided are discussed at Board level. Please could you:

- confirm receipt of this correspondence;
- let me know the date when my analysis of your response to this follow up of my Care Home Review will be discussed at Board level; and
- provide a note, within 28 days of these discussions, of any further actions and commitments that the Board has agreed.

I would like to stress that continued governance oversight of delivery of the Requirements for Action within my Care Home Review is of vital importance.

My follow-up report is attached, which summarises findings across the public bodies that were required to submit evidence, as well as setting out where further work is needed to drive change. Driving this systematic and cultural change across all partners is essential to ensure that what is delivered is meaningful to older people.

It is also important that this work is taken forward based on a partnership approach that includes statutory organisations and providers from across the public, private and third sectors, as well as care home residents and their families.

All of the submissions from the bodies subject to this follow-up work have been published on my website, together with my analysis of each response.

I look forward to continuing to work with you to ensure that older people living in care homes in Wales have the best possible quality of life and receive the highest standards of care.

Yours sincerely,

Sarah Rochira
Older People's Commissioner for Wales

CC - Cllr. Aaron Shotton

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Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

A Place to Call Home: Impact & Analysis

Assessing progress to improve the quality of life and care of older people living in care homes in Wales

Driving change for older people across Wales

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales. The Commissioner and her team work to ensure that older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services that they need.

The Commissioner and her team work to ensure that Wales is a good place to grow older, not just for some but for everyone.

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Contents

Foreword

When I published the findings of my 2014 Care Home Review, I was clear that significant change was required to ensure that quality of life for older people was placed at the heart of our care home system, across care delivery, commissioning, regulation and inspection.

Following the publication of my Care Home Review report, which was welcomed by all of the public bodies subject to it, I sought assurances that they would take forward the action needed across a wide range of areas and deliver the improvements that older people and their families told me they wanted to see.

Having received these assurances, I was clear that I would be closely monitoring the implementation of my Requirements for Action and that I would undertake a programme of detailed follow-up work, through which I would seek further evidence regarding the progress being made and the ways in which the required changes were being delivered in a number of key areas.

Since the publication of my Care Home Review, I have engaged extensively with the Welsh Government in respect of the development of new legislation and its underpinning regulations and codes of practice, and worked with many of the public bodies subject to the review to support them in delivering against the Requirements for Action that applied to them. In addition, I held a series of seminars across Wales for care providers and the wider care home sector, to both highlight the changes required and promote the good practice already in place. It is clear that there is a wide range of work and initiatives now underway, at both a national and a local level, focused on improving the quality of life of older people living in care homes.

Through my ongoing engagement and monitoring of progress made against my Requirements for Action, it is clear that the understanding of residential care, particularly in terms of what people have a right to expect, has been reframed significantly at a strategic level. The impact section of this report identifies new legislation, regulations and guidance that have the potential to deliver real change within care homes and make a real difference to the lives of older people.

These include new inspection frameworks that are both values-based and rights-based, new training frameworks for social care staff that have a particular focus on the needs of people living with dementia, and a range of local initiatives that are the result of more effective engagement with older people living in care homes and new standards in social care.

However, through my ongoing engagement and monitoring, I became concerned that there did not appear to be visible action across Wales in relation to a number

of areas. I therefore wrote to public bodies to request evidence regarding the action they had taken in relation to 15 specific areas. Whilst I recognise that many of these areas are complex and will take time to fully address, I expected to see clear evidence of leadership, ambition and progress moving in the right direction, alongside a clear understanding of why quality of life and outcomes are just so important for older people.

It is clear from the responses provided that, with very few exceptions, progress in these areas is insufficient and that significant action is still required in order for older people to have the quality of life they have a right to expect. As a result, I have no assurance that issues such as continence care, access to rehabilitation support, the prevention of falls and the use of anti-psychotic medication are routinely being managed in line with good practice to ensure the outcomes that older people have a right to.

Furthermore, I have no assurance that a number of key sectoral issues, such as workforce planning, the integration between health and social care inspection and the full involvement of the independent provider base within Wales, are being addressed sufficiently. This is deeply concerning as issues such as these sit at the heart of a number of the challenges faced by our care home sector.

Despite the positive progress made in some areas, my follow-up work makes it very clear that there is still much more to do. Stronger leadership and scrutiny of the action taking place is required from the Welsh Government, and Health Boards and Local Authorities must strengthen their focus on outcomes both at a strategic and a personal level if they are to move away from a task-based approach and deliver the outcomes that older people have a right to. Outcomes matter: they are ultimately what all of the action taking place, whether it be legislation, policy or local action, must be about. Outcomes are ultimately the only way that success can be judged. My Review report made explicit that the price paid by older people when these outcomes are not made real is unacceptably high.

There will always be a need for residential and nursing care, and the people who need this will have more complex health conditions and a greater need for care and support than ever before. Many older people, due to the circumstances in which they find themselves, will be totally reliant upon the people that care for them, totally reliant upon the wider systems in which residential and nursing care operates. They will need our care home system to be consistently at its best, a system that upholds their rights and truly meets their individual needs.

Sarah Rochira
Older People's Commissioner for Wales

Key findings

The key findings are set out in terms of:

- High level observations that relate to the public body submissions as a whole.
- Specific findings that relate to each Requirement for Action. Some of these are grouped as themes.

High level observations

Based on the evidence provided, many Public Bodies failed to demonstrate that the selected Requirements for Action are being driven in a way that makes a meaningful difference to the lives of older people living in care homes. Taken as a whole across sectors, only one third of the responses to my Requirements for Action have been judged as 'Sufficient'.[1] This is particularly disappointing as good progress is clearly achievable, as demonstrated by the four Local Authorities whose responses were judged as sufficient across all the Requirements for Action that were subject to this follow-up work.

The quality of submissions varied significantly; many of the responses lacked detail or did not centrally address the Requirement for Action, instead describing matters that are tangentially related. Overall, the levels of access to services for care home residents were not made sufficiently clear. For example, the data provided by Public Bodies often did not distinguish services provided to care home residents from people receiving support in their own homes. Only half of the submissions from Local Authorities mentioned self-funders at all, and there was generally a lack of clarity concerning access to services for self-funders.

Furthermore, there were disparities within and across the submissions. Some responses, for example, focused on activity within Local Authority homes yet failed to provide sufficient evidence of activity within the independent sector, or focused on nursing homes without reference to the wider residential sector.

The evidence was also highly variable in terms of how 'joined-up' systems appear to be, within and across public bodies, with a view to promoting quality of life and ensuring person-centred approaches. For example, the links and relevant data flow between care management systems, nurse assessors, support plans within the home, contract monitoring and statutory inspections are often not explicit.

1 Responses are available to view on the on the Older People's Commissioner for Wales website alongside the judgements that have been fed back to them <http://www.olderpeoplewales.com/en/reviews/chrfollowup/evidence.aspx>

The meaning of 'outcomes' and an 'outcomes-based approach' were not fully understood or made explicit. Within the submissions, the language used and evidence provided often related to throughputs and inputs or service outcomes, not person-centred outcomes for individual residents.

Unless the Requirement for Action directly referenced people with specific needs (such as 3.2, related to dementia training), the responses from Public Bodies generally neglected to mention how people living with dementia, sensory loss, or those who may be confined to bed are supported, a significant omission given the impact of these upon individuals.

Whilst these findings show that significant action is still needed to fulfil the specific Requirements for Action I included as part of this follow-up work, there are examples of innovative initiatives and good practice, and these have been included in the relevant sections.

Responses to the Requirements for Action

Continence

Welsh Government

- In its response to my 2014 Care Home Review, the Welsh Government stated that the NHS All Wales Continence Bundle Guidance would be reviewed as a basis for 'national guidance' on continence care for the care home sector, but this has not been produced. The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations address aspects of dignified continence care, as well as continence supplies. Whilst this is a step forward, this is not accompanied by more explicit guidance for providers or adequate recognition that this is a multi-agency issue.

Health Boards

- Whilst there is some evidence of good practice, the submissions from Health Boards suggest inconsistency in approaches and differential access to specialist services, support and appropriate continence products.
- Very little reference was made to continence care being delivered in person-centered ways that enable residents to have choice and control, which is an essential part of their quality of life.

Re-ablement and rehabilitation

Local Authorities and Health Boards

- Several responses illustrate the trend towards establishing 'step up' and 'step down' beds within care homes and much of the evidence provided describes re-ablement services that are increasingly focused on hospital discharge and hospital avoidance. Whilst this focus is an understandable priority for the public sector, a 'two-tier' system appears to be emerging where there is a differential level of service - and different expectations - depending on an individual's occupancy status within the care home.
- Little evidence was provided within the submissions of follow-up activity within homes, working with care home staff to ensure that reablement and rehabilitation goals are reinforced and linked to daily routines.
- A lack of explicit information was provided about whether a preventive approach is a reality for care home residents.

Falls prevention

Welsh Government

- The Welsh Government acknowledged the issues that were highlighted in the 2014 Care Home Review, which included the proposal to develop a national falls prevention programme for care homes. However, no evidence was provided to demonstrate that action has been taken to drive this forward.

Health Boards

- The evidence provided described a range of activity related to falls prevention in care homes (for example, staff training and resource packs, specialist falls practitioners, falls risk assessments), but this is piecemeal in some areas and there is not enough focus on preventive activities (for example, using gentle exercise programmes to help to maintain or improve balance, muscle strength and flexibility).

Dementia training

Local Authorities

- There was evidence of an increased focus on workforce development in relation to dementia, and examples of this being taken forward on a regional

or partnership basis. However, it was not always clear from the evidence provided that Local Authorities are addressing this issue comprehensively.

- 'Good Work: A Dementia Learning and Development Framework for Wales' provides the overarching framework to drive change in workforce development, and support what matters most to people with dementia regarding their care and support. However, over half of the Local Authority submissions made no mention of the Framework or how this will be implemented and monitored at a strategic level.

Befriending

Local Authorities

- A number of examples of good practice were provided, including inter-generational activities and faith-based support. However, the evidence provided in some areas gives inadequate reassurance that residents are enabled to go outside to connect with their local community, to help maintain and sustain external relationships that are vital to their wellbeing.
- Many of the examples provided by Local Authorities related to group activities, and there was limited evidence of care and support planning processes being actively used to ensure individualised, person-centred befriending activities.

Anti-psychotic medication

Health Boards

- Health Boards have not acted on previous commitments set out in relation to this Requirement and have failed to provide or publish clear accurate data in relation to the use of anti-psychotic medication in care homes.
- Some evidence was provided of good practice and projects leading to reductions in the prescribing of anti-psychotic medication in some areas. However, in some cases, this appears to be focused on nursing care homes or linked to particular services. The uneven level of services across the sector and lack of corporate oversight may pose potential risks to some residents.
- The evidence provided indicated that there are no clear pathways for the reduction of the use of anti-psychotic medication, and there does not appear to be sufficient evaluation of schemes in place.

- Little evidence was provided to indicate that individual outcomes related to quality of life are being followed up when the use of anti-psychotic medication is reduced for individuals.

Medication reviews

Health Boards

- The submissions described a range of systems, processes and interventions for providing medication reviews, but there were inconsistencies and potential gaps. It is not always clear how these are overseen and evaluated, or how individual outcomes are followed up.
- The Health Boards that are planning for the General Medical Services Direct Enhanced Service[2] stated that this will cover all residents and this will address the issue of medication reviews. However, it is not clear how they plan to address areas where the contractor does not take the option to provide the Direct Enhanced Service.
- The evidence provided suggested insufficient attention to the involvement of residents in their medication reviews.

Quality of life and engagement

CSSIW

- CSSIW's new inspection regime clearly outlines 'what good looks like' in terms of older people's quality of life, which will form the basis of all inspections in the future.
- Guidance for inspectors has been introduced and inspectors are receiving training on how to work within this new methodology, with an acknowledgement of the importance of upholding older people's rights and reference to the United Nations Principles for Older Persons.
- Changes have been made to inspection reports to ensure that they provide clearer conclusions about the quality of care that people receive and how this impacts upon their wellbeing.

Local Authorities and Health Boards

- The evidence provided about systems and processes to engage and involve residents was mixed in terms of quality, equity, consistency of coverage and the range of formats used.

2 See Glossary <http://www.olderpeoplewales.com/en/reviews/chrfollowup/glossary.aspx>

- Whilst a majority of submissions referenced the availability of independent professional advocacy, in some areas there is limited or no availability of more informal advocacy, or alternative independent provision, to enable residents and families to express their views.
- There are very few tangible examples of how residents' voices feed in to improvement processes and lead to specific changes.

Integrated inspection, governance and transparency

- Since the Welsh Government submission, the Services For the Future: Quality and Governance in Health and Care in Wales white paper has been published, which acknowledges the 'complex and confusing' system of inspection and regulation across Wales. It also demonstrates an intent to ensure that services deliver the same standard of care and support regardless of where they are received. However, there are no proposals about how the healthcare needs of care home residents will be scrutinised and met in terms of future inspection regimes, NHS governance and transparency.
- CSSIW and HIW are conducting a joint review into the availability, and quality of healthcare support for care home residents in North Wales. The findings of this review are intended to shape future joint working between these inspectorates about the health care needs of residents across Wales.

Public information

Health Boards

- None of the Health Boards provided Sufficient responses in relation to this Requirement for Action, and did not provide adequate information related to care homes within their 2016/17 Annual Quality Statements.
- Only four Health Boards mentioned sensory impairment within their responses and this information is either somewhat limited, insufficiently distinct from general community data, or is in the planning process.
- All of the Health Boards described falls management or falls prevention work in hospitals and/or the community within their submissions, but they either fail to distinguish care homes, provide insufficient detail, and/or focus on nursing homes without sufficient reference to the wider care home sector.

Workforce planning and nursing career pathways

Welsh Government

- No evidence was provided of effective national leadership concerning how the needs of the care home workforce, specifically nurses, will be met. There is still no explicit evidence of NHS workforce planning projections that identify the current and future level of nursing staff required within the residential and nursing care sector, including care for older people living with mental health problems, cognitive decline and dementia.
- No planned actions appear to be in place to address national insufficiencies in the availability of nurses in care homes, other than the delegation of nursing tasks. The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations will require staff continuity[3] and providers will have to demonstrate how they ensure this where agency staff are used[4], but this does not actively address the current skill shortages in the sector.

Health Boards

- Health Boards have been directed by the Welsh Government to include the requirements of the care home sector in their Integrated Medium Term Plans. However, the evidence was unclear about the extent to which these needs are captured in partnership with care home providers to ensure that their needs are captured.
- Most Health Boards are working with universities to provide student nursing placements in care homes, and have developed nursing support, such as revalidation and access to training - albeit to different levels - for nurses currently working in the sector.

3 Regulation 22, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

4 Regulation 34 & 35, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

The impact of 'A Place to Call Home?'

Context

In November 2014, my Care Home Review report, 'A Place to Call Home?', outlined the changes required to deliver improvements in care homes that older people want to see and have a right to expect. I was clear that failing to acknowledge and act upon the Requirements for Action set out in my Review report would undermine the good care that currently exists and would prevent us from achieving what we are capable of in Wales.

Following the publication of my Care Home Review, there has been a significant change in the attention given to the care home sector in Wales and the quality of life of the older people who live in care homes. In visiting a number of care homes across Wales, and listening to the voices of older people and their families, I have seen some positive developments. In many cases, the good practice I have seen is linked to strong leadership by individuals such as care home managers, owners, and other front line leaders, who work hard to inspire their teams of staff and ensure that standards are upheld.

My Care Home Review made clear that I expect to see real change delivered for all care homes residents in Wales, and that quality of care and quality of life must not be based on where older people happen to live or where they happen to find themselves in the health and care sector. To secure real change, there not only needs to be effective legislation, policy and guidance, but also effective governance and leadership at all levels. Furthermore, this change must be supported not only through revised systems and processes but through a transformation in culture that is based on a respect for the human rights of care home residents and through developing creative ways to ensure that residents enjoy the best possible quality of life. I have therefore focused on these factors within this follow-up work.

In terms of legislation and policy, I welcome the fact that a range of developments have begun to both directly and indirectly address the issues identified by my Care Home Review and will help to deliver the change that is needed:

- The implementation of the Social Services and Wellbeing (Wales) Act[5] in April 2016 has helped to ensure there is now a far greater emphasis on prevention and person-centred support within social care.
- The National Outcomes Framework[6] for people who need care and support

5 Welsh Government (2017) Care and support in Wales is changing <http://gov.wales/topics/health/socialcare/act/?lang=en> (webpage accessed 16/01/2018)

6 Welsh Government (2017) Measuring well-being <http://gov.wales/topics/health/socialcare/well-being/?lang=en> (webpage accessed 16/01/2018)

emphasises the strengths and capabilities of individuals.

- CSSIW's new inspection regime of Local Authorities acknowledges the importance of upholding older people's rights and makes reference to the United Nations Principles for Older Persons.
- The Regulation and Inspection of Social Care (Wales) Act 2016[7] introduces new standards for care homes, replacing the current National Minimum Standards from April 2019. It has the potential to provide a new foundation for quality of life, and marks a move away from a framework that focused on 'task-based' care to one that places quality of life more centrally.

This section sets out the wider impact of my original Care Home Review and its relationship to these legislative and policy changes in more detail, including related frameworks and guidance. It is structured around the themes that emerged from the original report:

- Day-to day life
- Health and wellbeing
- People and leadership
- Commissioning, regulation and inspection

Day-to-day life

The best care homes are empowering, enabling, flexible, welcoming and friendly communities in their own right, but are still also part of the wider communities in which they are located. My Care Home Review found that too many older people living in care homes have an unacceptable quality of life and that the view of what constitutes 'acceptable' needed to shift significantly. I therefore welcome the fact that the Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and the Statutory guidance for service providers and responsible individuals on meeting service standard regulations[8] should, if fully and effectively implemented, address many of the areas of concern related to day-to-day life that were identified by my Care Home Review.

My Review found that on moving to a care home, older people did not always have accessible, high quality information about what to expect, their rights and entitlements, or how to raise any concerns. I therefore called for the introduction of a Welcome Pack[9] and I am encouraged that the Regulated Services

7 Welsh Government (2017) Regulation and Inspection of Social Care (Wales) Act <http://gov.wales/topics/health/socialcare/regulation/?lang=en> (webpage accessed 16/01/2018)

8 Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

9 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.2

(Service Providers and Responsible Individuals) Regulations 2017 will create a requirement for all care home providers to issue a 'Written Guide to the Service' to their residents[10],. This corresponds to the Welcome Pack that has been issued by the Welsh Government Care Home Steering Group, which includes much of the content I called for, and it is my expectation that this wil be used to support implementation.

My Review also found that older people's personal history, likes and dislikes, cultural identity, religious beliefs, achievements and future aspirations were often not given sufficient priority and visibility within the care planning process. I therefore called for a national approach to planning in care homes[11] and I welcome the fact that the new regulations and guidance[12] require service providers to produce Personal Plans for each resident, setting out how, on a day-to-day basis, their care and support needs will be met, including sufficient detail to inform and enable staff to know more about each individual and deliver the best possible care for them. Whilst I have provided detailed commentary on how these Personal Plans may be strengthened[13], I have welcomed the concept, which has the potential to deliver meaningful choice and control for care home residents' day-to-day life.

Mealtimes were also identified by my Review as an area where improvements were needed as they were often a 'clinical operation' and seen as a feeding activity, with residents having little choice about what to eat and when. To address this, I called for the development and implementation of national good practice guidance in relation to mealtimes and the dining experience[14]. I therefore welcome that, in addition to the Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and the Statutory guidance for service providers and responsible individuals on meeting service standard regulations (which makes reference to the importance of positive mealtimes), the Welsh Government has also developed Guidance on the Dining Experience[15], issued by the Welsh Government's Care Home Steering Group. I expect to see this good practice guide used in all care homes in Wales, and for this to be promoted through the new standards of care and support.

As my Review also highlighted that there are often limited opportunities for older

10 Regulation 19, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017

11 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.1

12 Regulation 15, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

13 Older People's Commissioner for Wales (2017) Consultation Response: Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 <http://www.olderpeoplewales.com/Libraries/Consultation_Responses_2017/OPCW_response_to_Phase_2_Consultation_Letter_-_July_2017_English_FINAL.sflb.ashx> (webpage accessed 16/01/2018)

14 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.4

15 Welsh Government (2017) Creating a positive dining experience for care home residents <http://gov.wales/docs/dhss/publications/170321diningen.pdf> (webpage accessed 16/01/2018)

people's voices to be heard, I called for care home providers, commissioners and the inspectorate to develop informal and systematic ways in which to ensure

they better understand the quality of life of older people, through listening to them directly (outside of formal complaints processes) and ensuring the issues they raise are acted upon[16]. Whilst I welcome the requirements in the Regulation and Inspection of Social Care (Wales) Act 2016 to ensure that people's voices are heard and acted upon[17,18,19,20,21], this is an area I chose to focus on as part of this follow-up work, as this is of central importance in promoting quality of life.

It was clear from the findings of my Review that the value of independent advocacy, which is critical in improving the quality of life and care of older people by ensuring that their voices are heard and that their rights are upheld, was not sufficiently understood or even recognised by many care homes, Local Authorities and Health Boards. I therefore called for older people living in care homes to have access to Independent Professional Advocacy[22]. Whilst I have been clear that there are a number of limitations relating to independent advocacy within the Social Services and Well-being (Wales) Act 2014, work is now underway to ensure that the statutory requirement to provide Independent Professional Advocacy is fully implemented, which is a positive step forward.

Furthermore, Regulations will be issued under the Regulation and Inspection of Social Care (Wales) Act 2016 to regulate Independent Professional Advocacy services which I am helping to shape through my involvement in the Welsh Government Technical Group on advocacy.

I am also currently undertaking work to assess the extent to which older people have access to Independent Professional Advocacy and the findings of this will be published in early 2018.

My Review findings showed that the emotional and communication needs of older people living with dementia can be poorly understood and neglected, which can lead to them being labelled as 'challenging' and/or difficult and places them at risk of unacceptable treatment and being prescribed unnecessary anti-psychotic medication. As a result of this, I called for action to be taken to ensure

16 Requirement for Action 6.2 A Place to Call Home? Older People's Commissioner for Wales, 2014

17 Regulation 14(3)(d), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

18 Regulation 8(2)(a), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

19 Section 42(2)(b)(ii), Regulation and Inspection of Social Care (Wales) Act 2016

20 Regulation 76(1)(a)(b), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

21 Regulation 80(3)(a), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

22 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 1.6

that older people are not prescribed anti-psychotic medication inappropriately as an alternative to non-pharmaceutical methods of support. I have welcomed the inclusion of 'chemical means' within the definition of 'restraint' within the new regulations and guidance[23], which should help to tackle the inappropriate use of anti-psychotic medication. However, I am concerned that the related guidance does not go beyond stating that service providers should follow the statutory principles and provisions of the Mental Capacity Act 2005, and more should have been included related to the responsibilities of Health Boards This is an important issue that is undermining the human rights of older people and this is why I chose to focus on Requirement for Action (3.5) as part of this follow-up work , specifically the ways in which data about the use of anti-psychotic medication is captured and published. This is also an area in which the National Assembly's Health, Social Care and Sport Committee chose to undertake an inquiry, which I have contributed to.

Health and wellbeing

Another area of concern highlighted by my Review was primary and specialist health care services. Older people were often unable to access these services, resulting in a significant impact upon their health and wellbeing. I made clear the need for a consistent approach to the provision of these services in order to address this and I therefore welcome the fact that the new regulations and guidance include a requirement for providers to provide information (within the Written Guide to the Service) on the healthcare services available and the support available to access these.[24]

My Review findings also showed that there was a lack of consideration for the needs of care home residents, particularly those living with dementia and/or sensory loss, in terms of the care home environment and the use of assistive equipment that can support older people to be more independent. I therefore welcome the fact that the new regulations and guidance state that service providers must ensure that individuals are provided with access to aids and equipment that may be necessary to facilitate an individual's communication.[25]

My Care Home Review concluded that the emotional frailty and emotional needs of older people living in care homes – particularly those with dementia - are not fully understood or recognised by commissioners, providers or inspectors. I am encouraged that CSSIW have developed a new inspection regime that moves beyond task-based care, focuses on people's wellbeing outcomes and recognises

23 Regulation 29(5)(b), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

24 Regulation 19(3), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

25 Regulation 24(2), Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

that it is the way in which people are cared for that significantly impacts on their emotional wellbeing and quality of life. CSSIW have produced new guidance about their commitment to promote and uphold the rights of people who use care and support services; this includes what good care should look like and what is not acceptable for people who use care and support services[26].

People and leadership

The Regulation and Inspection of Social Care (Wales) Act 2016has established a new workforce regulator, Social Care Wales, and has extended the regulator's remit. Throughout my scrutiny of the Act, I consistently called for the regulation of the care home workforce[27] as care staff play such a critical role in whether or not residents have a good quality of life, something made clear throughout my Review report. I welcome Social Care Wales' aim 'to make sure people in Wales can call on a high-quality social care workforce that provides services to fully meet their needs'[28].

The Welsh Government announced in 2015 that all care home workers must register with the workforce regulator from 2020. This is a significant change: coupled with the mandatory training that registration will require, it has the potential to drive up standards of care delivered in care homes. Workforce regulation not only increases the skills of the workforce through the training requirements it imposes, but also offers opportunities to raise the professional status of the care home workforce, helping to tackle low morale. However, it must be acknowledged that this is only one facet in addressing the challenges of developing a stable and sustainable sector, which is an attractive place to work.

When I published my Review report, I called for a national mandatory induction and an ongoing training programme for care home staff[29] and I therefore welcome the introduction of a new Social Care Induction Framework[30] for the sector, which has been developed by Social Care Wales. The revised Framework, which will be aligned to a new suite of qualifications for the health and social care sector currently being developed by Qualifications Wales, incorporates many of the skills and values that I called for, including training in understanding the physical and emotional needs of people living with dementia, and has also been extended to incorporate a new section on healthcare.

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26 CSSIW (2017) New guidance about our commitment to promote and uphold the rights of people who use care and support services <http://careinspectorate.wales/news/170316-human-rights/?lang=en> (webpage accessed 16/01/2018)

27 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 5.7

28 Social Care Wales (2017) Making a positive difference to social care in Wales <https://socialcare.wales/about> (webpage accessed 16/01/2018)

29 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 5.4

30 Social Care Wales (2017) Learning and development Induction and Continuing Professional Development (CPD), 2017 <https://socialcare.wales/learning-and-development/social-care-induction-framework-1> (webpage accessed 16/01/2018)

My Review report also made clear my expectation that care homes should be managed by permanent managers who are empowered to create an enabling and respectful culture of care, and are able to equip staff with the tools and support they need to enable older people to experience the best possible quality of life. I also called for a national recruitment and leadership programme to be developed and implemented, to recruit and train individuals with the right skills and competencies to be effective care home managers.[31] I am therefore pleased that Social Care Wales is implementing a long term programme of work for the development of social care managers that includes a new qualification and a range of other interventions, such as the successfully piloted 'step up to management' programme for social care workers, to give them the confidence to move to managerial roles. It is important that staff within the care home sector are encouraged and enabled to be fully involved in this.

As described above, my Care Home Review highlighted that the emotional and communication needs of people living with dementia are often poorly understood, leading to people being labelled as 'challenging' or 'difficult'. To address the issues that can arise from a lack of understanding of their needs, such as the inappropriate prescribing of anti-psychotic medication, I called for the development of a national dementia training programme[32] and I welcome the fact that Social Care Wales has commissioned and produced 'Good Work: A Dementia Learning and Development Framework for Wales'.[33] This Framework is primarily aimed at people working in the health and social care workforce and identifies three categories of workers relevant to care homes:

- Informed: social and first point of contact workers, for example, receptionists, frontline facing public sector roles, and a requirement for the induction of health and social care workers.
- Skilled: social care workers, nurses and managers.
- Influencer leaders: commissioners and designers of services.

The Framework is a positive step forward as, for the first time in Wales, providers, commissioners of care home services and the general public are able to see the learning outcomes that workers at all levels of the care home sector are expected to deliver to people living with dementia. Social Care Wales has developed a set of resources, launched in late 2017, which organisations can access for free to help them realise the 'Good Work' Framework.[34] The Framework will also form

31 Requirement for Action 5.1, A Place to Call Home? Older People's Commissioner for Wales, 2014

32 Requirement for Action 3.1, A Place to Call Home? Older People's Commissioner for Wales, 2014

33 Social Care Wales (2017) Good work: Dementia learning and development framework <https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework> (webpage accessed 16/01/2018)

34 Social Care Wales (2017) Service improvement: People with dementia <www.socialcare.wales/service-improvement/people-with-dementia> (webpage accessed 16/01/2018)

part of the Welsh Government's Dementia Strategy.[35]

Dementia training is an area I chose to focus on in this follow-up work (Requirement for Action 3.2) and whilst I welcome the progress that has been made, the findings (detailed on page 40) demonstrate the need for continued efforts to ensure these important national developments are implemented across the sector and ultimately lead to positive outcomes for people living with dementia.

Commissioning, regulation & inspection

In my Care Home Review I called for a single outcomes framework of quality of life and care, plus a standard specification to be developed and used by all bodies involved in the regulations, provision and commissioning of care homes[36]. I therefore welcome the focus on quality of life in the Social Services and Well-being (Wales) Act 2014 and the National Outcomes Framework for people who need care and support services.

My Care Home Review also highlighted that there was a lack of meaningful information available to older people and their families to judge the quality of life, care and safety in individual care homes and I called for a range of related actions. New duties under the Regulation and Inspection of Social Care (Wales) Act 2016 should help to address this:

- All providers[37] must produce an annual report on their services. These annual returns will include information on quality of life of older people against the new standards under the Act, as well as information on staff qualifications, staff turnover, the number of formal complaints and whether or not these were upheld. The annual report from the Chief Inspector of Social Services must include information on how the human rights of older people are being upheld[38].
- Within their annual reports, Directors of Social Services must now include the views of service users about quality of life and care within their annual reports[39].

It is essential that commissioners of care and support work with older people and their families to ensure that care homes can meet individual needs and that providers can be challenged about unacceptable standards of care. I therefore

35 Welsh Government (2017) Draft dementia strategy <https://consultations.gov.wales/consultations/draft-national-dementia-strategy> (webpage accessed 16/01/2018)

36 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 6.1

37 Section 10, Regulation and Inspection of Social Care (Wales) Act 2016

38 Section 42(4)(c), Regulation and Inspection of Social Care (Wales) Act 2016

39 Section 56, 144A, Regulation and Inspection of Social Care (Wales) Act 2016

called for a national, competency based training programme to be developed for commissioners to ensure that they understand, and reflect in their commissioning, the needs of older people living in care homes, including the needs of people living with dementia. Work in this area is now underway, with Social Care Wales working in partnership with the National Commissioning Board. Diploma level qualifications have been developed in collaboration with the sector; these are now available at Levels 3, 5 and 7 for social care commissioning, procurement and contracting and include 'understanding the process and experience of dementia' and 'understanding sensory loss'. The five-year strategic plan for Care and Support at Home identifies a clear action for Social Care Wales to develop further learning for commissioners.

My Care Home Review called for new safeguarding arrangements that explicitly recognise emotional neglect as a form of abuse.[40] Meeting older people's emotional needs - so that they feel safe, valued and respected - must be at the heart of care delivery within our care homes and I therefore welcome the fact that wellbeing sits at the heart of the Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations that will replace the old National Minimum Standards. Additionally, in my detailed analysis of the draft Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations[41], I called for providers to be required to attend a safeguarding investigation or an Adult Practice Review and for it also to be made an offence under the Act if providers fail to participate. I have written to the Minister separately regarding this issue.

In terms of Primary Care, the new Directed Enhanced Service (DES) for Care Homes, which came into force on 12 April 2017, has a stated aim 'to enhance the care provided for residents in care homes through a proactive, holistic coordinated model of care'. The associated Guidance[42] makes reference to the findings of my Care Home Review and the review undertaken by Dr Margaret Flynn, In Search of Accountability, which related to Operation Jasmine (2015)[43]. It is encouraging that the DES addresses many areas of concerns that have been highlighted within these reports, such as ensuring better coordination of care through closer multi-disciplinary working. Whilst the DES applies to both residential care homes and

40 Older People's Commissioner for Wales (2014) A Place to Call Home? Requirement for Action 3.6

41 Regulation 26, Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

42 Welsh Government (2017) Specification and Directions on GMS contract <http://www.wales.nhs.uk/sites3/documents/480/gms%20contract%202017%2018%20care%20homes%202017%2018%20final%2012%20april%20v1%20%282%291.doc> (webpage accessed 16/01/2018)

43 Flynn, M (2015) In Search of Accountability: A review into the quality of life and care for older people living in care homes investigated as Operation Jasmine

nursing homes and should be offered to all General Medical Services contractors, I am concerned about what happens where contractors choose not to take up this offer and how the quality of care and safeguarding for all care home residents can be assured. It is therefore essential that Health Boards make concerted efforts to implement this new contract effectively.

My Care Home Review highlighted that the residential and nursing care market in Wales is volatile and fragile and that a lack of registered care home managers and a shortage of appropriately skilled staff pose risks to the quality of care being provided and to the care home market. I was clear in my expectation that forward planning must ensure there is a sufficient number of care homes, of the right type and in the right places. I also called for change through the publication of a national plan to ensure the future supply of high quality care homes. I am therefore pleased that, under the Social Services and Well-being (Wales) Act 2014[44], Local Authorities are now required to publish an assessment of the current and future care and support needs for their population[45] and these must be used to prepare area plans by April 2018, working in partnership with Health Boards.[46] These must also inform Well-being Assessments, which are required under the Well-being of Future Generations (Wales) Act 2015.[47]

Furthermore, I welcome the fact that Local Authorities are also required to produce market position statements for care homes in advance of the requirement (from April 2018) to create pooled budgets for care home accommodation.[48] Associated with this, the Regulation and Inspection of Social Care (Wales) Act 2016 includes a requirement for Welsh Ministers to prepare and publish a national market stability report (informed by each Local Authority).

The National Commissioning Board has produced a care home Market Analysis report[49] which captures some baseline management data and helped to identify gaps; this has raised a number of questions for the Welsh Government to address in terms of workforce recruitment and issues of supply and demand to drive market stability, as well as the model of care for older people that Welsh Government wants to be established in Wales.

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44 Social Services &Well-being (Wales) Act, Part 9

45 Welsh Government (2017) First published Local Authority Population Needs Assessments <http://gov.wales/topics/health/socialcare/act/population/?lang=en> (webpage accessed 16/01/2018)

46 Welsh Government (2016) Welsh Health Circular 028 <http://www.wales.nhs.uk/sitesplus/documents/1064/WHC-2016-028%20Implications%20of%20the%20Social%20Services%20and%20Well-being%20%28Wales%29%20Act%202014.pdf> (webpage accessed 16/01/2018)

47 Well-being of Future Generations (Wales) Act 2015, Section 38(3)(e)

48 Social Services & Wellbeing (Wales) Act, Part 9

49 National Commissioning Board Wales (2017) Draft Findings for Discussion: Wales Market Analysis of Care Homes for Older people <http://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=1220> (webpage accessed 16/01/2018)

I will be working with the Welsh Government to ensure that the Regulations for the Local Market Stability Reports[50] reflect my expectations around forward planning

and I will also be emphasising the importance of national leadership and oversight of this process.

It is important that in undertaking this work the Welsh Government and public bodies take into account the recent report by the Competition and Markets Authority, which highlights that the care home sector is not currently positioned to attract the investment necessary to build the capacity needed for the future, as well as the Institute of Public Care Report, 'The care home market in Wales: Mapping the Sector' (2015)[51], which stresses that Local Authorities and the Welsh Government need to work in partnership to plan future provision, addressing ownership, financial stability, monitoring, staffing and quality of care.

Of particular importance is the need to assess the impact of existing initiatives and whether further action is needed to deliver the outcomes set out in my Care Home Review report.

It is disappointing that the interim report of the Parliamentary Review on Health and Social Care makes little reference to care homes, instead seeing extra care as a model for the future, particularly as the evidence is clear that there will be an increasing prevalence of frailty, disability and dementia amongst older people. Whilst extra care has a role to play, this will not be an appropriate model for a significant number of older people in Wales in years to come. Care homes will still have a role to play.

It is essential that in shaping future legislation on Quality and Governance in Health and Social Care, and considering the findings of the Parliamentary Review on Health and Social Care, that the Welsh Government listens and acts upon this body of evidence. There will always be older people in need of the care and support that can only be provided in care homes and the Government must drive forward a sustainable future for care homes and a transformation in culture to make sure that older people are supported to have the best quality of life possible, wherever they live.

50 Section 56(1)144B, Regulation and Inspection of Social Care (Wales) Act 2016

51 Institute of Public Care (2015) The Care Home Market in Wales: Mapping the Sector' <http://ipc.brookes.ac.uk/publications/publication_840.html> (webpage accessed 16/01/2018)

How I carried out my Care Home Review follow-up work

Following the publication of my Care Home Review report, A Place to Call Home?, in 2014, all of the public bodies subject to my Review welcomed its findings and made specific public commitments to take action in relation to my Requirements for Action. These commitments are available to view on the Older People's Commissioner for Wales website.[52]

I was clear that I would be closely monitoring the implementation of my Requirements for Action and that I would undertake a programme of follow-up work to scrutinise any areas in which further action was needed to deliver the change required.

The impact section of this report demonstrates that there has been a significant shift in the focus and approach in a number of key areas across all levels of the care home system, with new policy, legislation, regulations and guidance that have the potential to deliver real change within care homes and make a real difference to the lives of older people.

There were, however, a number of areas where I had concerns that further action was needed, which were identified as they fall outside of legislative developments or because they relate to ongoing issues that have been shared with my casework team. These are set out in Appendix 1.

Having written to the public bodies subject to my Review in November 2016 to describe my planned approach to this work, I requested evidence from them in January 2017 regarding the action they had taken in response to the selected Requirements for Action. To support them in providing this evidence, and to ensure they were clear about the type of information and the level of detail I required, I shared a 'model answer' with them, along with a high-level judgement criteria, which set out what 'sufficient' responses should include:

- Explicit evidence about how they comply with the specified Requirements for Action that demonstrates clear progression on previously submitted plans in terms of past, current, and ongoing actions, with timelines and named leads (for future and current actions).
- An evaluation of the impact of action/s on outcomes for residents as laid out in the specified Requirement for Action.

52 **ADD LINK ONCE RESPONSES ARE ON WEBSITE etc**

- Evidence that the quality of life of residents is now understood as an essential benchmark for the delivery of high quality care and that the public body actively promotes a culture of involvement and engagement in relation to a diverse range of residents.
- Identified future actions to drive cultural change set out within a clear timeline (if analysis of impact demonstrates that this is still needed).
- Evidence of any arrangements in place to ensure that the specified Requirements for Action are actively monitored for progress and reviewed within the public body's Corporate Governance structure.

I requested that responses were submitted using a template I provided (which set out specific questions and format requirements), to be returned by 31 March 2017. Included within the template was a section that allowed examples of good practice to be shared, some of which are included in this report.

The information received was analysed and scrutinised against the judgement criteria and the commitments made by public bodies in response to my 2014 Care Home Review. The 2016/17 Annual Quality Statements published by Health Boards were also examined as they relate to Requirement for Action 6.8. A rating system of 'Sufficient', 'Partially Sufficient' and 'Insufficient' was used in assessing the responses.

The Key Findings Section of this report (page 6) sets out the key themes that have been identified from this analysis across each of the Requirements for Action. Detailed feedback and commentary has also been provided to each of the public bodies based on their responses, highlighting the positive actions that are now being delivered, as well as setting out where further action is needed. I have made clear that a 'Sufficient' rating does not mean there is not room for further progress and that I expect there to be a process of continuous improvement and governance oversight in relation to all of my Requirements for Action.

The responses provided by public bodies and my feedback/commentary are available to view in full on the Older People's Commissioner for Wales website.

Findings of my review follow-up work

This section presents the key findings of this follow-up work, related to the Welsh Government, CSSIW, Health Boards and Local Authorities.

The findings are presented here in relation to:

- Continence
- Reablement and rehabilitation
- Falls prevention
- Dementia training
- Befriending
- Anti-psychotic medication
- Medication reviews
- Quality of Life and engagement
- Integrated inspection, governance and transparency
- Public information
- Workforce planning and nursing career pathways

Continence care

Requirement for Action 1.3

Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.

Contributing to the following outcome:

Older people are supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times.

Responsibility:

Welsh Government
Health Boards

Review Findings

Health Boards:

Sufficient	2
Partially Sufficient	1
Insufficient	4

Welsh Government: Partially Sufficient

New regulations and guidance under the Regulation and Inspection of Social Care (Wales) Act 2016 do address aspects of dignified continence care and continence supplies. Whilst this is a step forward, this is not accompanied by more explicit guidance for providers, or adequate recognition that this is a multi-agency issue[53]. Also, the proposed revision of the NHS All Wales Continence Bundle Guidance for care homes has not yet been actioned.

Promoting individual continence for as long as possible is essential to personal wellbeing and small enabling changes, such as walking with someone to the toilet rather than moving and transferring them in a wheelchair, can help residents to stay independent. National guidance that specifically addresses the needs of residents in the care home sector – as set out in this Requirement for Action – will help ensure that care home staff are clear about good practice in creating

53 The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 and Statutory guidance for service providers and responsible individuals on meeting service standard regulations

enabling environments and promoting preventive approaches that enable people to be independently continent as far as possible.

The Care Inspectorate in Scotland has developed a resource, 'Promoting continence for people living with dementia and long term conditions'[54], which is based on the principle that dignity is compromised without appropriate continence care. Research related to this resource is also available, outlining its development and early implementation, and outlining a range of strategies that can help people to remain continent[55].

Health Boards:

All Health Boards stated in their responses that they have continence specialists in place, in the form of continence teams/services, Continence Nurse Specialists and/or nurses with a special interest. However, these forms of support also cover the wider community. Most Health Boards simply stated that all care home residents have access to them, but failed to provide evidence to support this assertion. Little was also said about levels of service availability.

The responses also suggest inconsistencies in approach across different areas. For example, one Health Board stated that it has provided access to care homes to a locally adapted All Wales Bladder and Bowel Care Pathway, whilst another 'encourages care homes to use this kind of tool'. Others make no mention of the pathway at all.

The approach to continence care was often described in terms of task-based support or was related to product supplies (such as pads) and infection control. Although some Health Boards made clear that they promote a range of treatment and management options and do not just offer 'containment', there was very little reference to continence care being delivered in person-centred ways that enable residents to have choice and control, which is an essential part of their quality of life.

A small number of Health Boards mentioned that they have implemented preventive initiatives, such as improving hydration amongst residents.

Initiatives like this can not only make a huge difference to older people's quality of life (as outlined in an All Party Parliamentary Group for Continence Care report (2015)[56]), but also offer the potential for Health Boards to make significant financial

54 Care Inspectorate (Scotland) (2015) Promoting continence for people living with dementia and long term conditions <http://www.careinspectorate.com/index.php/guidance/9-professional/2613-promoting-continence-for-people-living-with-dementia-and-long-term-conditions> (webpage accessed 16/01/2018)

55 Dennis J (2016) Changing our view of older people's continence care. Nursing Times; 112: 20, 12-14.

56 All Party Parliamentary Group for Continence Care (updated 2015) Cost Effective Commissioning for Continence

savings. For example, Aneurin Bevan University Health Board have enabled their Continence Nurse Specialist to be employed on a permanent basis because of the associated savings linked to waste reduction, better housekeeping and contract management.

One Health Board stated that some care home providers can be reluctant to use its Continence Service. The reasons for this are not made clear, but it raises concerns that this might be an issue across other areas. Aneurin Bevan University Health Board has started promoting catheter awareness amongst care home staff as part of a broader campaign, and this has helped to promote contact with independent providers:

Good Practice: Catheter Awareness Week

Aneurin Bevan University Health Board

The Health Board first learned about Catheter Awareness Week (CAW) from the Innovations Network in London, which has run similar programmes. The aim is to improve catheter care by informing nursing staff about what the Health Board is able to provide relating to both continence care and catheter care, and is an opportunity to share best practice. This year's CAW included the community and the Commissioner's Care Home Review report, A Place to Call Home?, reinforced the Health Board's concern to target care homes.

The programme included stands, banners, posters and stickers. Two seminars were made available to staff from all areas and included white boards and photo shoots for delegates to make pledges to improve catheter care. The Health Board worked to ensure they had a strong presence on Facebook and Twitter, which was useful for sharing good practice.

There was a good attendance from care home staff at the seminars. One of the organisers said this was very positive in creating an 'inroad' to private sector care homes as the Continence Service do not always have a strong relationship with them.

Staff training was mentioned in a majority of the submissions. This includes the training of care home staff on an informal basis related to the needs of individuals, provided through the continence services and specialists. Several Health Boards stated that more formalised training is also made available, to enhance the skills and knowledge of care home staff, and Cardiff and Vale University Health Board is looking to develop e-learning modules as an additional resource. It is clear from the evidence that there is a need to ensure such training takes place. For example, one Health Board stated it undertook an audit at the beginning of 2017

that found poor knowledge amongst nursing and residential care home staff in relation to continence (which it is working to address); another submission stated that care home staff requested continence training because there was felt to be a gap. Furthermore, many of the responses focused upon the training of nursing staff, but it was not clear what level of training is provided to different types and levels of staff.

It is essential that continence care training is not simply task-based but addresses dignity, choice and control, and raises awareness of the environmental factors that can impact on individuals in relation to continence (such as colour contrasts and signage). This is especially important for people living with dementia[57], but most of the submissions fail to make any reference to people with living dementia, or to people who have specific access requirements or different cultural needs. It is of key importance that the diverse needs of care home residents are properly taken into account, as this has implications for quality of care and health outcomes.

57 Social Care Institute for Excellence (2015) When people with dementia experience problems related to using the toilet <http://www.scie.org.uk/dementia/living-with-dementia/difficult-situations/using-the-toilet.asp> (webpage accessed 16/01/2018)

Reablement and rehabilitation

Requirement for Action 2.2

Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.

Contributing to the following outcome:

Older people receive full support, following a period of significant ill health, for example following a fall, or stroke, to enable them to maximise their independence and quality of life.

Responsibility:

Local Authorities
Health Boards

Review Findings

Health Boards:

Sufficient	2
Partially Sufficient	2
Insufficient	3

Local Authorities:

Sufficient	6
Partially Sufficient	8
Insufficient	8

A large number of Local Authorities and Health Boards did not provide robust evidence of progress with respect to this Requirement for Action. Whilst a range of roles and teams are described (for example, Community Resources Teams, District Nurses, Integrated Services Teams and Frailty Services), there is little critical analysis regarding the performance of these services, of the availability or reality of access for care home residents. Where associated data was provided, it often related to community-based services and it is therefore difficult to assess the level of support available to care home residents. Only half of the submissions provided any information about access to services for self-funders, and in many cases these details were limited. In several submissions reference was made to

recent changes in structures in health and/or social care services (such as patch-based systems, GP clusters, dedicated care home GPs and Liaison Nurses, and Enhanced Service contracts for care homes) that aim to ensure better care co-ordination. However, the benefits and outcomes for care home residents are yet to be tested and realised, and in some cases these new systems only provide partial coverage.

A large number of submissions related to this Requirement for Action provided detailed evidence of falls and/or falls prevention programmes, and these are referenced on page 37. Some Health Boards and Local Authorities also described activity that is associated with general health care, for example:

- **Vale of Glamorgan Council** has established a foot care programme in partnership with Cardiff and Vale University Health Board, Age Cymru and the Society of Chiropodists and Podiatrists, which is resulting in benefits for care home residents in terms of their mobility and has contributed to falls prevention.
- In **Cwm Taf University Health Board**, there is dedicated care home dietician support, as part of the 'At Home' service. This post was made permanent after the benefits of providing enhanced dietetic support were demonstrated in an initial cohort of care homes. This work not only targets individuals referred for treatment but the health and wellbeing of the care home community as a whole.
- **Torfaen County Borough Council** has introduced an oral health programme, with 100% uptake from care homes.[58,59] The evidence suggests that this has resulted in a number of benefits for care home residents, particularly those with dementia, who can enjoy eating a greater variety of foods again. There is also less reliance on food supplements, and the need for dental treatment has been reduced.

Whilst these programmes are all positive, taken by themselves they do not constitute sufficient supporting evidence related to this Requirement for Action concerning access to specialist reablement and rehabilitative services following a period of ill health.

Several submissions described how care homes are now being used to provide short-term reablement support/step up down beds to facilitate hospital discharge

58 The significant impact of poor oral health on quality of life related was evidenced in a report published by the Royal College of Surgeons: "Improving the Oral Health of Older People" (August 2017)

59 Specific work on oral health in care homes in Wales has been undertaken as part of a review of Special Care Dentistry in Wales: http://gov.wales/topics/health/professionals/dental/dentistry/?lang=en (webpage accessed 16/01/2018)

and/or provide transitional reablement support. Many of the submissions suggest that this is the main focus of reablement activity and it is unclear whether permanent, longer term residents get the same kind of attention or service ethos. One Health Board made this disparity in approach clear:

> **"Assessment beds [intermediate care] in the residential homes operate differently from the standard residential bed, with service users encouraged to undertake as many of their acts of daily living for themselves under the supervision of the community staff, therefore promoting self-independence."**

This evidence suggests that a 'two-tier' approach is emerging in relation to reablement and rehabilitation services, where there is a differential level of service and different expectations depending on an individual's occupancy status within the care home. Whilst there is an understandable focus on avoiding hospital admissions and facilitating effective discharge, a lack of attention to care home residents creates dependency and risks the spiraling of further ill health. This has significant personal and cost consequences (as indicated by examples provided by the British Geriatrics Society).[60] A recent interim findings report related to the 'Optimal NHS service delivery to care homes' research highlighted some of the risks and potential benefits of delivering NHS services through care homes, which underlines the need to be concerned about this observation.[61]

A small minority of submissions made reference to support for people with dementia, in the form of specific dementia support services, such as memory clinics or dementia intervention teams. However, this was solely related to cognitive and behavioural support or drug regimes, and there was no reference within the submissions to ensuring access to the range of rehabilitative or reablement therapies for people with dementia, which is particularly important following a period of ill health. This can make a critical difference[62]. As Comorbidities amongst people with dementia are common[63], it is important that health services do not operate in silos when delivering support, or operate eligibility criteria (either explicit or informal) that lead to individuals being excluded from vital support which can prevent deterioration and aid wellbeing.

It is also concerning that there are a number of examples of inappropriate

60 British Geriatric Society (2015) Physiotherapy and older people <http://www.bgs.org.uk/nursepublications/nursing/nursepublications/consultation-physio-and-older-people> (webpage accessed 16/01/2018)

61 Goodman, D et al (2017) Optimal NHS service delivery to care homes: a realist evaluation of the features and mechanisms that support effective working for the continuing care of older people in residential settings (The Optimal project is funded by the National Institute for Health Research [HS&DR Project: 11/1021/02])

62 Social Care Institute for Excellence (2013) Maximising the potential of reablement; Supporting people living with dementia (Guide 49), 2013 <https://www.scie.org.uk/publications/guides/guide49/dementia.asp> (webpage accessed 16/01/2018)

63 International Longevity Centre UK / Scrutton, J and C.U. Brancati (2016) Dementia and Co-morbidities; ensuring parity of care <http://www.ilcuk.org.uk/images/uploads/publication-pdfs/ILC-UK_-_Dementia_and_Comorbidities_-_Ensuring_Parity_of_Care.pdf> (webpage accessed 16/01/2018)

terminology linked to dementia (such as 'challenging behaviour') within some of the submissions. This indicates a lack of awareness about the impact of language and its role in driving positive change in practice and culture.

Whilst a small number of Local Authorities briefly stated that they provide staff training in enabling approaches, the vast majority of submissions from both Local Authorities and Health Boards provided little sense of an enabling ethos in line with the current policy direction. Descriptions are generally service driven and rooted in the language of 'doing to' rather than 'working with' the person.

Where actions are underway, evidence of impact or improvement provided within the submissions is generally anecdotal and vague, or relates to service outcomes/destination (for example, avoidance of hospital admissions/diversion from residential care). Little reference was made to personal outcomes that are robustly linked to care plans/reviews or considered as part of contract monitoring arrangements. Although there were some references to quality checks and satisfaction surveys, this evidence was often combined with wider community data and it is therefore difficult to get a sense of the impact these are having upon care home residents. With a few exceptions, there was little mention of how care plans are being used to help reinforce reablement goals though daily routines and pro-active reinforcement, or of working together with the resident and family members within the framework of a personalised risk assessment to improve health and wellbeing.

Whilst there are clearly significant gaps in the provision of reablement and rehabilitation services, a few examples were provided that demonstrate the significant difference preventive approaches can make to care home residents' health and quality of life (and implicitly to health service budgets):

Good Practice: Prevention

The Stars Project

The STARS Project is a partnership based initiative in Rhondda Cynon Taf (between Leisure, Culture and Tourism and Community Care), which provides a programme of activity in care homes with the aim of improving mood, mobility, circulation and psychological wellbeing. Participation and progress is assessed through care plan reviews, individual risk assessments, a Health & Safety Database, personalised activity plans, behaviour charts and a falls screening assessment tool. The project is a dedicated care home resource available free to Local Authority homes and private homes are able to access it at a charge. This has shown improved balance and mobility, and a reduction in falls.

"I sometimes feel like I've run a marathon.... She really gets us going."

“I really enjoy all of us getting together and having a laugh.”

(words of residents using the STARS service)

Dementia Go

The Dementia Go scheme is a partnership initiative in Gwynedd. This scheme has provided positively evaluated physical exercise sessions for people living with dementia and their carers in leisure centres since 2015. An officer has now been seconded from Leisure Services for two years to expand and develop the scheme within Local Authority care homes, which will be open to all residents. It will be delivered through staff, who will be trained, with the aim to ensure that activity is ongoing and incorporated into daily routines, and not just focused on occasional exercise classes. It will also take account of work that has been led by the British Heart Foundation National Centre for Physical Activity at Loughborough University and the Care Inspectorate in Scotland.[64]

As recognised in one of the examples referenced above, prevention can be achieved through a range of means, and enabling care home residents to keep mobile through small everyday activities can make a huge difference to their wellbeing, overall health and resilience.

There was little mention of the use of assistive technologies within the submissions, though Gwynedd Council and Betsi Cadwaladr University Health Board did make reference to a telemedicine project that will give access to specialist medical opinion through ‘virtual’ appointments via video conferencing for older people in the communities[65]. This approach can help to avoid the need to travel to health facilities, which can be very stressful for older people, and can be of particular benefit to people living in rural communities. Evidence of the benefits of assistive technology for people with dementia is also growing[66] and it is therefore important that assistive technology options are fully explored and evaluated at both a strategic and individual level to ensure they meet the desired outcomes of care home residents[67].

There appears to be a lack of an overall strategic approach in relation to this Requirement for Action in the majority of areas. Whilst a range of different projects

64 British Heart Foundation National Centre for Physical Activity / Care Inspectorate (Scotland) (2014) Care...about physical activity; Promoting physical activity in care homes in Scotland – a good practice resource pack <http://www.careinspectorate.com/images/documents/2732/Physical%20activity%20guidance%20booklet.pdf> (webpage accessed 16/01/2018)

65 This work forms part of a Bevan Exemplar site

66 AT Dementia <https://www.atdementia.org.uk/> (webpage accessed 16/01/2018)

67 Telehealth has been actively championed in Scotland for some years, and is supported by the Joint Improvement Team, whose website sets out related research: http://www.jitscotland.org.uk/action-areas/telehealth-and-telecare/ (webpage accessed 16/01/2018

related to reablement and rehabilitation are being delivered – many as part of a partnership approach – there is little sense of this work taking place within a high level, structured and prioritised framework that is focused on prevention and promoting enabling, person-centred approaches that specifically address the needs of care home residents.

Falls prevention

Requirements for Action 2.3 and 6.8

A National Falls Prevention Programme for care homes is developed and implemented. This should include:

- **Enabling people to stay active in a safe way**
- **Up-skilling all care home staff in understanding and minimising the risk factors associated with falls**
- **The balance of risk management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care**

National reporting on falls in care homes is undertaken on an annual basis.

Contributing to the following outcome:

Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do things that matter to them being undermined.

Responsibility:

Welsh Government (2.3)

Falls information provided by Health Boards across their submissions (mainly related to Requirement for Action 6.8 and 2.2) has also been referenced here.

Review Findings

Welsh Government: Insufficient

The evidence submitted fails to demonstrate that the Welsh Government has taken sufficient action to develop a National Falls Prevention Programme in care homes across Wales. The response does make reference to funding for Low Impact Functional Training (LIFT), but this in itself will not drive the change in culture and practice needed to ensure that residents' mobility is actively promoted as part of daily life and is understood as a way of improving their quality of life and reducing risk.

The Welsh Government submission also makes reference to the 'Managing

Falls and Fractures in Care Homes for Older People' good practice resource[68] (produced by NHS Scotland and the Care Inspectorate Scotland), though there are no clear commitments or timescales associated with this.

The evidence does not include any evaluation of the potential impact that the Welsh Government's inaction is having upon residents' wellbeing, in terms of the human costs of loss of independence, risks of hospitalisation and serious health decline, and the significant financial impact on the NHS.

Health Boards

A range of work related to falls prevention was described by Health Boards, including:

- developing specific resources, such as Falls Packs, available for use by care homes;
- using specialised equipment, with some areas involved in a pilot of inflatable moving and handling equipment[69];
- delivering training for care home staff in the form of workshops, tailored provision and/or e-learning packages;
- undertaking promotional activities, such as the establishment of Falls Champions within care homes; and
- focusing on anti-psychotic and other medication reviews, which was described as having a positive impact in reducing falls.

Several Health Boards also described investment in specialist falls practitioners and/or support from services, such as Practice Development Teams, Falls Teams and Falls Prevention Clinics. However, these were generally community-based and it was therefore difficult to ascertain the level of access to these services for care homes.

Aneurin Bevan University Health Board described how they are making the link between falls and sensory loss and are planning a range of activities associated with this, including hosting a multi-agency event and delivering related training to care home staff. They are also rolling out a 'Pimp My Zimmer' programme:

68 Care Inspectorate and NHS Scotland (2016) Managing Falls and Fractures in Care Homes for Older People – a good practice resource Revised edition <http://www.careinspectorate.com/images/documents/2712/Falls%20and%20fractures%20new%20resource%20low%20res.pdf> (webpage accessed 16/01/2018)

69 Provided by Mangar ELK

Good Practice: Pimp my Zimmer

Aneurin Bevan University Health Board

Pimp My Zimmer first started in a care home in Essex where the matron recognised that people with dementia do not easily identify the colour grey, and made the decision to engage residents in 'pimping' their zimmers. Decorating the zimmers with bright colours makes them more easily recognisable as well as being fun for the individual. This initiative has seen a 60% reduction of falls in a number of care homes in Essex where this scheme was rolled out.

The Health Board has introduced this initiative across 110 nursing and residential homes and in housing complexes, hospital wards etc. Awareness sessions have also been held with Activities Coordinators and pre-fall data is also being used to help evaluate the impact of this programme.

In addition to this good practice, the majority of Health Boards described how they are developing processes and systems to monitor and respond to falls more effectively by, implementing falls pathways and/or undertaking routine audits of falls, for example. Two Health Boards (Cwm Taf University Health Board and Abertawe Bro Morgannwg University Health Board) stated that they are working with Local Authorities and providers to introduce changes to contracts, requiring care homes to routinely record and report on falls. Some evidence was also provided of strategic partnership based approaches, such as a Falls Steering Group in Aneurin Bevan University Health Board and a Falls Prevention Group in Cwm Taf University Health Board.

Whilst a range of falls management and prevention activity within care homes is in place or is in the process of being developed, the evidence provided is inconsistent across Health Boards. Furthermore, due to the lack of evidence reported within all of the 2016/17 Annual Quality Statements published by Health Boards (outlined on page 64), it is difficult to assess the level of support that is available to care home residents or understand how falls prevention and the number of falls are being monitored and recorded.

Dementia training

Requirement for Action 3.2

All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

Contributing to the following outcome:

All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made.

Responsibility:

Local Authorities

Review Findings

Local Authorities:

Sufficient	10
Partially Sufficient	4
Insufficient	8

The majority of Local Authorities have made progress in this area, though even amongst those judged 'Sufficient' a number of areas of weakness were identified, as highlighted in this section. There were, however, some excellent examples of proactive development work, where staff training is approached as one aspect of workforce development and culture change, as exemplified below:

Good Practice: Dementia Care Matters

Merthyr Tydfil Counry Borough Council and Rhondda Cynon Taf County Borough Council

The Local Authorities are working in partnership to shift the whole culture in relation to dementia, and care home staff training is a key part of this. A leadership training course, which includes managers from the independent sector, has been commissioned from Dementia Care Matters.

Commissioning staff are also undertaking the training and are applying it to their monitoring activity, where they utilise the Quality of Interactions Schedule (QUIS) observation tool.

"Our experience is that quality of care is directly affected by the quality of leadership at a care home and this is an area for specific attention during the Contract Monitoring Officers visits and observations. Contract Monitoring Officers also liaise with the training team to monitor where opportunities for leadership and management training have been accepted and declined."

(Rhondda Cynon Taf County Borough Council)

The training is supported and reinforced through the Training and Development Team, with a view to embedding learning and sharing best practice. The approach promotes positive risk taking and Health and Safety staff are advised of this in order to reduce conflicting expectations around the promotion of independence.

A new contract is being developed to further embed this approach, and there is an incentive scheme for providers in relation to staff training in the form of vouchers. The joint Cwm Taf Social Care Workforce Development Partnership also receives bi-monthly reports, and there is a commitment to fully rolling out the leadership programme.

Whilst some examples of good practice were provided, the majority of responses lacked detail in terms of the level and type of training that care home staff are currently receiving. Induction training is often referred to generally, and the level of dementia training within this is not always made clear. Where Local Authorities mention that care home managers are provided with specific training, this appears in some cases to be inadequate to provide the kind of knowledge and leadership that is necessary.

Despite the importance of all people in the care home environment who have contact with people living with dementia having an awareness of its impact and being able to respond positively, very few responses mentioned whether auxiliary staff (such as cooks and caretakers) receive any training. Flintshire County Council has, however, begun a research study with Bangor University (Creative Conversations), which focuses specifically on skills and competency development that includes domestic and auxiliary staff, with a view to ensuring that all staff working in care homes understand the physical and emotional needs of people living with dementia.

Responses from several Local Authorities stated that they are becoming Dementia Friendly and/or are establishing Dementia Friendly Communities. This is very positive in principle: care homes are part of the wider community and Local Authorities have a responsibility to drive forward cultural change so that people living with dementia are included and treated with understanding and respect. However, in some areas, the 'Dementia Friends' awareness raising associated with these initiatives appears to be targeted at care home staff. This is an inadequate level of dementia training for staff who have daily contact with people living with dementia and a responsibility for providing quality care and support.

The reinforcement of training through wider workforce development is essential to ensure that learning needs are identified, learning outcomes are achieved, learning is sustained and staff are provided with the opportunity to reflect on their practice. However, only a minority of Local Authorities mentioned what they are doing to promote this (for example, through supervision and appraisal, implementing mentoring schemes, deploying observation tools, and backing up face-to-face training with e-learning tools and relevant videos). Others mentioned that they deliver additional specific forms of training related to specific activities for people living with dementia, such as 'Never Ending Story' and 'Dance Circles'. Whilst these are all very positive steps, one Local Authority recognised the ongoing work and leadership that is required to ensure a real shift in culture that respects older people's human rights:

> **"At present there is still a poor understanding about how human rights interact with the need to provide a safe environment and what steps need to be taken in practice. Although there are some areas of good practice, many care settings are still driven by a culture of risk aversion. Further training, modelling, mentoring, supervision, appraisal and reassurance are required to ensure managers are confident that they will not be penalised for encouraging people to take measured risk."**

The responses provided suggest that some Local Authorities do not have a sufficiently strategic overview in relation to this Requirement for Action. Whilst there is some indication that 'Good Work: A Dementia Learning and Development Framework for Wales' (2016) is being implemented at a regional level, there is a lack of reference to this at a local level, with more than half of the responses not mentioning it at all. Some of the evidence provided also raises concerns about forward planning and preparedness in relation to dementia. One Local Authority stated, for example, that they have little idea of the quality and level of dementia training being commissioned by independent sector homes, while others provided information that showed the independent sector only sourced a relatively small percentage of dementia training from their Local Authority workforce development

team. The delivery of the ‘Good Work’ Framework will require that training is delivered to a certain standard and public bodies will need to understand the training provider market and profile of need to be in a position to support the effective implementation of this.

Befriending

Requirement for Action 3.3

Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.

Contributing to the following outcome:

Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community. Older people are able to continue to practice their faith and maintain important cultural links and practices.

Responsibility:

Local Authorities

Review Findings

Local Authorities:

Sufficient	8
Partially Sufficient	2
Insufficient	12

The Care Home Review set out the need to promote more befriending activities in care homes, and the wide ranging benefits of befriending support are clear, as outlined in a summary of research evidence by the Mentoring and Befriending Foundation[70].

There was limited progress in relation to this Requirement for Action and the evidence provided often failed to offer assurance about the type and level of befriending activity available to care home residents.

Where examples of practice were described, the extent of this within the locality was often not clear within and across Local Authority and independent sector care

70 Mentoring and Befriending Foundation (2012) Older People; Research Summary 3 <http://www.mandbf.org/wp-content/uploads/2011/03/Research-summary-3-older-people-updated-Oct-2012.pdf> (webpage accessed 16/01/2018)

home settings. In several submissions, all of the activities described took place within the care home and there was little sense that residents are enabled to engage with the wider community to establish and/or sustain relationships. Where contract monitoring systems were described in relation to this issue, these did not always appear to be sufficiently robust. For example, looking at a list of group-based activities and events provided by care homes does not provide meaningful information about whether the activities being delivered are sufficiently person-centred.

Very few of the submissions went into any detail about how they assess and review residents' individual needs in relation to this Requirement for Action, through Local Authority care management processes or through care planning processes within the home. However, evidence was submitted in response to Requirement for Action 3.2 (dementia training) where some Local Authorities described how they deployed various tools that help care staff to get to know the person (such as 'This Is Me'). It is important that these tools - which capture people's profiles, needs, preferences and aspirations - are actively used. They need to be 'joined up' to care management and contract monitoring processes and linked to the delivery of related outcomes.

Whilst evidence about befriending activities was often limited and lacking in detail, the majority of responses from Local Authorities did set out how they support residents to access faith-based support and activities. Rhondda Cynon Taf County Borough Council, for example, has been piloting a creative approach to enabling faith-based activities within one of its care homes:

Good Practice: Faith-based support

Rhondda Cynon Taf County Borough Council

The Local Authority has been running a pilot scheme with the staff at Bronllwyn Care Home, with regard to the faith needs of residents. The intention was to provide a multi-sensory experience which could be accessed on a variety of levels. Care home staff had already received training on understanding meaningful activity as an important human need, and the Manager has undertaken a range of development work to ensure that this becomes a core part of her staff's practice. This was important groundwork in the faith-based initiative, which has been developed in partnership with the Local Authority training department.

A small number of staff received further training from an experienced special needs teacher, and the sessions include, for example: use of hand bells; spiritual

story books and CDs; musical instruments and tactile objects; large print hymn and song books with illustrations to provide prompts and stimulate conversations. Large scale pictures of local points of interest are also used, which are selected by residents.

The Manager attends the sessions and ensures that the same staff are available to support them. The expectation is that this will be a regular activity that is structured but flexible, and residents can participate as they wish.

Some creative examples of intergenerational activity were also described, such as:

- **Blaenau Gwent:** A 'Digital Heroes' programme is being planned that includes younger generations; this will provide training to care home residents and staff to enable people to, for example, Skype friends and relatives.
- **Flintshire:** Following the provision of Dementia Friends training in schools, 15 selected pupils have been involved in creative arts workshops looking at communication. Following this, the pupils are involved with care home residents in a creative story session called 'Never Ending Story'.
- **Bridgend:** The Olympage Games is an annual intergenerational event with an emphasis on having fun, where teams take on the identity of competing countries. It emerged from development work with day services, care settings and community groups.
- **Gwynedd:** Children have been working with residents of Bryn Seiont Newydd care home and a textile artist to create a project called 'Perthyn', which celebrates the links between Caernarfon and Patagonia.
- **Swansea:** A care home takes residents to visit a local café set up by schoolchildren to cater for older people, which offers arts and crafts and pamper sessions.

Some of these examples are arts-based, and a recent review of evidence published by the SCIE and the All Parliamentary Group on Arts, Health and Wellbeing in 2017[71] sets out the benefits of the arts in meeting some of the major challenges facing social care, including social benefits that can counter isolation and loneliness.

Recognising these benefits, the Scottish Care Inspectorate has launched an arts

71 SCIE All Parliamentary Group (2017) The Role of the Arts in Social Care July 2017 <http://www.art-shealthandwellbeing.org.uk/appg-inquiry/Briefings/SCIE.pdf> (webpage accessed 16/01/2018)

based Resource Pack specifically related to care homes.[72] Age Cymru has also published an evaluation report of cARTrefu (which means to reside in Welsh), a four year programme which aims to improve access to quality arts experiences for older people in residential care within Wales.[73]

In addition to providing examples of good practice such as those set out above, several Local Authorities described development work linked to national policy changes[74] that have the potential to have a positive impact on care home residents' community connectedness, such as:

- Establishing policies that enable older people to live in care homes close their community networks
- Capacity building within the community with the ambition to create stronger links with care homes and maximize the volunteer base
- Promoting co-productive approaches

However, the submissions from a couple of Local Authorities implied that such policy changes were being implemented with unrealistic assumptions about their potential impact. For example:

> **"The Authority considers that fundamentally its level of care home provision throughout the county means older people choose where they wish to live and that as a consequence are able to maintain existing relationships within their locality."**

In introducing these approaches, it is important that Local Authorities do not make assumptions about people's capacity to maintain their community and cultural links. People should be assessed as individuals and provision made to ensure that effective support is in place, particularly those who have dementia or a specific communication need, people who are confined to bed, and those who do not have family members or friends living nearby.

Failing to support the needs of these residents places a large number of them at risk of social isolation and loneliness, which poses significant risks to their overall health and wellbeing[75]. It is therefore concerning that the majority of submissions failed to mention how Local Authorities are meeting, or plan to meet, the diverse needs of residents in relation to this Requirement for Action, particularly as there is clear evidence of the range of benefits that befriending support can bring.

72 Care Inspectorate (Scotland) (2016) Arts in Care <http://hub.careinspectorate.com/improvement/arts-in-care> (webpage accessed 16/01/2018)

73 Age Cymru (2015) cARTrefu <https://www.ageuk.org.uk/cymru/health--wellbeing/cartrefu/> (webpage accessed 16/01/2018)

74 Linked to the Social Services and Wellbeing (Wales) Act and Wellbeing of Future Generations (Wales) Act

75 Holt-Lunstad J, Smith TB, Baker M, et al (2015) Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspectives on Psychological Science 2015;10:227–37

Anti-psychotic medication

Requirement for Action 3.5

Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets for Dementia.

Contributing to the following outcome:

Older people are not prescribed anti-psychotic drugs inappropriately or as an alternative to non-pharmaceutical methods of support and NICE best practice guidance is complied with.

Responsibility:

Health Boards

Review Findings:

Health Boards:

Sufficient	1
Partially Sufficient	0
Insufficient	6

The majority of Health Boards failed to meet the criteria for a Sufficient rating as they are not publishing the required information about the use of anti-psychotic medication in care homes. Despite the fact that all seven Health Boards had made clear commitments to publish this information following the publication of 'A Place to Call Home?' in 2014, only one is publishing very limited information which relates solely to nursing homes. Based on the evidence provided, none of the others appear to have corporate overview of this area and there are no clear commitments to publish the required information.

The responses did show, however, that some proactive work is underway to reduce the inappropriate use of anti-psychotic medication. Examples were provided of different teams and structures to support prescribing and reviews, such as care home in-reach services, care home dementia and mental health intervention teams and dedicated pharmacists. There were also examples of efforts to support more effective multi-disciplinary working and to support data sharing, which can be seen below.

The majority of Health Boards described audit and review tools that are being employed (or were in the planning stages), to promote benchmarking and to ensure more systematic and evidence based approaches. For example, Cwm Taf University Health Board described the active use of STOPP START[76] and Aneurin Bevan University Health Board stated it is introducing the International Consortium on Health Outcomes Measures (ICHOM)[77] within its memory assessment services. Similarly, the Prescribing Observatory for Mental Health (POMH) UK[78] audit tool is under consideration by Hywel Dda University Health Board, and the pharmacy teams within Betsi Cadwaladr University Health Board have been working with primary care practitioners to develop a data collection tool based on the POMH UK tool.

Several of the Health Boards stated they are looking at alternatives to anti-psychotic medication, and developing intervention plans to negate the need for a prescription. A good example of this was provided by Cwm Taf University Health Board:

Good Practice: Care Home Dementia Intervention Team

Cwm Taf University Health Board

The Care Home Dementia Intervention Team (CDIT) was set up in 2014. An audit of the patients on the inpatient mental health wards indicated that when people with dementia were admitted from residential and nursing care they were unlikely to return and many did not leave hospital at all. The predominant reason for admission was to address behaviour that was considered challenging within their residential placement. CDIT was developed from existing resources following a service redesign with the aim of increasing community support for this group of people.

The CDIT team is made up of psychologists, specialist mental health nurses and health care support workers who are highly skilled in the area of dementia care. The team provides a 12-week programme of holistic assessment, psychosocial formulation and intervention, offering a person-centred, staff-focused model of care. Non-pharmacological interventions are used to reduce patient distress, which include doll therapy, music therapy, life story work, role modelling and validation therapy.

76 CGA Toolkit Plus / O' Mahony, D (2015) Screening Tool Of Older People's Prescriptions (STOPP) Screening Tool to Alert to Right Treatment (START) <https://www.cgakit.com/m-2-stopp-start> (webpage accessed 16/01/2018)

77 The International Consortium for Health Outcomes Measurement <http://www.ichom.org/>

78 Royal College of Psychiatrists, Prescribing Observatory for Mental Health (POMH-UK) <http://www.rcpsych.ac.uk/quality/quality,accreditationaudit/prescribingobservatorypomh/templatehomepage.aspx> (webpage accessed 16/01/2018)

Outcome data has routinely shown improvements in terms of behavioural factors and wellbeing, and feedback from staff and relatives has been positive:

"The [CDIT] team involvement has given… staff the knowledge to help an individual have a more fulfilled life."

(comment from care home staff member)

Further evidence to support alternatives to anti-psychotic medication is available through the Social Care Institute for Excellence.[79]

Although a range of practice was described that aims to address the issue of the inappropriate use of anti-psychotic medication, some service interventions or teams focused only on one geographical area within the Health Board, focused only on nursing homes, or targeted specific care homes. This is concerning as it demonstrates that inequitable and inconsistent approaches are being delivered.

The understanding of quality of life as a benchmark for the delivery of high quality care was also generally poorly evidenced within the submissions. The use of tools to evidence individual wellbeing was mentioned (for example, Cwm Taf University Health Board CDIT is using the Bradford Well-Being Profile[80] and ICHOM that Aneurin Bevan University Health Board is introducing includes a quality of life measure), but the evidence indicates that use of such tools is not widespread or consistently deployed in relation to this issue.

Approaches to data capture did not appear to be comprehensive or consistent across teams, geographical areas or residential and nursing homes. The evidence provided makes clear that Health Boards are still struggling with identifying relevant data, and it was noted by a two Health Boards that the prescribing data for patients with a dementia diagnosis taking anti-psychotic medication cannot easily be isolated from general prescribing, and manual audits at a GP practice level need to be undertaken to obtain this information. It was suggested that consideration should be given to developing a national mechanism by which this data could be more easily and routinely captured and used to compare prescribing across practices and Health Boards. However, where Health Boards do not take the required action it potentially leaves care home residents in a vulnerable situation.

79 Social Care Institute for Excellence (2015) Alternatives to antipsychotic medication: The case against antipsychotics <https://www.scie.org.uk/dementia/living-with-dementia/difficult-situations/antipsychotic-medication-alternatives.asp> (webpage accessed 16/01/2018)

80 University of Bradford (2008) The Bradford Well-Being Profile <http://www.bradford.ac.uk/health/dementia/resources/the-bradford-well-being-profile/> (webpage accessed 16/01/2018)

Health Boards also failed to provide a clear timeframe for publication about the use of anti-psychotic medication in care homes or providing evidence of governance structures to actively monitor this area at a corporate level.

NB: Alongside this follow-up work, the National Assembly for Wales' Health, Social Care and Sport Committee has undertaken an inquiry into the use of anti-psychotic medication within care homes. The Older People's Commissioner for Wales submitted evidence to this inquiry, partly based on the information provided by Health Boards within their responses.[81]

81 Older People's Commissioner for Wales (2017) Consultation Response: Inquiry into the use of antipsychotic medication in care homes <http://www.olderpeoplewales.com/en/publications/consultation-responses/17-09-29/Consultation_Response_-_Inquiry_into_the_use_of_antipsychotic_medication_in_care_homes.aspx>

Medication reviews

Requirement for Action 4.4

Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.

Contributing to the following outcome:

Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.

Responsibility:

Health Boards

Review Findings:

Health Boards:

Sufficient	4
Partially Sufficient	2
Insufficient	1

Some progress was evident in relation to this Requirement for Action across the majority of Health Boards. Whilst the amount of detail provided within the submissions varied considerably, a range of services and systems were described, such as dedicated community and care home pharmacists and Older Adult Mental Health Teams, Care Home Support Teams, Medicines Management Teams and GP practices and clusters. An example of the approach to medication reviews being taken by one primary care cluster is outlined below:

Good Practice: Amman Gwendraeth

Hywel Dda University Health Board

In the Amman Gwendraeth cluster, a GP-led frailty service has been developed that also focuses on undertaking advanced care plans for patients in care homes. As part of the care plan, a medication review is conducted with each registered patient on admission, as clinically indicated. This review is followed up at least

once every six months thereafter. The team has also adopted the NO TEARS[82] approach to reviewing medication, which is referenced by NICE.

A lead GP is responsible for the implementation of this service in each nursing home within this cluster, with support from an advanced nurse practitioner and cluster pharmacist.

The team adopts a multi-disciplinary approach, engaging with residents and their families and there has been positive feedback relating to improved coordination and quality of care for the residents.

This is a model that is being considered for wider roll out.

The submissions suggest that the majority of Health Boards already have a General Medical Services (GMS) Local Enhanced Service (LES) in place to support medication reviews, but details about these were lacking. The responses from Health Boards were written before the introduction of Directed Enhanced Service[83] (DES) for Care Homes, which came into force on 12 April 2017, and the Health Boards that are planning for this state that this will cover all care home residents. However, it is unclear how they plan to address areas where the contractor does not take the option to provide this.

One Health Board stated it is considering registering residents with one GP practice on the basis that care homes residents are often registered with different practices and not all of these are signed up to the LES. It is stated that this decision is being made on the basis of ensuring an equitable approach, but this does raise fundamental questions around the extent to which care home residents are able to exercise choice and around continuity of care.

Where a number of different processes and services for carrying out reviews were described within an area, it was generally not clear how these communicate with each other, how data is shared and whether reviews are always carried out in a consistent manner and at an appropriate frequency using NICE or Welsh Government approved tools. In a few submissions, the services and/or staff training described were focused on nursing homes, and it was therefore not clear what is available for residential homes.

82 NO TEARS is a mnemonic of a structured approach to reviewing medication <http://www.bmj.com/content/329/7463/434> (webpage accessed 16/01/2018)

83 The new DES states that “A GP employed pharmacists, or cluster based health board employed pharmacist, or community pharmacist providing services to the relevant care homes will undertake at least one medication review, with particular reference to polypharmacy, antipsychotic prescribing and other high risk medicines, for each resident in the care home. Further medication reviews will be undertaken by pharmacists as clinically appropriate.” (Welsh Government Circular, 12 April 2017)

Similarly, two Health Boards described processes for medication reviews in place when residents are discharged from hospital, but no details were provided about procedures covering people entering residential or nursing care homes from the community. This is of particular concern as there was generally a lack of clarity concerning how these different services and processes are overseen and evaluated, and little sense of corporate oversight as a whole. This uneven approach and lack of awareness may create potential risks for some residents.

The evidence provided does suggest some positive progress is being made in terms of medication reviews, which has resulted in a reduction of adverse events, such as inappropriate prescribing. A few Health Boards also referred to research that resulted in positive outcomes for patients, but, similar to the responses relating to Requirement for Action 3.5 (prescribing anti-psychotic medication), the majority of the submissions did not make clear how Health Boards are monitoring the impact of medication reviews upon the quality of individual residents.

Analysis of the evidence also highlighted another concerning gap regarding the lack of involvement of individual residents in decisions relating to their medication review. Despite the importance of medication reviews, defined as 'a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste'[84], and the importance of involving patients (as set out in NICE clinical guidelines CG76)[85], almost no reference was made by Health Boards to how they are involving individual residents.

84 Shaw J (2002) Room for review: A guide to medication review. Pharmaceutical Press, Wallingford

85 National Institute for Health and Clinical Excellence (2009) Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence <https://www.nice.org.uk/guidance/cg76/chapter/1-guidance>(webpage accessed 16/01/2018)

Engagement and quality of life

Requirements for Action 6.2, 6.7 & 6.8

Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure that they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring the issues they raise are acted upon (6.2)

Annual reporting should be undertaken on how ongoing feedback has been used to drive continuous improvement (6.7/6.8)[86]

Contributing to the following outcome:

Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life for older people living in care homes.

Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement.

Responsibility:

Local Authorities

Health Boards

CSSIW

Review Findings

Health Boards:

Sufficient	3
Partially Sufficient	2
Insufficient	2

Local Authorities:

Sufficient	10
Partially Sufficient	7
Insufficient	5

CSSIW: Sufficient

86 These Requirements for Action relate to Local Authorities and Health Boards

CSSIW's new inspection regime clearly outlines 'what good looks like' in terms of older people's quality of life. A key driver in this is CSSIW's Inspection Framework for the inspection of care homes for older people. This framework describes the outcomes that older people should expect to receive in residential care homes in a series of 'I statements', which are accompanied by examples of what good looks like and the evidence that inspectors should use to evaluate the extent to which older people's wellbeing is promoted by staff.

Guidance for inspectors has also been introduced that explains how to implement this, and this has been accompanied by increased discussions with care providers and statutory bodies. Observations of resident interactions and direct conversations with residents and family members about their quality of life and care will be a key part of this.

In addition to the guidance, inspectors are receiving training on how to work within this new methodology, which acknowledges the importance of upholding older people's rights and makes reference to the United Nations Principles for Older Persons. Training is also provided to inspectors on dementia care, falls, triangulation of evidence and the reporting of wellbeing outcomes.

Changes are also being made to inspection reports to ensure that they provide clearer conclusions about the quality of life and care that people receive and how this impacts upon their wellbeing against four key themes. Regulations under the Regulation and Inspection of Social Care (Wales) Act 2016 mean that the Inspection Framework will need further consultation, particularly in terms of whether the public should be able to see clear ratings such as 'poor' or 'good' care against each theme or narrative conclusion.

Whilst future actions are dependent on the implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 and the development of its underpinning regulations, it is clear that CSSIW is taking strategic action as an organisation to strengthen their inspection regime in terms of understanding and promoting residents' quality of life.

Health Boards and Local Authorities

With a small number of exceptions, Health Boards and Local Authorities have generally provided better evidence of progress in relation to this Requirement for Action compared to other Requirements that have been examined as part of this follow-up work. However, the fact that many of them provided poor evidence related to quality of life in their responses to other Requirements for Action (and on occasion used disabling language, especially in relation to dementia) suggests an uneven approach to this issue.

This suggests that whilst progress is being made, quality of life is not being sufficiently understood and change is not being driven at a cultural level.

A significant number of submissions provided detailed descriptions of changes to engagement systems and structures, but convey little sense of how this is translating into practice. Quality of life is commonly described in terms of specific services, inputs or processes, and it is not clear from the evidence provided how personally defined outcomes are being linked to continuous improvement systems, or leading to positive changes for residents.

The importance of ensuring a shared understanding of what quality of life means and relating this to system development was expressed by one Health Board:

> **"Through a whole system review…we recognised that … Quality of life standards were subjective between agencies, highlighting the need to develop a consistent and joined up annual contract monitoring process that triangulates feedback from the resident/family, the Provider and partner agencies."**

A small number of responses were quite comprehensive, setting out how public bodies are addressing this Requirement for Action at a practice, systems and cultural level. For example, in the Cwm Taf University Health Board area the Health Board and Local Authorities are applying Dementia Care Matters tools and principles to contracting arrangements at a broader level, and are also looking to incorporate the recommendations of the Care Home Review. Similarly, Flintshire County Council, with support from Bangor University, is developing a programme of cultural change and promoting person-centred practices in care homes through 'Creating A Place Called Home; Delivering What Matters', a partnership-based approach involving providers, staff and residents.

Almost all Local Authorities and Health Boards described how contract monitoring, quality assurance, and/or assessment and review processes are being improved to capture evidence related to quality of life. Examples were provided of how contract monitoring staff are being trained to use observational tools, such as QUIS and SOFI[87]. There is also a greater focus on external professionals being required to observe and report on their encounters with care home staff and residents in a more systematic way. Some of this work is quite closely linked to safeguarding, but examples were also provided of how these kinds of approaches are being enabled at a more holistic level:

- Aneurin Bevan University Health Board has embedded quality of life standards (based on My Home Life Cymru) into the visiting nurses

87 SOFI- Short observational framework for inspection

assessment framework and nurse assessors are 'allocated' a group of care homes, to help them develop trusting relationships.

- Age Connects, jointly commissioned by Cardiff Council and Vale of Glamorgan Council to provide independent advocacy support across Local Authority and Health Board settings of care, routinely contribute to Joint Quality Management Meetings and liaise directly with the Nurse Assessor Team.

A majority of Health Boards and Local Authorities stated that they use annual surveys in some form, often care home specific surveys or wider service user experience surveys. Whilst some provided data associated with these surveys, this often does not convey much meaningful information as it does not include details about response rates and/or the care home data was not extracted from general community data. There was also generally no description of the methods of managing these surveys. It would be of value to know exactly how they are deployed within care homes and what support is provided to residents to participate, particularly those with communication difficulties. Vale of Glamorgan Council was the only respondent to provide a more detailed description of the mechanics of their regular resident consultation, which reflects some good practice:

- Consulting with each care home, including residents, about the best methodology to employ
- Including a mix of structured interviews, with a minimum of 5 in each home
- Responding to access needs (for example, providing questionnaires in large print)

Overall, very little attention seemed to be paid to the issue of confidentiality, and how this would be severely compromised if staff members are the only people available to provide support for residents to express their views or complete questionnaires. In some cases, the only apparent external support available is in the form of contract monitoring officers or nurse assessors, but it is questionable to what extent these professionals are truly independent - from an actual or perceived perspective.

It was also often unclear how people who might have particular communication needs, including people living with dementia, are enabled to express their views. Some of the work that is described by Local Authorities in response to Requirement for Action 3.2 (dementia training) has contributed positively here, but there was generally very little reference to this issue amongst Health Boards.

A minority of Health Boards and Local Authorities made reference to specific external services, but in some cases this is limited to independent professional advocacy, without consideration of the wider mechanisms that can enable people to have a voice. Where more informal external inputs were described, these were quite varied, as demonstrated in the examples below:

- Council Members acting as lay assessors (in Neath Port Talbot, for example)
- Independent visitor projects (such as the Care Home Ask and Talk (CHAaT) service provided by Aneurin Bevan University Health Board, developed in partnership with the NHS Retirement Fellowship)
- Peer interviews (for example, Powys Teaching Health Board is in the process of piloting individual interviews with care home residents that are undertaken by trained members of their 50+ Forum)

However, even where these external services are in place, they generally do not cover all care homes or the level of coverage is not made clear within the submission.

Some references were made to collective forms of engagement, most commonly in the form of residents' meetings. These will not suit everyone, and can be dominated by people who are more confident or able to share their views - but if managed well they can be an important option, providing a different dynamic and enabling people to debate issues and share ideas. The Speak Up project operating in Conwy and Denbighshire (provided by Age Connects) has been facilitating a self-advocacy group session for residents to help them to build or regain their confidence so that they feel able to 'speak up' for themselves.

Similarly, Flintshire County Council has developed a programme that combines individual perspectives and group-based priority setting with residents and staff:

Good Practice: Working Together for Change

Flintshire County Council

'Working Together for Change' is an approach that Flintshire County Council has piloted within one of their care homes, Llys Gwenffrwd. It is a structured approach to engaging with residents, to review their experiences and help to determine the priorities for change.

Residents at Llys Gwenffrwd, as well as care staff, recorded 'what's working', 'what's not working' and 'what needs to change in the future' on individual paper records. This was collated and shared. People were then asked to vote on their

three highest priorities of things that were 'not Working', which would have the greatest possible impact on the residents.

These issues were then explored from the perspective of providers, commissioners, and those using the services. An impact assessment was undertaken to identify what would be a 'quick win', a 'major project', a 'thankless task' or a 'medium term strategy'. An action plan was produced and shared with residents, with a commitment to meeting again to review the progress made.

The process has provided a useful insight into what is working and what is not working at Llys Gwenffrwd Care Home, as well as highlighting the aspirations of residents for the future. This approach will now be rolled out to other care homes, clustered in geographical areas and there is an intention to link the approach to contract monitoring processes.

A number of Local Authorities mentioned how they are promoting the Welsh language, and many recognised how important this is to enable people with dementia to engage, because it is not unusual for them to revert to their first language. There were several examples of staff or volunteers being supported to speak Welsh at different levels. Blaenau Gwent County Borough Council also provided evidence of how it is taking a more strategic approach:

Good Practice: Promoting the Welsh Language

Blaenau Gwent County Borough Council

In Blaenau Gwent, 'More Than Just Words' has been actively promoted with care home providers following the implementation of the Welsh Language Standards. An Addendum has been applied to the Local Authority's contract with care homes that requires them to comply with the legislation and make an 'Active Offer' to people who live within their homes.

In response to the research, and recognising the difficulties citizens face when living with dementia when English is not their first language, an audit has been undertaken of care home staff to establish the availability and opportunity for people to engage through the medium of Welsh and other languages.

There was a sense of progress in a small number of areas, where there were efforts to embed quality of life into quality assurance, care management and commissioning reporting mechanisms and importantly this change is also being driven at a cultural level. A joint contract and specification has been developed within the Cwm Taf University Health Board area, for example, which includes

quality of life. Monitoring of this is actively supported by Dementia Care Matters observation tools and there is recognition of the need to make ongoing improvements in this area, with plans to consider how quality of life can be more effectively embedded within these systems. However, the submissions suggest that there is significant variation in the way in which Local Authorities and Health Boards are reporting on the quality of life in care homes, both internally and directed at the public.

In terms of public reporting, Health Boards are required to produce Annual Quality Statements, but across all Health Boards these publications for 2016/17 did not directly address quality of life for older people in care homes. There is a requirement that Local Authorities publish a Population Needs Assessment[88], Wellbeing Assessment and associated Wellbeing Plan[89]. These new requirements linked to these Acts and the introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 (as outlined in the Impact section within this report) should help to strengthen public reporting and fill some of the gaps that currently exist. For example, Directors of Social Services must now include the views of service users about quality of life and care within their annual reports[90].

Internal monitoring and reporting related to quality of life was variably described by public bodies in their responses to this Requirement for Action, either at a specific service level, linked to specific themed strategies (e.g. engagement) or related to broader quality assurance systems and/or commissioning processes. However, in many cases the level and type of reporting related to these was unclear, did not appear to be very comprehensive and/or did not have sufficient oversight at a senior level. Furthermore, a number of public bodies described these functions in terms of 'quality of care' with little sense that it is meaningfully associated with 'quality of life'. It is important that these terms are not confused and conflated.

88 Social Services and Well-being (Wales) Act 2014

89 Well-being of Future Generations (Wales) Act 2015

90 Section 56, 144A Regulation and Inspection of Social Care (Wales) Act 2016

Integrated inspection, governance and transparency

Requirements for Action 6.4, 6.5 and 6.6

6.4 An integrated system of health and social care inspection must be developed and implemented to provide effective scrutiny in respect of the quality of life and healthcare of older people in nursing homes

6.5 Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in nursing homes

6.6 An annual report on the quality of clinical care of older people in nursing homes in Wales should be published in line with the fundamentals of care

Contributing to the following outcome:

The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting.

Responsibility:

Welsh Government

Review Findings

Welsh Government:

Requirement 6.4: Partially sufficient

Requirement 6.5: Insufficient

Requirement 6.6: Insufficient

'A Place to Call Home?' identified that the scrutiny of healthcare of older people in care homes, particularly nursing homes, was insufficient. The report described how older people may be at increased risk of unacceptable medical practices or harm, or may not receive the healthcare to which they are entitled, because of a lack of independent clinical oversight from the healthcare inspectorate.

Some progress has been made in relation to Requirement for Action 6.4: CSSIW and HIW have initiated a joint pilot inspection to look at the health needs of

residents in North Wales, for example. The project (no details of which were provided in the Welsh Government response, but have been subsequently communicated by CSSIW) aims to test whether there is a need for joint work across the inspectorates regarding care homes and primary health provision across Wales. Recommendations about this will be provided in the project's final report, which will be published in Spring/Summer 2018.

Given the complex needs of care home residents, the Commissioner has an expectation that forthcoming legislation will address the current disconnect between the two inspectorates. This should provide the legal basis for HIW to work alongside CSSIW in care homes to ensure that residents' quality of healthcare, as well as quality of life, are inspected in a robust and transparent way.

In terms of Requirements for Action 6.5 and 6.6, the Welsh Government supplied no evidence of any action underway or plans to take these forward.

Public information

Requirement for Action 6.8

Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:

- **Number of falls**
- **Access to falls prevention**
- **Support to maintain sight and hearing**[91]

Contributing to the following outcome:

Older people have access to relevant and meaningful information about the quality of life and care provided by or within care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide.

Responsibility:

Health Boards

Review Findings

Health Boards

Sufficient	0
Partially Sufficient	0
Insufficient	7

In carrying out the analysis of this Requirement for Action, the 2016/17 Annual Quality Statements recently published by Health Boards were considered in addition to the written responses requested as part of this follow-up work. None of the Health Boards provided sufficient responses in relation to this Requirement for Action, as they all failed to provide an adequate level of information related to care homes within their 2016/17 Annual Quality Statements and/or did not make sufficiently clear their plans for the future.

91 Note: this is a partial version of the full Requirement from Action, focusing on specific areas of concern to the Older People's Commissioner for Wales

Only four Health Boards mentioned sensory impairment within their responses and this information was either somewhat limited, insufficiently distinct from general community data or vague about planned actions. The data that four Health Boards included in their Annual Quality Statements (not the same four that mentioned sensory loss in their submissions) is also insufficient for the same reasons. This general lack of focus on sensory loss is of particular concern as the Care Home Review included evidence that showed that 70% of 70 year olds have some form of sensory loss, something that increases significantly with age, and that many care home residents do not have a diagnosis. Sensory loss significantly increases the risk of falls, and the combined impact of sensory impairment and dementia can contribute to a sense of confusion and disorientation for the individual.

In relation to falls and falls prevention, all of the Health Boards describe services and/or development work in hospitals and/or the community within their Annual Quality Statements for 2016/17, but they either fail to distinguish care homes, provide insufficient detail, and/or focus on nursing homes without reference to the wider care home sector. Relevant information on falls provided by Health Boards within their response to Requirement for Action 6.8 has been included in the section on Falls Prevention within this report.

The importance of this Requirement for Action is made clear in the related outcome (included above), which is reinforced by the NHS Wales Health and Care Standards (2014):

> **Governance, leadership and accountability**
>
> **Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care (p8).**

In 2014, the Commissioner also published a detailed critique of each Health Board's Annual Quality Statement[92], using seven questions to scrutinise whether they delivered their aims and communicated with older people effectively (Appendix 2). A Wales wide overview was also published.[93] The responses to this follow-up work demonstrate that significant improvement is still required in relation to this Requirement for Action to ensure that the public are able to access meaningful information about the quality of life and care provided by care homes in their area.

92 Including Velindre NHS Trust's Annual Quality Statement

93 Older People's Commissioner for Wales (2015) Scrutiny of Health Board Annual Quality Statements <http://www.olderpeoplewales.com/en/publications/scrutiny/15-03-26/Scrutiny_of_Health_Board_Annual_Quality_Statements.aspx>

Workforce planning and career pathways

Requirements for Action 7.2 & 7.3

NHS Workforce planning projections identify the current and future level of nursing required within the residential and nursing care sector; including care for older people living with mental health problems and cognitive decline and dementia (7.2).

The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes (7.3)

Contributing to the following outcome:

Forward planning and incentivised recruitment and career support ensures that there are a sufficient number of specialist nurses, including mental health nurses, to deliver high-quality nursing care and quality of life outcomes for older people in nursing homes across Wales.

Responsibility:

Welsh Government
Health Boards

Review Findings

Health Boards:

Sufficient	2
Partially Sufficient	0
Insufficient	5

Welsh Government: Insufficient

'A Place to Call Home?' highlighted a shortage of nurses in care homes (in particular specialist mental health nurses) and raised concerns that the care home sector is unable to meet the need for EMI nursing and nursing care beds in regions of Wales. Following this (and in response to a number of calls from older people and contacts from Assembly Members in 2013) the Commissioner asked Local Authorities and Health Boards to provide evidence about the availability

and planning for EMI provision for older people in Wales. This provided further evidence that there is a lack of a skilled workforce within the care home sector, an issue that was raised directly with the Welsh Government in 2014.

In its response to this follow-up work, the Welsh Government provided insufficient evidence of progress on NHS Workforce planning projections for the care home sector as set out in this Requirement for Action. Educational commissioning numbers are referred to, as is an increase in pre-registration nurse training places, but this does not explicitly address the needs of the care home sector. Without projected planning that acknowledges the reality of where people receive care and the type of nursing care that they need to receive, progress towards securing safe staffing levels in the NHS might risk further depletion of nursing levels across the care home sector.

Furthermore, whilst 'preliminary discussions' with the Workforce Education Development Service are referenced in the Welsh Government's submission, no timeline has been provided for the completion of this or the development of related actions.

Action has been initiated by the Welsh Government to increase the number of Welsh Government funded places on return-to-nursing practice courses[94], as well as the 'trainworklive.wales'[95] nursing recruitment campaign. However, this is aimed at the Welsh NHS rather than the care home workforce specifically, and is therefore not equal to a programme of strategic actions to measure and address the current shortages of nurses and specialist mental health nurses in the care home sector.

Since the Welsh Government's submission, a written statement by the Cabinet Secretary for Health, Wellbeing and Sport has been released, outlining the proposed remit of a new organisation, 'Health Education and Improvement Wales', to consolidate current activity on workforce planning in health through joining two organisations (NHS Wales' Workforce, Education and Development Services and the Deanery within Cardiff University). It is stated that the new organisation will aim to address strategic workforce planning to 'ensure the promotion of the full range of NHS careers'[96], but it is not currently clear whether this body (which will begin work in April 2018) will cover care homes.

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94 Welsh Government (2015) New plan to develop frontline NHS Wales workforce <http://gov.wales/newsroom/health-and-social-services/2015/workforce/?lang=en> (webpage accessed 16/01/2017)

95 Train Work Live Wales (2016) Nursing Careers in Wales <http://www.trainworklive.wales/page/this-is-nursing-working> (webpage accessed 16/01/2017)

96 Welsh Government (2017) Written Statement - Health Education and Improvement Wales Transition Update <http://gov.wales/about/cabinet/cabinetstatements/2017/healtheducationimprovementwales/?lang=en> (webpage accessed 16/01/2017)

Health Boards

The evidence from all but two Health Boards was weak and demonstrated a failure to acknowledge how serious the current nursing situation is, in particular the shortage of nurses to staff nursing care homes. The practice support teams referred to within responses from Health Boards (whilst a positive method of support) have rarely been evaluated in terms of the impact upon and/or the practice of care home staff. According to the responses, most Health Boards are working with universities to provide student nursing placements in care homes, and have developed nursing support such as revalidation and access to training - albeit to different levels - for nurses currently working in the sector. However, in some areas it is difficult to tell whether the current offering is sufficient to provide the support needed to all care homes in a Health Board's regional area.

Overall, there was a clear distinction between the few Health Boards that had a clear plan to deepen their relationship with care homes and provide additional support and training for nurses working in the sector, and those whose evidence was lacking in recognition of the actions that need to be taken.

Next steps

It is clear from the evidence submitted to me that the pace of change across Wales is variable. A small number of Health Boards and Local Authorities have demonstrated significant progress and were able to provide examples of excellent practice that they have developed.

However, the majority of Health Boards and Local Authorities were not able to provide me with the assurances I was looking for, particularly in respect of the impact of the work underway upon the lives of older people living in care homes. The good practice that has developed across Wales makes it clear the challenges laid out in my care home review report are achievable, and I have included examples of this within this report. This good practice needs to be routine, and not just because it improves the lives of care home residents - it can also serve to motivate staff and improve morale.

However, whilst highlighting this good practice, the evidence has shown that there are significant areas where change has not taken place and this will have a detrimental impact on older people. I am disappointed and concerned that three years since the publication of my Care Home Review, basic yet crucial issues like continence care and medication reviews are still found wanting in many parts of Wales, and care home residents still face a lottery in terms of where they live in relation to key aspects of their quality of life and care.

I have outlined in this report how a number of legislative and policy developments are directly and indirectly addressing many of the issues that my Care Home Review raised. Wales has a new inspection regime and new safeguarding arrangements; there are changes to commissioning processes and requirements related to integration and more joined-up ways of working, plus there is a clear steer towards person-centred approaches. This is generally positive.

However, as far as older people are concerned – which is my concern – it is all about the implementation; it is all about a real transformation in culture; it is all about positive outcomes for care home residents.

In looking forward, I acknowledge the work that is being done by the Welsh Government, including the NHS White Paper and Parliamentary Review on Health and Social Care. As I have previously outlined, this must address the future of care homes and this in turn must translate to informed choices, a stable market and – most importantly - positive outcomes for care home residents.

It is important that all public bodies take further action now to improve the quality of life for older people in the key areas highlighted in this report.

I have written to the Cabinet Secretary for Health and Social Services to make clear my expectations that the Welsh Government must address the shortfalls in action identified in this report. I have also been clear that the Welsh Government must strengthen its leadership across the whole care home sector and strengthening the ways in which it monitors and evaluates the impact of any changes that have been introduced, including through legislation, to ensure that the required improvements and outcomes are secured.

Specifically, the Welsh Government must:

- Ensure that the market stability report developed under the Regulation and Inspection of Social Care (Wales) Act 2016 effectively delivers the following:
    - a national demographic projection of need, including anticipated trends in, and changes to, the type of provision required as a result of increasing acuity and dependency;
    - a clear statement on the preferred type of provider base/ market in Wales;
    - a national analysis of barriers to market entry;
    - a clear statement on investment to grow social enterprise and co-operative social care sectors, particularly in areas with a low provider base;
    - a clear action plan to deliver the preferred provider base/market; and
    - a clear roadmap with key outcomes for Wales over the next 10-15 years.
- Ensure that the care home workforce is included in any strategic workforce planning, and confirm that 'Health Education and Improvement Wales' will address the whole healthcare family, including the care home workforce.
- Develop programmes and guidance to ensure consistent approaches across the care home sector, including related support services (specifically related to falls prevention and continence care).
- Recognise and act on the issues raised in my evidence to the Health, Social Care and Sport Committee's inquiry into the use of anti-psychotic medication in care homes.
- Ensure that inspection processes are properly supported by an independent voice, such as lay assessors.

- Ensure, through CSSIW's strategic reporting, that robust information is in the public domain regarding the quality of life and care of older people living in care homes in Wales and key areas where improvement is needed.

Health Boards and Local Authorities need to look again at the Requirements for Action, together with the individual feedback I have provided, and take further action. It is crucial that the outcomes that are set out in the Care Home Review serve as a benchmark.

I have therefore also written to the Cabinet Secretary and the Chief Executive of the NHS in Wales making clear my expectation that this action will be taken, and to the Chief Executives of all Health Boards requesting that my feedback is debated at a full board meeting.

I have also written to the leaders and Chief Executives of all Local Authorities in Wales, making clear my expectations in relation to further action and requesting that my response is debated at a full council meeting and shared with their older people's forums.

On the basis of the responses received following these letters, I will determine what further action I need to take.

Furthermore, I have shared my findings with CSSIW, HIW and Social Care Wales as the bodies responsible for regulating and inspecting health and social care in Wales to inform their ongoing work.

CSSIW and Social Care Wales must continue the positive work that they have begun, ensuring that through regulation and inspection - of providers, commissioners and the care home workforce - quality of life and personalised outcomes are made a day-to-day reality for older people living in care homes, that staff working in care homes have the skills, knowledge and competencies required and that human rights are embedded throughout the care home sector.

I reserve the right to undertake further follow-up work to seek further assurances that public bodies are driving change and delivering outcomes for care home residents. This will be influenced by issues raised by older people, including through my casework and the response received to this follow-up work.

It is incumbent upon all public bodies and independent care providers to make this a reality.

Notwithstanding the progress that has been made, I expect there to be more ambition and strengthened action to ensure a more transformative and outcomes-

based approach. If we can get it right for some, we should be getting it right for all older people across Wales. It is what they have a right to and if we fail to do so the price paid by them will continue to be too high, as will the price paid by our public services.

Appendix 1: Requirements for Action within the follow-up to the Commissioner's Care Home Review

Requirement for Action 1.3

Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.

Responsibility

Welsh Government
Health Boards

Contributing to the following outcome

Older people are supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times.

Impact of not doing

Poor practice goes unchallenged due to a lack of appropriate education and training.

Older people become incontinent unnecessarily and their dignity is significantly undermined.

Requirement for Action 2.2

Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill-health. (In partnership with Health Boards)

Responsibility

Local Authority
Health Boards

Contributing to the following outcome

Older people receive full support, following a period of significant ill health, for example following a fall, or stroke, to enable them to maximise their independence and quality of life.

Impact of not doing

Older people have reduced mobility, increased frailty and loss of independence, with an increased risk, due to immobility of significant health problems, such as pressure ulcers, pneumonia and deteriorating mental health.

Requirement for Action 2.3

A National Falls Prevention Programme for care homes is developed and implemented. This should include:

- Enabling people to stay active in a safe way
- Up-skilling all care home staff in understanding and minimising the risk factors associated with falls
- The balance of risk management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care

National reporting on falls in care homes is undertaken on an annual basis.

Responsibility

Welsh Government

Contributing to the following outcome

Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do things that matter to them being undermined.

Impact of not doing

Older people are at an increased risk of falls leading to reduced mobility, increased frailty and loss of independence, with an increased risk, due to immobility, of significant health problems, such as pressure ulcers, pneumonia and deteriorating mental health. Significant financial impact on the NHS due to increased admissions.

Requirement for Action 3.2

All care home employees undertake basic dementia training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

Responsibility

Local Authorities

Contributing to the following outcome

All staff working in care homes understand the physical and emotional needs of older people living with dementia and assumptions about capacity are no longer made.

Impact of not doing

Older people feel anxious and fearful, confused and disorientated and their ability to have control over their lives is undermined. An increase in hospital admissions and a greater number need health care as a result of older people's needs not being understood or met. A greater risk of incidences of unacceptable care. A significant increase in the pressures faced by the care home work force. A wider perception across society that residential and nursing care lacks compassion.

Requirement for Action 3.3

Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.

Responsibility

Local Authorities

Contributing to the following outcome

Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the care home. Care homes are more open to interactions with the wider community. Older people are able to continue to practice their faith and maintain important cultural links and practices.

Impact of not doing

Older people living in care homes are lonely and socially isolated, lack opportunities for meaningful contact and their ability to practice their faith and important cultural practices is lost. Care homes are isolated within and from their communities, undermining the care and wellbeing of older people and access to wider community resources and support.

Requirement for Action 3.5

Information is published annually about the use of anti-psychotics in care homes, benchmarked against NICE guidelines and Welsh Government Intelligent Targets for Dementia.

Responsibility

Health Boards

Contributing to the following outcome

Older people are not prescribed anti-psychotic drugs inappropriately or as an alternative to non-pharmaceutical methods of support and NICE best practice guidance is complied with.

Impact of not doing

Older people living with dementia are at risk of accelerated cognitive decline and the inappropriate use of antipsychotic drugs. Ongoing mental health issues significantly undermine their quality of life. An increase in workload and pressure upon care staff. An earlier need for specialist residential care and an increase in Continuing Healthcare Costs.

Requirement for Action 4.4

Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.

Responsibility

Health Boards

Contributing to the following outcome

Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.

Impact of not doing

Older people are at risk of potentially dangerous interactions between multiple medications.

Requirement for Action 6.2

Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people through listening to them directly (outside of formal complaints) and ensuring the issue they raise are acted upon. Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement.

Responsibility

CSSIW
Local Authorities
Health Boards

Contributing to the following outcome

Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life for older people living in care homes.

Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement.

Impact of not doing

Issues are not addressed before they become significant, impactful and costly to remedy. Opportunities to make small changes that can make a significant difference to quality of life and care are missed. Safeguarding issues are not identified at an early stage. Older people feel ignored, powerless and unable to influence.

Requirement for Action 6.4

An integrated system of health and social care inspection must be developed and implemented to provide effective scrutiny in respect of the quality of life and healthcare of older people in nursing homes.

Responsibility

Welsh Government

Contributing to the following outcome

The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting.

Impact of not doing

Poor practice is not identified and older people are placed at increased risk of harm or do not receive that to which they are entitled.

Requirement for Action 6.5

Annual integrated reports should be published between inspectorates that provide an assessment of quality of life and care of older people in nursing homes.

Responsibility

Welsh Government

Contributing to the following outcome

The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting.

Impact of not doing

Poor practice is not identified and older people are placed at increased risk of harm or do not receive that to which they are entitled.

Requirement for Action 6.6

An annual report on the quality of clinical care of older people in nursing homes in Wales should be published in line with the fundamentals of care.

Responsibility

Welsh Government

Contributing to the following outcome

The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting.

Impact of not doing

Poor practice is not identified and older people are placed at increased risk of harm or do not receive that to which they are entitled.

Requirement for Action 6.7

Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes.

Contributing to the following outcome

Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide.

Responsibility

Local Authorities

Impact of not doing

A lack of transparency undermines older people's ability to make appropriate decisions, undermines wider public confidence and acts as a barrier to systemic change.

Requirement for Action 6.8

Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements:

- Number of falls
- Access to falls prevention
- Support to maintain sight and hearing

Responsibility

Health Boards

Contributing to the following outcome

Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide.

Impact of not doing

A lack of transparency undermines older people's ability to make appropriate decisions, undermines wider public confidence and acts as a barrier to systemic change.

Requirement for Action 7.2

NHS Workforce planning projections identify the current and future level of nursing required within the residential and nursing care sector; including care for older people living with mental health problems, cognitive decline and dementia.

Responsibility

Welsh Government

Contributing to the following outcome

Forward planning and incentivised recruitment and career support ensures that there are a sufficient number of specialist nurses, including mental health nurses, to deliver high-quality nursing care and quality of life outcomes for older people in nursing homes across Wales.

Impact of not doing

Nursing care homes close due to difficulties in recruiting qualified and competent nurses or older people are placed in care homes that are unable to meet their needs.

Requirement for Action 7.3

The NHS works with the care home sector to develop it as a key part of the nursing career pathway, including providing full peer and professional development support to nurses working in care homes.

Responsibility

Welsh Government
Health Boards

Contributing to the following outcome

Forward planning and incentivised recruitment and career support ensures that there are a sufficient number of specialist nurses, including mental health nurses, to deliver high-quality nursing care and quality of life outcomes for older people in nursing homes across Wales.

Impact of not doing

Nursing care homes close due to difficulties in recruiting qualified and competent nurses or older people are placed in care homes that are unable to meet their needs.

Appendix 2: Seven questions to scrutinise Annual Quality Statements

1. Does the Annual Quality Statement demonstrate a fundamental understanding about who its patients are and how they use its services (Know me)?

2. Does the Annual Quality Statement cover or make reference to the entire spectrum of healthcare covered by the Health Board and does it include joint working with other agencies (Be relevant to my use of services) (NB – inc primary care)?

3. Does the Annual Quality Statement show that the Health Board has a clear and concise understanding of what constitutes high quality patient care and that this is their core business (Reassure me you know what 'good looks like')?

4. Does the Annual Quality Statement demonstrate that the Health Board truly understands what it is like to be a patient and that knowledge of patients' needs and experiences influence the ongoing delivery and development/improvement of services (Be me and learn from me)?

5. Does the Annual Quality Statement evidence strong understanding of the organisation's strengths and weaknesses in respect of quality or care in clearly identified areas and clearly identify where improvements are required (Get it right for me)?

6. Does the Annual Quality Statement show that when things go wrong they are identified, action is taken to put it right and ensure it does not happen again (Protect me)?

7. Are the Annual Quality Statements written in an accessible and easy to understand language that communicates directly to older people and is there evidence that older people have been asked what they want to see included (Be understandable by me)?

Neil Ayling
Chief Officer (Social Services)
Prif Swyddog Gwasaneathau Cymdeithasol

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

Sarah Rochira
Older People's Commissioner for Wales
Cambrian Buildings
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Your Ref/Eich Cyf	
Our Ref/Ein Cyf	NA/EC
Date/Dyddiad	14/03/2017
Ask for/Gofynner am	Neil Ayling
Direct Dial/Rhif Union	01352 704523
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Dear Ms Rochira

Thank you for your letter of the 19 January 2018 and your analysis of our submission for the 'A Place to Call Home? – Impact and Analysis Report'. I am pleased to note your comments that the overall quality of our submission was good, and that all of our responses to your Requirements for Action have been analysed as 'Sufficient'.

I also appreciate that whilst Flintshire has demonstrated an acceptable level of progress there are areas which we need to further develop. In particular, I recognise that we need to link with the 'A Dementia Learning and Development Framework for Wales' work and how this will be implemented and monitored at a strategic level. Social Services will be reviewing our Dementia Actions in light of the Framework.

I also note your comments in relation to Befriending, and that there is work to do to ensure that residents are enabled to go outside to connect with their local community, to help them maintain and sustain external relationships that are vital to their wellbeing. In Flintshire, we are seeing profound changes within care homes with residents having meaningful social contacts outside the home. An example of this is care homes becoming more involved in Memory Cafes with 5 Care Homes attending the memory Café Christmas Ball, recent Cinema Screenings and Christmas Shopping Events. The Council is also continuing to engage with faith based support, extending our involvement with different denominations, for example the engagement of the Welsh Methodist Chapel community.

Flintshire's ongoing Action Plan is attached as an appendix and gives further detail on the work being undertake to support the 'A Place to Call Home?" review.

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Your final report is being presented to Flintshire's Cabinet on Tuesday the 20th March, and to our Health & Social Care Overview and Scrutiny Committee Meeting on Thursday the 29th March, 2018. I will write to you following these meetings to provide you with any further actions and commitment that the either Cabinet or Scrutiny Committee agree.

With kind regards

Neil Ayling
Chief Officer, Community Services

A Place to Call Home? A Review into the Quality of Life and Care of Older People living in Care Homes in Wales

Older People's Commissioner for Wales March 2017

Flintshire Current Status and Action Plan relating to Action 2.2/ 3.2/3.3/ 6.2

Version Control	Author	Date of Review	Amendment
V1	CD for DH	15.11.17	Review of Actions for OPC response by CD
V2	LPJ for DH	5.2.18	Review following response from OPC by LPJ

Key: Blue Text indicates recommendation from Older Peoples Commissioner for Wales analysis and response received in Jan 18

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them to have the best quality of life. **Link to Welsh Government policy and legislative areas**: Social Services and Wellbeing (Wales) Act and National Outcomes Framework, Sustainable Social Services: A Framework for Action, Together for Health – Stroke Delivery Plan 2012-16			
2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.	Older people receive full support, following a period of significant ill health, for example following a fall, or stroke, to enable them to maximise their independence and quality of life.	1. Consider how to roll out and embed the reablement approach in all homes **Progress Feb 2018:** We are currently working on an approach that will be suitable for all homes within the county. 2. Continue to roll out Welcome Packs across all	Flintshire Reablement TM Ongoing Contract and

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
		Flintshire care homes Ongoing **Progress Feb 2018 :** Residential Care Homes have rolled out their Welcome Packs, it has been identified that adaptation need to be completed for Nursing Home providers and Domiciliary providers	Commissioning Team/ Care Home Providers/ Domiciliary Providers December 2017
		2.1 Adapt Welcome Packs for Nursing Home Providers and Domiciliary providers	Contract and Commissioning Team/ Nursing Home Providers/ Domiciliary Providers September 2018
		3. Agree the operating model for the new Community Resource Team and launch the new service **Progress Feb 2018:** Service has been launched and integrated in to Single Point of Access (SPOA) and has extended hours outside of normal office times.	Planning and Development/ SPOA Team September 17- March 18
		4. Test the concept of a 'Care Home Support Team' if available resources are secured **Progress Feb 2018:** Resources for the Care home support team are currently being discussed within social services teams	Contract and Commissioning Team December 2017
		5. Explore opportunities to use capital funds to extend/ increase bed capacity within two of our in-house	Registered Manager and Resources and

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
		homes **Progress Feb 2018:** We are still in the preliminary stage of the opportunity and discussion are looking at a 32 beds with a Step up Step down resource. 6. Negotiate Falls service delivery with Countess of Chester and Glan Clwyd Hospital **Progress Feb 2018:** Negotiation are currently ongoing to deliver the resource. 7. Ensure recording of rehabilitation goals in care management documentation.	Regulated Services Ongoing Contracts and Commissioning Team September 2018 Flintshire Reablement TM
Older Peoples Commissioner Required	**Outcome**	**Actions**	**Who / by when**
Key Conclusion 3: The emotional frailty and emotional needs of older people living in care homes are not fully understood or recognised by the system and emotional neglect is not recognised as a form of abuse. **Link to Welsh Government policy and legislative areas**: Together for Mental Health - A Strategy for Mental Health and Wellbeing in Wales, National Outcomes Framework 2014, Mental Health (Wales) Measure 2010, National Dementia Vision for Wales 2011 and the Intelligent Targets for Dementia. NICE Dementia Quality Standard 2010. NICE Dementia Quality Standard (2010) and NICE Clinical Guideline 42. November 2006 (amended March 2011)			
3. 2 All care home employees undertake basic dementia	All staff working in care homes understand the physical and emotional	1. Begin the Creative Conversation research study interventions and training with the care homes and all staff registered to take part	Planning and Development Team / Bangor University /

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
training as part of their induction and all care staff and Care Home Managers undertake further dementia training on an ongoing basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.	needs of older people living with dementia and assumptions about capacity are no longer made	**Progress Feb 2018:** Intervention and training has been completed with 56 staff members from 15 Care Homes and sustainability facilitator training has been completed.	Care Home Providers April- Dec 2017
		2. Finalise the sustainability plan of training with qualified trainers for 5 year period **Progress Feb 2018:** Sustainability facilitators training has been completed with 2 facilitators and they have each delivered a training programme with staff registered to take part.	Planning and Development Team/ Bangor University/ Local Arts Facilitators September 2017
		2.2 Apply for Funding to continue development of Creative Conversations **Progress Feb 2018:** Additional funding has been applied for to develop an implementation guide and continued delivery of the training within Care Homes and Community. Awaiting Outcome March 2018	Planning and Development Team/ Bangor University/ Local Arts Facilitators March 2018
		3. Embed practises around supervision and performance assessment from study into sustainability plan **Progress Feb 2018**: Participant panels arranged with staff involved in the research study in March 2018 to discuss, guide and implement programme delivery into supervision and performance assessment.	Planning and Development Team/ Bangor University/ Care Home Providers September 2017

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
		3.1 Develop supervision and performance assessment into creative conversation programme following participant panel and awarded grant funding.	Planning and Development Team/ Bangor University/ Care Home Providers September 2018
		4. Dissemination event: Sharing sustainability plan, findings, impacts and evaluation. **Progress Feb 18:** Development is awaiting completion of evaluation.	Planning and Development Team/ Bangor University/ Care Home Providers/ Arts Facilitators May 2018
		5. Evaluate closer links and opportunities with care homes regarding dementia training and A place to call home…delivering what matter and progress for providers reporting **Progress Feb 18:** Developments are underway for integrating 'A place to call home' and 'Creative Conversation' to identify opportunities and links these will be presented at the dissemination Event in May	Planning and Development Team/ Contracts and Commissioning Team/ Bangor University/ Care Home Providers/ Arts Facilitators April 2018

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
		6. Review and Develop progress for providers timescale for Bronze, silver and gold Awards whilst reviewing other linked project and programmes that support Silver and gold Awards	Planning and Development Team/ Contracts and Commissioning Team September 2018
		7. Review Workforce Development and Contracts Monitoring operations relating to training of Care home staff relating to dementia	Contract and Commissioning Team/ Workforce Development September 2018
		8. Implement and review the Good Work and Dementia Learning and Development Framework for Wales into Care Home Staff development and training	Planning and Development Team/ Contracts and Commissioning Team/ Workforce Development/ Care Home Providers September 2018
3.3 Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects,	Older people are supported to retain their existing friendships and have meaningful social contact, both within and outside the	1. Encouraging the outstanding 16 care homes to become involved in befriending via the memory café, participate in the intergenerational projects and to tackle stigma within the community.	Planning and development Team/ Dementia

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.	care home. Care homes are more open to interactions with the wider community. Older people are able to continue to practice their faith and maintain important cultural links and practices.	**Progress Feb 2018:** Care home have become more involved, and starting to engage more proactively with outstanding care homes. Recent developments have been Memory Café Christmas Ball (5 Care Homes Attended), Cinema Screenings, Shopping events etc. Increased engagement has been recorded from all care Homes in Flintshire.	Friendly communities/ Memory Cafés Ongoing
		2. Work with additional faith based support to organise involvement and access to available support within different dominations including the welsh Methodist Chapel	Planning and development Team/ Dementia Friendly communities/ Memory Cafés Ongoing/ Faith Groups Ongoing
		3. **Progress Feb 2018:** Church Organisation have become accredited by the Alzheimer's Society as Dementia Friendly Organisation this has created increased involvement with our Dementia services Initiative.	
		4. Sustain funding for intergenerational work **Progress Feb 18:** Funding is regularly being granted via various sources such as Town council, Mayors Charities and Church Organisation. We currently have 6 Intergenerational projects running.	Planning and development Team/ Dementia Friendly communities/ Memory Cafés Ongoing/ Faith

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
			Groups September 2017/ Ongoing
		5. Planning and Development of Stage 2 **Progress Feb 18:** Plans have begun to map the current social engagement activities that are taking place within Care Homes within Flintshire. It has found that this is limited but some potential roll out engagement is possible with the support of Social Services and the community.	Care Home providers/ Planning and Development Team/ Contract and Commissioning/ Dementia Friendly Communities December 2017
		5.1 Expand and develop a plan for community engagement delivery with Care Homes	Care Home providers/ Planning and Development Team/ Contract and Commissioning/ Dementia Friendly Communities March 2019
		6. Create links and partnerships for care homes to bring resource for befriending in care homes, retaining friendships and access to faith based support and cultural communities	Care Home providers/ Planning and Development

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
		Progress Feb 18: Discussion have taken place about having local events with Care Homes and community/ businesses/Organisation to create links. Networking lunches were suggested within Care Homes. Planning is still underway.	Team/ Contract and Commissioning/ Dementia Friendly Communities Summer 2018
		7. To Incorporate the Age Friendly Initiative into current practice to ensure the Action for requirement involves all care home residents	Care Home providers/ Planning and Development Team/ Contract and Commissioning/ Dementia Friendly Communities/ Age Friendly communities March 2019
Key Conclusion 6: Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life **Link to Welsh Government policy and legislative areas**: Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework			
6.2 Care home providers, commissioners and CSSIW	Commissioners, providers and inspectors have a	1. Roll out the Working Together for Change Approach with all homes in Flintshire	Contracts and Commissioning/

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon. Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10). 6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include: • the availability of independent advocacy in care homes • quality of life and care of older people, including specific	thorough understanding of the day-to-day quality of life of older people living in care homes. Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement. Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide	**Progress Feb 18:** This action is ongoing 2. Analyse social media feedback from people regarding quality of life in care homes **Progress Feb 18:** This is ongoing 3. Complete initial Progress for Providers Self Assessments with all care homes in Flintshire, and review progress against actions plans **Progress Feb 18:** 10 care homes have been awarded Bronze, 8 are still working towards the Award 4. Capture success stories to demonstrate how delivering what matters using the person centred tools is making a difference to people's lives **Progress Feb 18:** All of the 10 Bronze Awarded Care Homes have captured success stories and provided to contracts management. 5. Produce an Annual Report summarising our understanding of the quality of life and care in care homes based on listening to older people and feedback we received; this will support our	Care Home Providers Ongoing Contracts and Commissioning/ Care Home Providers Ongoing Contracts and Commissioning/ Care Home Providers Ongoing Contracts and Commissioning/ Care Home Providers Ongoing Contracts and Commissioning Team Ongoing

Older Peoples Commissioner Required	Outcome	Actions	Who / by when
reference to older people living with dementia and/or sensory loss • how the human rights of older people are upheld in care homes across the Local Authority • the views of older people, advocates and lay assessors about the quality of life and care provided in care homes • geographic location of care homes Further details of reporting requirements should be included as part of the Regulation and Inspection		continuous improvement **Progress Feb 18:** This will be captured within our Annual Directors report (ACRF) for 2017-18 and is currently being completed 6. Ensure that any barriers to engagement for residents are prevented and resolved	Contracts and Commissioning Team Ongoing

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SOCIAL & HEALTH CARE OVERIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 29 March 2018
Report Subject	Children's Out of County Placements
Portfolio Holder	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

Corporate Resources Overview Scrutiny Committee have referred the provision, and costs associated with Out of County placements for children and young people, to the Social and Health Overview and Scrutiny Committee. Finding appropriate residential provision for children and young people is challenging and costly.

This paper provides an overview of the current challenge in finding appropriate residential placements for children and young people. The report also provides an overview of a project across Social Services and Education portfolios in relation to Out of County Placements. The project has 3 work streams that will develop a more detailed insight into:

- current and future need
- options for support/placements
- the associated costs

The aim of the project is to enable the Council to:

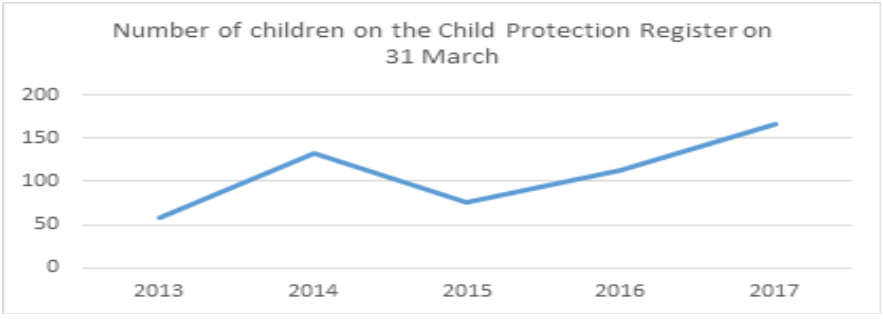
- more proactively respond to identified needs
- better manage demand for placements
- develop the market to be more responsive and affordable
- secure the most cost effective delivery of positive outcomes for children

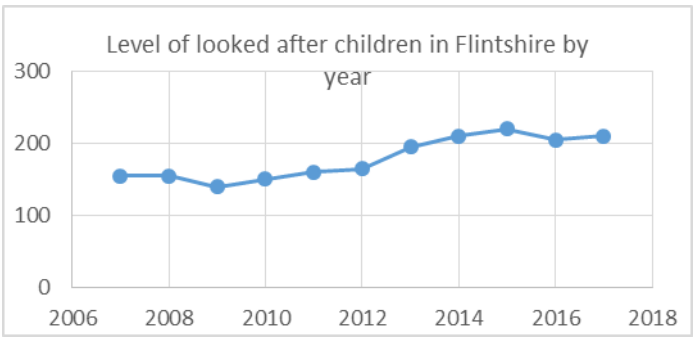
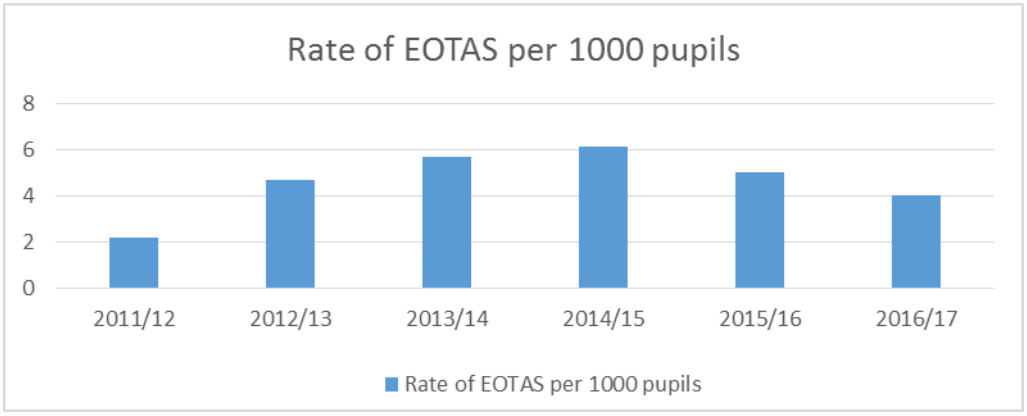
RECOMMENDATIONS	
1	Committee are asked to scrutinise the approach that is being undertaken to secure the most cost effective delivery of positive outcomes for children.

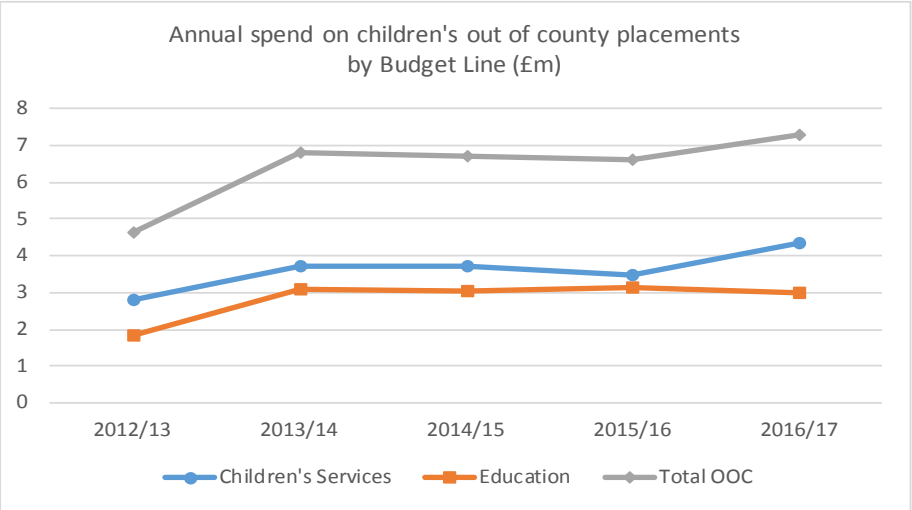
REPORT DETAILS

1.00	**EXPLAINING THE REVIEW OF CHILDREN'S OUT OF COUNTY PLACEMENTS**
1.01	**National Context** On 27 October 2017 a report was presented to the WLGA Executive Board relating to 'Pressures on Children's Services' (Appendix 1). The report provides an effective overview of the national context for children's social care. In summary the report identifies that over the past decade across Wales there has been a: ▪ 25% increase in the number of children looked after ▪ 32% increase in the number of children placed on the child protection register ▪ 51% increase in revenue expenditure on children and family services ▪ 66% increase in expenditure relating to children looked after
1.02	The paper groups the pressures being placed on children's services into four areas:
1.03	i. Workforce ▪ high staff turnover and vacancy rates ▪ a reduction in the numbers wishing to train as Social Workers ▪ the increasing complexity of the work leading to more (experienced) people leaving the profession ▪ the continuity of relationships with children and families being adversely affected by high turnover rates
1.04	ii. External demands and complexities ▪ pressures on families as a result of cuts to support services and the introduction of welfare reforms ▪ declining emotional wellbeing and increasing poor mental health amongst the population ▪ high profile cases/ scandals ▪ poor emotional and mental health services for children and young people
1.05	iii. Placements ▪ increasing complexity of cases and increasing numbers becoming looked after negatively impacting on availability of appropriate placements and leading to high costs ▪ an ageing foster carer population ▪ increasing costs of residential care ▪ lack of consistency in outcomes for children ▪ placements being made away from the child's home local authority ▪ high costs of external placements

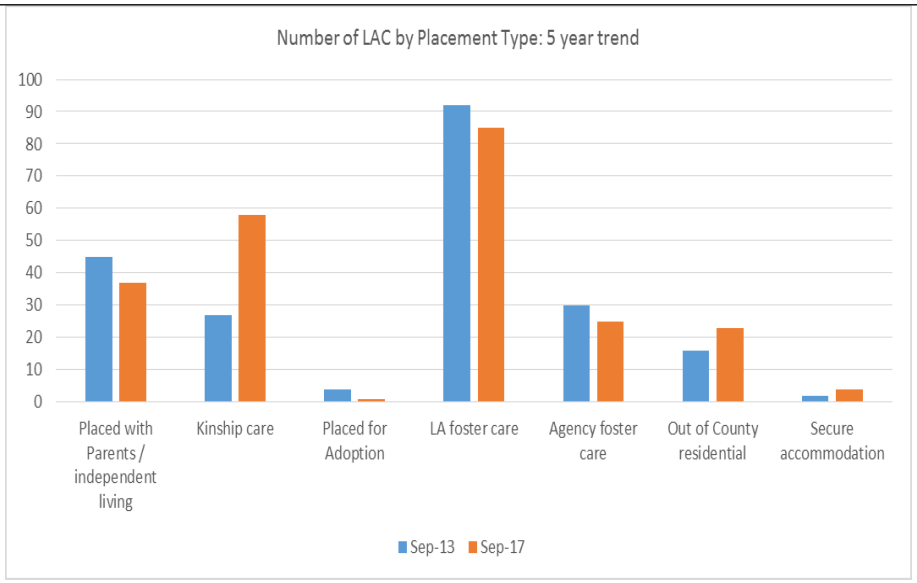
1.06	iv. Legislation and work with courts ▪ an increase in the number of care applications made to the Court and in particular children subject to care proceedings
1.07	Flintshire's position largely echoes this national picture, apart from the staffing turnover and vacancy rates. Whilst ensuring continuity of staffing has been challenging our position is not as stark as those experienced in some local authority areas. A significant challenge has been meeting need within available budget.
1.08	Welsh Councils' overall spend on looked-after children trebled from £76m in 2001-02 to £256m this year. The Welsh Public Accounts Committee is currently undertaking an inquiry into care experienced by children and young people. The Committee has found most local authorities were anticipating significant overspends on their children's services budgets this year. Indeed spend on children's and families' services in Wales is now in line with expenditure on both adults under 65 and on older people. Children's and families' services now make up a third of social services expenditure.
1.09	As part of the national response to the budgetary and services pressures a National Ministerial Advisory Group (MAG) has been established with a detailed work programme aimed at Improving Outcomes for Children. Through its work, the MAG seeks to contribute to reducing the incidences of adverse childhood experiences (ACEs), build resilience within the family, focus on prevention and early intervention and improve outcomes for children in care. National work is also in progress to strengthen placement choices, and the quality of support, for looked after children through: the development of a National Fostering Framework for Wales; a National Adoption Service; and a review of residential commissioning through a National Steering Group. The lead for the national review for residential commissioning is meeting with Senior Managers from North Wales in April 2018.
1.10	In terms of Education provision it is important to note that the Welsh Government is undertaking a reform of the legislation covering children and young people with additional learning needs (ALN). Currently children with significant needs may be subject to a Statement of Special Educational Need (SEN) where the Council is legally bound to meet their individual educational requirements up until the age of 19, as long as the child remains within a school setting. The proposed reforms will replace the current duty and extend the period of responsibility for the young person to the age of 25 and include a range of educational settings including further education establishments and specialist college placements which are currently funded by Welsh Government. The existing budget and associated costs will be allocated to councils along with the associated responsibilities of assessment and decision making for all post 16 education specialist provision. The *Additional Learning Needs and Education Tribunal (Wales) Bill* is progressing through the legislative process and is likely to be implemented from 2020**.**

1.11	**Regional Context**
1.12	There are 1,000 children looked after by Councils in North Wales and the number is increasing. The North Wales Population Assessment Regional Plan identifies planed action to respond to the rise in looked-after children and changing demands on fostering services.
1.13	Planned regional actions include the development of regional: ▪ specifications for residential care, and residential care with education ▪ contracts to underpin placements and ensure clarity of costs and planned outcomes ▪ a market position statement setting out the type of residential placements needed to meet regional demand ▪ a regional plan for implementing the components of a National Fostering Framework that would add benefit for regional and/or local working
1.14	The development of a co-ordinated approach to the residential care market for children in North Wales will form one of the priorities for the North Wales Strategic Commissioning Board for 2018. Flintshire will have a critical role in shaping and delivering this regional work. The local work delivered through this project will complement the regional work and will ensure pace of delivery in responding to current placement and budgetary pressures. The 'fit' between national and regional work and this project is consistent with the approach Flintshire took in the review of residential care for older people.
1.15	**Local Context**
1.16	Local demand for services over the past 5 years can be summarised as: *Increasing number and complexity of child protection referrals, with an overall increase of the number of children on the Child Protection Register in the last 5 years:*  Source Welsh Gov Stats Wales The rise in child protection registration is within the context of a national 48% increase in police recorded cases of cruelty and neglect over the last 5 years.

1.17	*Increasing demand for accommodating Looked After Children, which has risen incrementally during the last decade as demonstrated in the graph below:*  Source Welsh Gov Stats Wales
1.18	*Significant numbers of children demonstrating high level complex needs for whom specialist education provision is required.* The number of children educated other than at school (EOTAS) has seen a significant rise nationally over the last 5 years with 2015/16 and 2016/17 figures representing a 47% and 37% increase respectively as compared with the figure in 2011/12. These figures typically included children accessing pupil referral units and specialist non-maintained provision such as independent schools. Flintshire has a history of high levels of EOTAS and work has been undertaken with schools to reduce this resulting in a downward trend since 2014/15. Despite this success, there are still significant numbers of children demonstrating high level complex needs for whom specialist provision is required.  *Sources: EOTAS Pupil Census, Welsh Government*

1.19	*Increasing complexity and cost of placements resulting in overall increase in spend against the out of county budget:* 
1.21	**Defining 'Out of County' provision**
1.22	The term 'Out of County' has historically been used to reflect provision made 'outside' of the County Council's own provision i.e. care / education provision for children purchased by the local authority. This includes: ▪ Residential placements purchased for looked after children ▪ Children educated other than at school (EOTAS) ▪ Access to specialist residential provision (Education costs) ▪ Access to specialist day placement provision (Education & Youth) ▪ Additional individual Teaching Assistant support to children in mainstream schools in other authorities ▪ Education in a hospital setting due to physical or mental health reasons Whilst labelled 'Out of County' some of these services lie within the geographic boundary of Flintshire.
1.23	For the context of the project we have running the focus for 'Out of County' is to develop cost effective alternatives to: 1. Residential placements purchased for looked after children. 2. High cost education provision purchased for children with additional learning needs.
1.24	**Residential Placements**
1.25	Flintshire County Council currently commission "Out of County" Residential Care services for 23 Children via 14 independent providers of Children's residential service in Wales and England (although numbers fluctuate based on need).

1.26	It is hard to describe children's residential care as a single market. In effect there are probably at least three distinct markets; one for children with profound and multiple disabilities, one for children with specific behavioural conditions and one where children have a series of problems stemming from their family and / or environment.
1.27	A high demand nationally for residential placements is impacting negatively on both the availability and cost of placements. It has become increasingly difficult to source suitable placements, one mid-sized regional provider advice that on an average month they can receive 500 referrals. The organisation has 60 registered residential beds with less than a handful available at any one time. The theme of this conversation is reflected across the market. The current lack of placements is contributing to a position where a provider's market is able to charge opaque rates with placements by Welsh LA's ranging from £2,500 to £16,000 per week. The reality is that good practice in matching and planning for safe and positive placements can become secondary in the search to find an appropriate available placement.
1.28	The current average weekly fee for the care of children in residential services paid by Flintshire is £3,565 per week. However, there are placements that exceed the average.
1.29	We know that there is a large cohort of young people in residential provision that will need to remain in that setting resulting in a known budget pressure. We also know that there is a dearth of available placements leading to a significant increase in the weekly cost for new placements. Whilst all efforts are made to find alternatives to residential provision the cases that are presenting are increasingly complex, carry high risks, with no viable alternative. Part of this project will involve an analysis of predicted future demand.
1.30	**Placement Analysis**
1.31	Looked after Children are placed in a range of settings. Councils have to try to place children with family or friends before other placements which is changing the demands on fostering services (these are known as kinship care). Locally the provision of appropriate kinship placements is double that of 5 years ago. This growth in kinship care has been delivered whilst maintaining an in-house pool of experienced and committed foster carers. The change in placement type over the last 5 years is shown in the graph below:



Source: Flintshire County Council

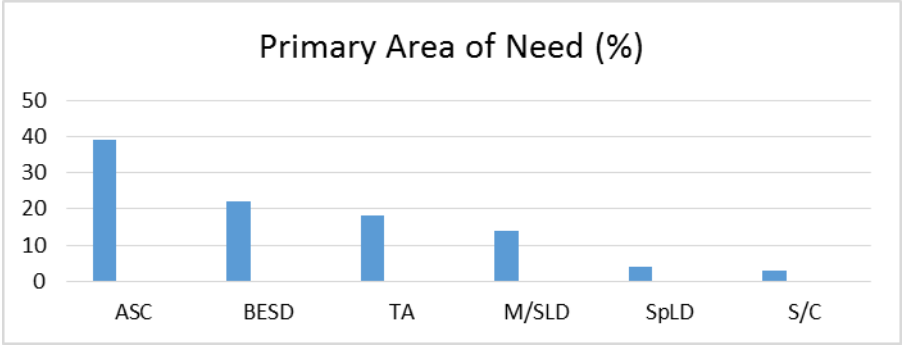
1.32 Whilst the authority has worked hard to ensure we have sufficient experienced and quality foster carers, we have not had the capacity to respond to the pace of demand. Nationally 74% of looked after children at 31 March 2017 were accommodated in foster care placements, a gradual decline in proportion since 2012, when it stood at 79%. In Flintshire 68% of looked after children were supported in fostering placements on 31 March 2017. Regionally the proportion of placements in foster care are:

Local Authority	Children looked after at 31 March 2017	In foster care placements	% in foster placements
Isle of Anglesey	140	102	73%
Gwynedd	218	143	66%
Conwy	177	124	70%
Denbighshire	163	112	69%
Flintshire	212	145	68%
Wrexham	210	137	65%

1.33	Investment in fostering is a critical interdependent component of reducing and managing the demand for residential placements. The relatively small number of out of county placements has a disproportionate impact on expenditure. A crude calculation of the cost of placements can be summarised as:

Provider	**Average cost of placement per year**
Local authority fostering	£23,327
Independent Fostering Agency	£43,378
Residential Placement	£185,380

1.34	There are clear financial advantages in ensuring that we maximise the potential of in house fostering provision. In Flintshire we have a surplus of enquiries from people who are interested in fostering babies and/or young children. Our need is for foster carers who have the skills and experience to support teenagers, including some young people where there may be concerns about their mental health, attachment disorder, substance misuse, self-harm, eating disorders. Work has begun to support a small number of looked after children through the establishment of a Rehabilitation and Prevention Service (RAP) funded through Integrated Care Fund (ICF). The service provides intensive therapeutic support for looked after children with support from experienced foster carers.
1.35	The project will identify options for how we can effectively divert demand and strengthen fostering to provide a viable alternative to expensive residential care and independent fostering.
1.36	**Additional Learning Needs**
1.37	The OOC budget allocated to Education & Youth covers a range of provision for a total of 115 children and young people. Currently the expenditure can be categorised against 6 key areas of need namely Autistic Spectrum Condition (ASC), Behaviour, Emotional & Social Difficulties (BESD), Moderate/Severe Learning Difficulties (M/SLD), Sensory/Communication (S), Specific Learning Difficulties (SpLD) and additional teaching assistant support (TA). The following chart shows the percentage spread of these key areas across the OOC placement cohort.



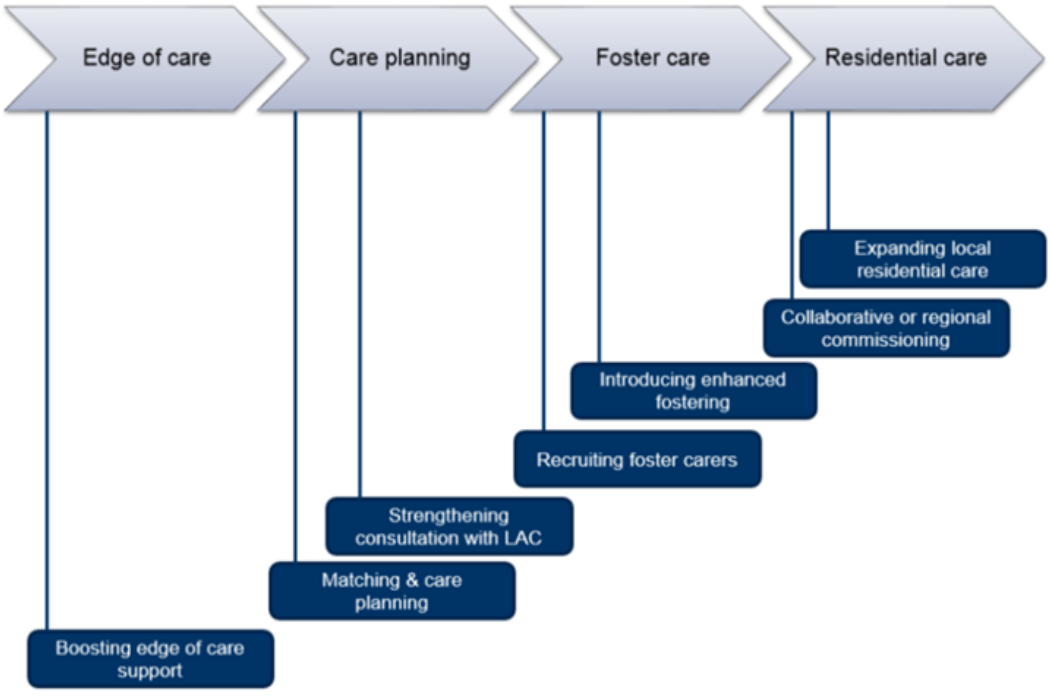
1.38	ASC and BESD have always represented the highest areas of need and overall OOC expenditure however, the severity of the children's presenting needs have increased resulting in escalating costs for a number of individual placements.
1.39	It will be important to include data regarding existing placements in the proposed project to ensure that the full extent of the current and future responsibilities placed on the Council under ALN reform are defined and considered.
2.00	**PROJECT SCOPE**
2.01	Education and Social Services Programme Boards have jointly commissioned a project to review the approach to Out of County provision. The project has three distinct work streams, each with identified outputs, as detailed below. In summary there are 3 Work streams:

Work Stream 1 Analysis of Need	**Work Stream 2 Understanding and Developing the Market**	**Work Stream 3 Governance and Decision Making**

• Needs analysis of Looked After Children
• Needs analysis for ALN
• Placement Analysis
• Analysis of alternative options for cohort including edge of care and enhanced fostering
• Education provision and interfaces with PRU
	• Budget profile
	  ○ Market Profile
	  ○ Risks
	  ○ Opportunities
	• Options appraisal for market development
	  ○ In-house
	  ○ ADM
	  ○ Commissioned
	  ○ Local
	  ○ Sub regional
	  ○ Regional
	  ○ Schools
	• Market facilitation
		• Placement Identification
		• Annual funding arrangements
		• Contract management
		  ○ Due diligence
		  ○ Individual Placement Agreements
		  ○ Quality Monitoring System
		• Cost benefit analysis

↓	↓	↓
Profile of current and future needs of looked after children, ALN needs and potential placement/support models	Market Position Statement with specifications for preferred delivery model	Agreed decision making process map and supporting policy (if needed) and cost benefit analysis

3.00	**Progress: Work stream 1: Analysis of Need and demand**
3.01	The Project commenced in January 2018 and work stream 1 has been completed. The work stream has provided an analysis of our looked after population and children with additional learning needs. The key emerging themes are: **Social Services** ▪ Low rate of looked after children when compared nationally o 66 compared to an All Wales average of 95 (See Figure 1 in Appendix 2) ▪ High proportion of older children coming into care o Operational knowledge reflects the challenge of young people aged 14+ becoming looked after with complex needs ▪ Children coming into care on a s76 (voluntary agreement) but this not continuing through to a care order o Could these children and young people be supported in different ways than becoming looked after? ▪ An increase in Kinship care and shortage of foster carers aligned to the profile of the looked after children requiring support: o Children aged 14+ o Large sibling groups
3.02	**Education** ▪ Low levels of children entering education with specific behaviour, social & emotional difficulties (BESD) compared with increasing levels of exclusion due to violence and aggression. ▪ There are high levels of children with social communication and language difficulties entering school who are presenting with associated behavioural difficulties which are increasingly challenging for schools to respond to. ▪ Social communication and behaviour, social & emotional difficulties are the primary reasons for education day placements to be commissioned. ▪ The main reasons for looked after children accessing out of county educational placements are BESD and moderate/severe learning difficulties. ▪ Increasingly advice from professionals is indicating the need for a therapeutic approach/provision in response to individual needs.
3.03	What is clear is that if we are to successful reduce the need for out of county provision then we need to review the efficacy and capability of services that provide targeted interventions to children and families to prevent needs from escalating and to build family resilience. This includes services that enable support to step up/down and provide viable alternatives to residential provision e.g. through enhanced foster care. As well as strengthening early intervention in education services and developing the skills and expertise of staff within our schools.

3.04	**Emerging service model for looked after children** When considering data for looked after children it is timely to consider the outcome of research undertaken by Cordis Bright into looked after children placed out of area. The research compared service provision across 13 local authorities in London. Notably, the research concludes: "Our analysis suggests that there is little connection between changes in the proportion of looked after children placed out-of-area and (a) total number and/or changes in the total number of looked after children; (b) rate and/or changes to the rate of looked after children per 10,000 children; (c) change in average spend per looked after child; or (d) changes in the usage of different types of placement." The research identified that focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset. The emerging model for these initiatives reflects the issues identified in our own data analysis and the reality that to reduce, and manage, residential provision there is a need to ensure an effective continuum of services. This was in line with the finding of Red Quadrant whose review of social services in Flintshire included a review of County Placements and processes. The review found that children had been appropriately placed into residential care based on their presenting needs, but also identified that viable alternative approaches were not available, meaning that in some instances residential provision was the only option. The following narrative places the Cordis Bright model in a local context:
3.05	

3.06	**Support for families with children on the Edge of Care** A new structure for Children's Services was implemented in 2015. The new structure incorporated a new Targeted Support Team. The Team provides a range of targeted services to support children and families who have care and support plan needs. These children are categorised as 'CASP's' (care and support plans) and the term replaces the concept of 'CIN' (child need) which was changed under the Social Services and Well-Being Act. The Team have well developed services to provide edge of care services to families, in particular an adolescent strategy provision which is aimed at intensive support to prevent children becoming looked after. Through this project we are undertaking a review of effective edge of care service models across the UK, and identifying options for enhancing Flintshire's Targeted Support Team, retaining and building on existing good practice. It is also proposed that we review our approach to supporting older children and whether it is always realistic that significant improvements in protection and outcomes can be achieved through removal, and if this is necessary, through placement in residential provision. Our experience is that young people often return to their family at aged 18. Any approach would require close working with Legal Services to ensure that decisions, and approaches, are appropriate and in the best interests of young people. This would require support models with inherent risks, often associated with the young person's own behaviour.
3.07	**Improving matching and care planning** There are real opportunities to enhance approaches to person centred planning between Education (who have an established approach) and Social Services who are developing their approach under the Social Services and Well-Being legislation. This would include strengthening consultation with young people. For example look at the area of consultation with looked after children about their placement. Focusing on ways that help identify areas for improvement for looked after children as a whole but also to provide earlier warning of any potential placement breakdown and respond proactively and pre-emptively. This approach could also look at improving care planning to anticipate and respond to possible placement breakdown. This is especially the case where there is concern that there has been imperfect matching due to limited placement availability.
3.08	**Enhancing foster care provision.** There are a finite number of people who want to become 'traditional' foster carers. We need to rethink our model and approach to widen the pool of potential people wanting to support young people aged 14+ and sibling groups. We have had some success as initiatives to recruit carers in these areas but we are not meeting demand for placements. The challenge is further compounded as many foster carers do not have properties sufficiently large enough to support sibling groups, or properties that are able to support disabled children.

3.09	**Developing high quality locally based Residential Care** There are a range of options and approaches that are being explored to help inform potential options. These include exploring additional placements with locally based providers who have plans to extend their provision. Collaborative commissioning on a regional and sub regional footprint to work directly with an independent sector provider to establish new provision, which would in turn possibly enable greater control over the specification and quality of services. Expanding local residential care. For example investigating the feasibility of establishing new, local authority-run children's home provision in North Wales. This approach may increase the control over the nature and quality of provision and link it in with other agencies and programmes of support. The new RISCA legislation provides potential opportunities for new service models, but the detail needs to be fully explored and understood. All options are being considered and are at tentative stages, requiring detailed analysis, before any further consideration.
3.10	Work Stream 1 has provided a more detailed understanding of our Looked after Children population and service models. This work will feed into work stream 2 and is already starting to shape thinking that will inform future commissioning intentions and service design.
3.11	A detailed schedule of work and reporting has been developed for the project with a dynamic approach that enables approaches to be implemented as the project develops, rather than waiting for project completion which is scheduled for January 2019.

4.00	**RESOURCE IMPLICATIONS**
4.01	A project lead has been appointed from within the Children and Family Service and will be responsible for overseeing the project plan. Staff within existing roles will support the activities. This will include Officers with Education, Social Services and Finance. The Organisational Change service area will provide a peer review and challenge aspect to the project to support a comprehensive review.

5.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
5.01	Consultation and engagement with the independent sector will be needed and will be informed by the development of stakeholder analysis and engagement plan.

6.00	**RISK MANAGEMENT**
6.01	A risk register will be developed as part of the project. This will enable any specific risks to be escalated to Programme Board if needed.

7.00	APPENDICES
7.01	Appendix 1: WLGA Executive Board relating to 'Pressures on Children's Services'

8.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
8.01	None. **Contact Officer:** Craig Macleod, Senior Manager Children and Work force **Telephone:** 01352 701313 **E-mail:** craig.macleod@flintshire.gov.uk

9.00	GLOSSARY OF TERMS
9.01	**Adverse Childhood Experiences (ACE's)** ACE's are traumatic experiences that occur before the age of 18 and are remembered throughout adulthood. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present. **Care and Inspectorate Wales (CIW)** CIW has the powers to review Local Authority social services at a local and national level, to inform the public whether services are up to standard, to promote improvement of services and to help safeguard the interests of vulnerable people who use services and their carers. **Looked after children** Looked after children are children and young people who are in public care and looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents **Social Services and Well-Being (Wales) Act 2014** The Social Services and Well-being (Wales) Act came into force on 6 April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales

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PRESSURES ON CHILDREN'S SERVICES

Purpose

1. To provide an update to Members on the pressures and challenges being faced by local authority Children's Services.

Background

2. Over the last decade the number of children in the care system in Wales has risen, with a 25% increase in children looked after and a 32% increase in children placed on the child protection register compared with 10 years ago. This increase in demand has been reflected in the expenditure on Children's Services - between 2007 and 2016 the revenue expenditure on children's and families' services has increased by 51%. This increase has brought spend on children's and families' services in line with that of expenditure on both adults under 65 and on older people, with children's and families' services now making up a third of social services expenditure.

3. The most significant area of spend within children's and families' services is in relation to services for Looked After Children, which has seen a 66% increase in expenditure over the same period of time. This increase in spend demonstrates the commitment that has been made by local authorities to meet the demands being placed on services by the rising numbers of looked after children. However, this is becoming unsustainable, with most local authorities now anticipating significant overspends on their children's services budgets for this year.

4. The Early Intervention Foundation's latest analysis, 'The cost of late intervention: EIF analysis 2016', puts the cost of late intervention in England and Wales at almost £17 billion a year, £6.2 billion of which falls directly on children's social care. However, Councils have found it increasingly difficult to invest in the early help services that can prevent children entering the social care system, and help to manage needs within families to avoid them escalating.

Pressures being faced by Children's Services

5. Below are four key areas which identify some of the significant pressures being experienced in relation to children's services in Wales:

6. Workforce

6.1 Child and family social work is challenged by high turnover and vacancy rates and a reliance on agency staff, with demand for permanent, experienced workers outstripping supply (with children's social work now on the national occupational shortage list). The number of individuals wishing to train as social workers has fallen with colleges experiencing gaps in social work degree courses.

6.2 The nature of social work with children and young people is increasingly complex and focused on the most complex child protection, often with children and young people who have experienced significant trauma from their earliest years. This is particularly challenging for those less experienced social workers, with the knock-on effect being that more people leave the profession earlier. Experienced social workers leaving the profession impacts on the quality of services since it is through experience that workers develop the expert knowledge and analytical skills that are vital elements of complex child protection work. Similarly, less experienced social workers often do not have the range of knowledge or skills to comprehensively plan for or directly deliver services to move on children with very complex needs.

6.3 Continuity of relationships for service-users can be compromised by high staff turnover and can exacerbate the issues children and young people face, making it more difficult for social workers to build effective relationships with children and their families. This increases particularly the stresses for children in long term foster care and/or residential care. A criticism frequently made by looked after children is that they see so many different professionals come and go when they would like to see stability and continuity in their relationships.

6.4 These workforce issues have meant that for some authorities the use of agency staff has been hard to avoid when trying to recruit experienced staff. This can further destabilise teams, since agency workers have the apparent flexibility to leave difficult situations. Those workers who remain can become more unsettled and may look to leave themselves. Parts of Wales have seen particular challenges in retaining staff when better rates of pay have been offered in other areas. For example, some authorities have reported losing staff, particularly across the border, to other local authority children's services placed in special measures who are able to offer better pay as a way of recruiting experienced staff to help improve performance.

7. External demands and complexities

7.1 We are seeing unprecedented pressures on families for a range of reasons. Cuts to those services that previously kept people's heads above water have meant more families are finding their way through to even more expensive child protection services. The on-going introduction of welfare reforms and a decade of austerity has amplified the challenges for families.

7.2 As with the rest of the UK the declining emotional well-being and increasing poor mental health of children and young people, whilst not fully understood, impacts directly on the need for family support as does the increasing number of children being presented with behaviours which families struggle to manage.

7.3 Recent high profile scandals have increased our understanding of the likelihood of risk of child sexual exploitation (CSE) and the wider understanding of the imperative to act to protect children and young people at risk of sexual exploitation has increased referrals. We have seen an increase in the number of initiatives that are aimed at early identification and intervention such as the Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act, the evidence based work in respect of Adverse Childhood Experiences (ACEs), Flying Start and Families First. One impact has been a resulting increase in referrals made to Children's Services as a result of earlier intervention.

7.4 Local authorities continue to face a challenge in sourcing health services to offer sufficient priority to the emotional and mental health needs of children in care and care leavers. There has been a long standing disconnect between the access threshold applied by Children and Adolescent Mental Health Services (CAMHS) and the presenting emotional resilience needs of looked after children and care leavers. The issue of looked after children and care leavers' rights to an appropriate range of provision to meet their psychological and emotional health needs, when they need it and for as long as they require it, including the transition into adulthood, needs to be urgently addressed.

8. Placements

8.1 The majority of children who are looked after are cared for by foster carers. Many children access positive care in residential care and across local authority and agency providers there are committed, enthusiastic and positive carers providing both foster care and residential care.

8.2 However, the increasing complexity of cases and the growing numbers of children are negatively impacting on both the availability of appropriate placements and the cost of placements. An ageing foster carer population and the increasing costs of providing residential care has a significant impact on the sector. Despite the initiatives of the National Fostering Framework, the work of the Welsh Government Residential Task and Finish group, the commitment of local authority placement teams and the work of the Children's Commissioning Consortium Cymru (4Cs) the shortage of appropriate placements for looked after children is a significant concern.

8.3 The pressure of the cost of placements is exacerbated by the difficulties in placing children within or near to their home local authority and the lack of consistency in outcomes for children. The cost of residential placements is

similarly stretched with significant variations. The current lack of placements is contributing to a position where a provider's market is able to charge opaque rates with placements being currently purchased by Welsh local authorities ranging from £2,500 - £16,000 per week. The desperation of local authorities to secure placements has led to children being placed across the UK and an increasing risk that planning for placements becomes lost in the need to place a child anywhere at that point in time.

9. **Legislation and work with the Courts**

9.1 Although recent years have seen a stabilising of overall numbers of looked after children in Wales a number of authorities are reporting substantial increases in the number of looked after children in their care which continues to place significant pressures on budgets. The last few years have also seen a substantial increase in the number of care applications that have been made, with a significant increase in the number of children subject to care proceedings, rising from 1,371 in 2015-16 to 1,642 in 2016-17. Despite this increase cases in Wales were completed in an average of 24.5 weeks compared to an England and Wales performance of 27 weeks. The completion of cases within the timescales and all the concomitant work places substantial demands not just directly on Children's Services but also on the legal teams within local authorities.

9.2 The total number of children involved in public law proceedings in 2016-17 was 3,012, an increase of 17% on the previous year. Public law applications have increased over the past three years, with a 24% increase since 2014-15. The main driver in public law work is Section 31 (care) applications. Section 31 applications are made to the court by a local authority where it has significant concerns about the safety or welfare of a child, which saw a 25% increase on the previous year. These issues as well as the expectations from the judiciary continue to add to the pressures and burdens being placed on children's services staff, as well as coming with significant costs attached.

9.3 Of those applications coming before the courts the majority are deemed to be sound applications by both the court and CAFCASS. An enduring criticism of the courts however is that the local authority should have sought orders earlier with a perception that the local authorities are failing children by not commencing proceedings.

Local Authority Responses

10. Local authorities are looking at different ways of mitigating the additional costs arising from these pressures including the use of reserves and additional funding to support the development of preventative 'Edge of Care' Teams. Local authorities have also revisited their prevention strategies as well as their LAC strategies in recent years. This has been a necessity, not only to face the increase in LAC population but also increasing financial pressures facing local

authorities and more latterly in order to plan for and implement the Social Services & Well--Being (Wales) Act 2014.

11. Considerable investment has been put into support teams which work directly with children and young people and their families to work at levels of need at intensive and remedial intervention levels. Most of these work with families to try to prevent children coming into care, work with families to return children home within weeks of becoming looked after as well as working with rehabilitation plans for those children who have been in long term care.

12. The development of the National Adoption Service for Wales, the collaborative of all 22 local authority adoption services, has placed a focus on improving adoption support services so that the on-going needs of this group of children, rooted in their early childhood experiences but often unmitigated by their care experience, can be met. Research has demonstrated that within the cohort of children placed for adoption in Wales in 2014-2015 47% had experienced 4 or more Adverse Childhood Experiences (ACES) before they were placed. This places them at the highest risk of later life impact and compares to just 14% of the general population. It is likely that there is a comparable level of ACES in the other groups of children whose needs we seek to meet.

13. Welsh Government has provided additional funding towards Children's Services in this financial year in the form of the £1m St David's Day Fund to help support care leavers to progress towards independence and a further £8m as a result of consequential funding from the UK government's March budget support work to prevent children from entering care and improve outcomes for those leaving care. However, this funding has been made available for specific pieces of work and to support new initiatives identified as part of discussions at the Ministerial Advsory Group on Chidlren.

Conclusion

14. The reasons why children become looked after and their needs while in the care system are complex. Children who are looked after will have experienced forms of loss, abuse and neglect prior to entering the care of the local authority. We know that outcomes for Looked After Children (LAC) do not compare favourably with other children. They are less likely to achieve good educational qualifications, have greater health and housing needs, are more likely to become involved in substance misuse and come into contact with the criminal justice system.

15. Councils are doing their best in very difficult circumstances but services are rapidly becoming unsustainable and nearing breaking point. Councils have done everything they can to respond to the growing financial crisis in children's social care, including reducing costs where they can and finding new ways of working. However, they are at the point where there are very few savings left to find without having a real and lasting impact upon crucial

services that many children and families across the country desperately rely on.

16. Urgent action is required to reduce the number of families relying on the children's social care system for support, otherwise this gap will continue to grow. The reality is that services for the care and protection of vulnerable children are now, in many areas, being pushed to breaking point. The huge financial pressures councils are under, coupled with the spike in demand for child protection support, mean that the limited money councils have available is increasingly being taken up with the provision of urgent help for children and families already at crisis point, leaving very little to invest in early intervention.

Recommendation

17. Members are asked to note and comment on the contents of the report

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Report cleared by: **Cllr Huw David**
WLGA Spokesperson for Health and Social Care

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 29th March 2018
Report Subject	Quarter 3 Council Plan 2017/18 Monitoring Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Council Plan 2017/23 was adopted by the Council in September 2017. This report presents the monitoring of progress at the end of Quarter 3 of 2017/18 for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.

Flintshire is a high performing Council as evidenced in previous Council Plan monitoring reports as well as in the Annual Performance Reports. This monitoring report for the 2017/18 Council Plan is a positive report, with 81% of activities being assessed as making good progress, and 69% likely to achieve the desired outcome. Performance indicators show good progress with 84% meeting or near to period target. Risks are also being successfully managed with the majority being assessed as moderate (67%) or minor (10%).

This report is an exception based report and therefore detail focuses on the areas of under-performance.

RECOMMENDATIONS	
1	That the Committee consider the Quarter 3 Council Plan 2017/18 Monitoring Report to monitor under performance and request further information as appropriate.

REPORT DETAILS

1.00	EXPLAINING THE COUNCIL PLAN 2017/18 MONITORING REPORT
1.01	The Council Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2017/18 Council Plan. The narrative is supported by performance indicators and / or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are being controlled.
1.02	This is an exception based report and detail therefore focuses on the areas of under-performance.
1.03	**Monitoring our Activities** Each of the sub-priorities have high level activities which are monitored over time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: - • RED: Limited Progress – delay in scheduled activity; not on track • AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track • GREEN: Good Progress – activities completed on schedule, on track A RAG status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Outcome has been categorised as: - • RED: Low – lower level of confidence in the achievement of the outcome(s) • AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) • GREEN: High – full confidence in the achievement of the outcome(s)
1.04	In summary our overall progress against the high level activities is: - ACTIVITIES PROGRESS • We are making good (green) progress in 47 (81%). • We are making satisfactory (amber) progress in 11 (19%). ACTIVITIES OUTCOME • We have a high (green) level of confidence in the outcome achievement of 43 (74%). • We have a medium (amber) level of confidence in the outcome achievement of 15 (26%). • No activities have a low (red) level of confidence in their outcome achievement.
1.05	**Monitoring our Performance** Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG (Red, Amber Green) status. This is defined as follows: -

	• RED equates to a position of under-performance against target. • AMBER equates to a mid-position where improvement may have been made but performance has missed the target. • GREEN equates to a position of positive performance against target.
1.06	Analysis of current levels of performance against period target shows the following: - • 35 (57%) had achieved a green RAG status • 17 (28%) had achieved an amber RAG status • 9 (15%) had achieved a red RAG status
1.07	The performance indicator (PI) which showed a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee is: - **Priority: Supportive Council** **PI: Increased referral rates from services other than Social Services** 8 referrals have been received from other portfolio areas this year with 1 of these being in Q3. This represent an increase on last year, but has not met the target. As the action to increase safeguarding awareness is rolled out across the Authority there should be a rise in the number of referrals received from areas outside of Social Services.
1.08	**Monitoring our Risks** Analysis of the current risk levels for the strategic risks identified in the Council Plan is as follows: - • 1 (2%) is insignificant (green) • 5 (10%) are minor (yellow) • 32 (67%) are moderate (amber) • 10 (21%) are major (red) • 0 (0%) are severe (black)
1.09	The major (red) risks identified for the Social & Health Care Overview & Scrutiny Committee are: - **Priority: Supportive Council** **Risk: Demand outstrips supply for residential and nursing home care bed availability.** The expansion of Marleyfield to support the medium term development of the nursing sector continues. We have requested the re-phasing of ICF capital to fit in with our capital programme, and are awaiting a response on this from WG. The Strategic Opportunity Review was completed and a report was presented to Cabinet in October. There are several active workstreams, including the development of resources to support the sector, diagnostic reviews from providers and a Care Conference being held in February hosted by Business Wales. A ministerial visit was scheduled for January 2018.

	Risk: Annual allocation of Integrated Care Funding (ICF) - Short term funding may undermine medium term service delivery. We have requested the re-phasing of agreed ICF capital funding to be allocated for the expansion to 2021 to fit with our capital programme. Senior Officers are liaising with Welsh Government to confirm the ongoing use of ICF revenue funding for existing projects. **Risk: Failure to implement safeguarding training may impact on cases not being recognised at an early stage.** Safeguarding is included in the corporate induction ensuring all new employees have a basic understanding of safeguarding. Safeguarding training is provided regularly ensuring employees have the opportunity to access appropriate training.

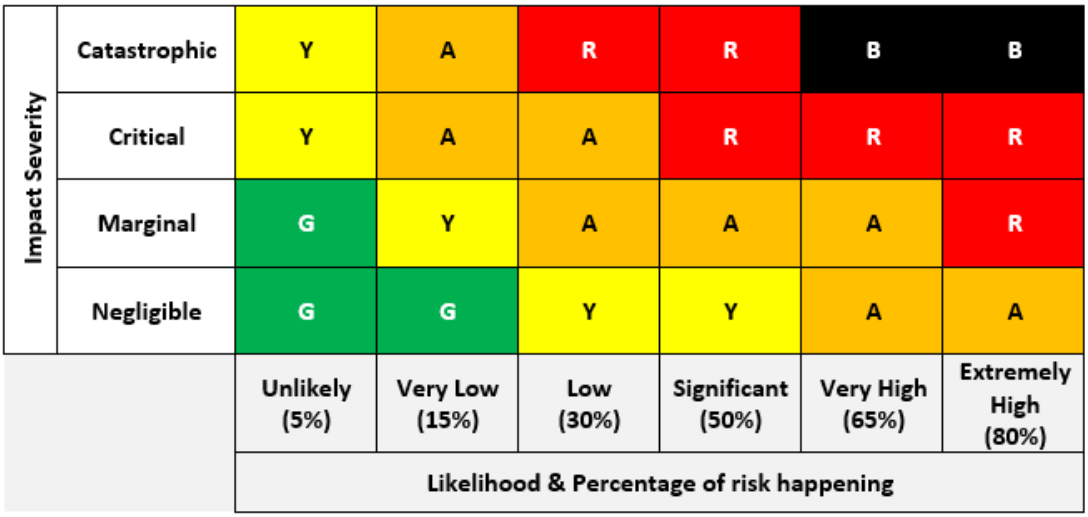
2.00	**RESOURCE IMPLICATIONS**
2.01	There are no specific resource implications for this report.

3.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
3.01	The Council Plan Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest.
3.02	Chief Officers have contributed towards reporting of relevant information.

4.00	**RISK MANAGEMENT**
4.01	Progress against the risks identified in the Council Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.07 and 1.09 above.

5.00	**APPENDICES**
5.01	Appendix 1 - Council Plan 2017/18 – Quarter 3 Progress Report – Supportive Council.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	**Council Plan 2017/18:** http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx **Contact Officer:** Margaret Parry-Jones **Telephone:** 01352 702324 **E-mail:** Margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Council Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish a Council Plan.
7.02	**Risks:** These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time.
7.03	**Risk Likelihood and Impact Matrix**  The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit.
7.04	**CAMMS – An explanation of the report headings**
	Actions Action – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority. Lead Officer – The person responsible for updating the data on the action. Status – This will either be 'In progress' if the action has a start and finish date or 'Ongoing' if it is an action that is longer term than the reporting year. Start date – When the action started (usually the start of the financial year).

End date – When the action is expected to be completed.
% complete - The % that the action is complete at the time of the report. This only applies to actions that are 'in progress'. An action that is 'ongoing' will not produce a % complete due to the longer-term nature of the action.
Progress RAG – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green).
Outcome RAG – Shows the level of confidence in achieving the outcomes for each action.

Measures (Key Performance Indicators - KPIs)
Pre. Year Period Actual – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as 'no data'.
Period Actual – The data for this quarter.
Period Target – The target for this quarter as set at the beginning of the year.
Perf. RAG – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target.
Perf. Indicator Trend – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year:

- A 'downward arrow' always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire).
- Similarly an 'upward arrow' always indicates improved performance.

YTD Actual – The data for the year so far including previous quarters.
YTD Target – The target for the year so far including the targets of previous quarters.
Outcome RAG – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), Medium – uncertain level of confidence in the achievement of the target (Amber) and High - full confidence in the achievement of the target (Green).

Risks
Risk Title – Gives a description of the risk.
Lead Officer – The person responsible for managing the risk.
Supporting Officer – The person responsible for updating the risk.
Initial Risk Rating – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black).
Current Risk Rating – The level of the risk at this quarter.
Trend Arrow – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow).
Risk Status – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase.

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Quarter 3 Council plan 2017/18 Progress Report Supportive Council

Flintshire County Council

CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL

Print Date: 14-Feb-2018

Actions

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.1 Ensure Care Home Provision within Flintshire enables people to live well and have a good quality of life.	Jane M Davies - Senior Manager, Safeguarding & Commissioning	In Progress	01-Apr-2017	31-Mar-2018	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
The expansion of Marleyfield to support the medium term development of the sector continues under the direction of Programme Board. A business case has been developed and submitted for further consideration under the capital programme, to fund the remaining budget required for the extension. We have requested the re-phasing of Integrated Care Fund capital to fit in with our capital programme, and are awaiting a response on this from Welsh Government. There are several active workstreams stemming from the Strategic Opportunity Review, including the development of resources to support the sector and diagnostic reviews from providers and a Care Conference being held in February 2018. Part of this work includes the development of a provider portal, to support information sharing, good practice, communication and recruitment and retention. The Regional Domiciliary Framework is currently going through evaluation with new contracts commencing 1 April 2018. This should increase the number of providers in order to help sustain the market. The roll out of "Progress for Providers" continues; care homes are in the process of assessing themselves against the new Flintshire standards. Six home have achieved the bronze standard, with a further 10 working towards it.

Last Updated: 25-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.2 Support greater independence for individuals with a frailty and/or disability, including those at risk of isolation.	Susie Lunt - Senior Manager, Integrated Services	In Progress	01-Apr-2017	31-Mar-2018	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Flintshire's Ageing Well Plan was presented to Social & Health Care Overview & Scrutiny Committee in November for information. Actions in the plan focus local activity on meeting the priorities in the Ageing Well in Wales Programme; developing Age Friendly and Dementia Friendly Communities, the prevention of falls, Opportunities for learning and employment, and dealing with loneliness and isolation. The work with providers to achieve the staged replacement of double staffed packages of care is on track. We are collecting case studies to show how well this is working for people receiving care. Phase 2 of the Collaborative Communication Skills Programme is well underway, through which practitioners being equipped with the necessary skills to support people to achieve their personal outcomes, as set out in the Social Services and Wellbeing Act (Wales).

Last Updated: 08-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.3.1.3 Improve outcomes for Looked After children	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2017	31-Mar-2018	75.00%	GREEN	AMBER

ACTION PROGRESS COMMENTS:
A Corporate Parenting Strategy has been developed in consultation with Looked After children and young people. The Strategy was presented to the Children's Services Forum in January and endorsed in principle with a view to presenting to Joint Education and Social Services Scrutiny Committee for final approval. The Strategy sets out our commitments to Looked After Children. A separate pledge for care leavers has also been developed. A project between Social Services and Education relating to Out of County Placements has been agreed as part of the authority's Programme Board arrangements. The project has 3 work streams that will develop a more detailed insight into: i) current and future placement need ii) options for support/placements and iii) the associated costs.

Last Updated: 18-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.1 Ensure that effective services to support carers are in place as part of collaborative social and health services	Susie Lunt - Senior Manager, Integrated Services	In Progress	01-Apr-2017	31-Mar-2018	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Our carers services are working well based on performance and carer feedback. Our local review of all adult carers services is on track to complete by the end of March 2018. We are contributing to the regional strategic review of carers services across North Wales which includes; exploring opportunities for collaboration, sharing good practice and ensuring equitable services across the region. This review is on track to be completed by the end of March 2018. The Carers Strategy action plan has been updated with refreshed actions for Flintshire. The other workstreams are progressing, and continue to ensure that carers services are effective, responsive to need, and outcome focused. The Young Carers service aims to improve confidence and emotional resilience whilst also providing a secure environment for peer support. Young carers can access community groups to ensure resilience is sustainable long term. Carers are able to be re-referred into the service if circumstances become difficult or the individual needs more intensive support. So far this year, 59 young carers have been referred for support.

Last Updated: 05-Feb-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.2 Further develop the use of Integrated Care Fund (ICF) to support effective discharge from hospital and ensure a smoother transition between Health and Social Care Services.	Susie Lunt - Senior Manager, Integrated Services	In Progress	01-Apr-2017	31-Mar-2018	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
142 people have so far been admitted to 'Step Up / Step Down' beds. Of the 90 people using step down services, 44 have subsequently been able to return home. The Community Resource Team of multi-disciplinary professionals in the Single Point of Access has increased its time of operation to 47 hours per week, by extending the working hours to include Saturday morning and a longer working day. The team provides home-based support through clinical and generic Health and Support workers to support discharge and avoid hospital admission. Future funding has been agreed but there is some uncertainty about what this can be spent on. A detailed case has been made to ministers and civil servants in relation to locking down the ICF funding stream and we are awaiting the formal outcome of this request. This relates to the strategic risk around ICF funding. However, the action for the development of current funding to support early discharge and transition between Social Care and Health remains Green.

Last Updated: 26-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.3 Establish an Early Help Hub, involving all statutory partners and the third sector.	Craig Macleod - Senior Manager, Children's Services & Workforce	In Progress	01-Apr-2017	31-Mar-2018	85.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Over the summer the Early Help Hub undertook a ‘soft launch’ to test proposed procedures and joint working arrangements. A review of the soft launch has taken place which has identified positive outcomes as well as areas of process that can be refined and strengthened. The Hub now accepts direct referrals from partner agencies and professionals. It is proposed that the Hub is formally launched to provide direct access to the public in April 2018. A full evaluation of the Early Help Hub will take place to provide a detailed analysis of its effectiveness and of the resources being deployed by agencies.

Last Updated: 16-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.4.1.4 Further develop dementia awareness across the county.	Susie Lunt - Senior Manager, Integrated Services	In Progress	01-Apr-2017	31-Mar-2018	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
A fourth Dementia Friendly Communities (Saltney) has been accredited this quarter. The Early Onset Peer Support Service (Friendly Faces) has started to develop, and has received 15 calls so far. The Intergeneration Project with learners and people living with dementia has been completed in 7 schools, most recently within the Elfed School in Buckley, and two funding applications are in to deliver the project with Castell Alun in Hope, and St. David's in Saltney. The Memory Cafes held their second Christmas Ball in December, which was attended by 104 people living with dementia and their carers. Flint held its fourth Dementia Friendly Christmas Shopping evening attended by 50 people living with dementia. Aura Leisure and Libraries have purchased dementia resources including Rem Pods, Pictures to Share and Creating Conversation Table Cloths, as well as making arrangements for Dementia Friendly Swimming and Bowling and crown green bowls.

Last Updated: 16-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.1 Strengthen the arrangements within all council portfolios to have clear responsibilities to address safeguarding.	Fiona Mocko - Policy Advisor (Equalities and Cohesion)	In Progress	01-Apr-2017	31-Mar-2018	60.00%	AMBER	AMBER

ACTION PROGRESS COMMENTS:
The Corporate Safeguarding Policy was approved in October 2017. Safeguarding awareness training was provided in November 2017 during National Safeguarding Week to support employees understand safeguarding issues and to know how to recognise signs and report concerns. A review of corporate safeguarding arrangements by Internal Audit has identified further actions which have been incorporated into the Corporate Safeguarding Panel's future work programme.

Last Updated: 25-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.2 Ensure that our response rates to referrals remain within statutory targets	Jane M Davies - Senior Manager, Safeguarding & Commissioning	In Progress	01-Apr-2017	31-Mar-2018	75.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
Following a realignment of resources in the Safeguarding Unit, 81% of Adult Safeguarding referrals are now being processed within the 7 day timescale. Those referrals processed outside the timescale are of a complex nature which are awaiting further information from a practitioner/agency. Performance for timeliness of initial child protection conferences is currently running at 94%.

Last Updated: 26-Jan-2018

ACTION	LEAD OFFICER	STATUS	START DATE	END DATE	COMPLETE %	PROGRESS RAG	OUTCOME RAG
1.5.1.3 Develop a preventative approach towards Child Sexual Exploitation (CSE)	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Completed	01-Apr-2017	16-Oct-2017	100.00%	GREEN	GREEN

ACTION PROGRESS COMMENTS:
North Wales Police Child Sexual Exploitation (CSE) videos have been shared at Senior Management Team meetings across the Authority and at the Corporate Safeguarding Panel. CSE awareness is also on the agenda for general safeguarding training to be delivered to all Scrutiny Committee members.

Last Updated: 25-Jan-2018

Performance Indicators

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.1.1M01 The number of care homes who have implemented the new Progress for Providers Programme	No Data	0	5	GREEN	N/A	16	15	GREEN

Lead Officer: Nicki Kenealy - Contracts Team Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: The programme has been implemented in 14 residential and 2 nursing homes however all of this activity took place in quarters 1 & 2 of 2017/18. No additional care homes have implemented the programme during Q3. The target of 15 care homes has been exceeded but we are continuing to actively encourage providers to enroll on the programme.

Last Updated: 25-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.1.4M04 Sustaining existing care homes within Flintshire	No Data	26	26	GREEN	N/A	26	26	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: We are sustaining the number of care homes in Flintshire despite the pressures in the market, by concentrated input. One home is in escalating concerns, and two homes are a “service of concern” with the regulator.

Last Updated: 16-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.1.5M05 The percentage occupancy within Flintshire care homes	No Data	96.04	95	GREEN	N/A	96.04	95	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: This is based on vacancy rate in the last week of the quarter. Occupancy has remained stable to date over 2017/18.

Last Updated: 25-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.2.3M03 The percentage of employees trained in Person Centred Care in line with the Social Services and Well-being act (Wales) 2014	20	100	25	GREEN	↑	200	75	GREEN

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: We are currently in phase 2 of the programme for person centred practice / personal outcomes, as it is rolled out across Wales.

Last Updated: 08-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.3.2M02 (PAM/029) Percentage of children in care who had to move 2 or more times	9.72	6.17	10	GREEN	↑	11.43	10	AMBER

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: 14 children have moved more than twice since April of this year. For most of these children, moves were in accordance with the child's plan. It is a priority to place children in stable placements wherever possible. This is a cumulative indicator and we will not see the full impact until the end of the year; however, we anticipate that there will be a challenge in meeting the target at year end. This is reflected by the Amber progress RAG.

Last Updated: 08-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.4.3.3M03 Percentage of children assessed by CAMHS within 28 days by BCUHB	No Data	100	95	GREEN	N/A	100	95	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: The Betsi Cadwaladr University Health Board currently report no waiting lists for Child & Adolescent Mental Health Services and that all children are assessed within 28 days of referral.

Last Updated: 30-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.1.1M01 Number of adult carers identified.	216.75	390	225	GREEN	↑	700	675	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: Target met. We continue to work with our commissioned services to improve the capture of carers data. Many people who need care and support prefer to be cared for by someone close to them, rather than a paid carer. It is critical that we support unpaid carers, without whom many people would be unable to remain in their own homes through later life. All carers identified are offered an assessment of their needs in their own right, as distinct from the needs of the person they care for, either with ourselves or with one of our commissioned services, according to their preference.

Last Updated: 26-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.2.1M01 (PAM/025) Number of people kept in hospital while waiting for social care per 1,000 population aged 75+	0.85	0.45	1.78	GREEN	↑	1.36	1.78	AMBER

Lead Officer: Janet Bellis - Localities Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 1.78
Progress Comment: The Council and the Betsi Cadwaladr University Health Board (BCUHB) work together on a case by case basis to ensure prompt discharge. The target rate is equivalent to 23 delays in the year. There have been 18 delays so far this year, the longest wait being 29 days, and the shortest wait being 1 day. We are awaiting data for December from Welsh Government. The outcome RAG has been set at Amber due to the uncertainty of meeting the target at year end.

Last Updated: 16-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.3.1M01 Percentage of child protection referrals that result in "no further action".	37.6	34.3	35	GREEN	↑	46.7	35	GREEN

Lead Officer: Craig Macleod - Senior Manager, Children's Services & Workforce
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 30.00
Progress Comment: Performance has improved because referrals to Children's Services that would previously have resulted in no action are now being considered for support by the Early Help Hub which began accepting referrals in October 2017.

Last Updated: 25-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.4.1M01 The number of dementia cafes in Flintshire	3	2	1.5	GREEN	↓	10	4.5	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 6.00
Progress Comment: Flintshire has 10 dementia cafes (Mold, Buckley, Connahs Quay, Sealand and Queensferry, Saltney, Holywell, Mostyn, Flint) and there is one Alzheimer's Society lead cafe in Broughton. Leeswood has also started a Memory Café but this has no links to the others currently in Flintshire.

Last Updated: 23-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.5.4.2M02 The number of dementia friendly communities in Flintshire	2	1	0.75	GREEN	⬇	4	2.25	GREEN

Lead Officer: Dawn Holt - Commissioning Manager
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 6.00
Progress Comment: There are 4 accredited Dementia Friendly Communities in Flintshire (Mold, Flint, Buckley and Saltney) and 5 more are working towards accreditation (Alyn Villages, Holywell, Connahs Quay, Sealand and Ysceifiog).

Last Updated: 16-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.6.1.1M01 Increased referral rates from services other than Social Services	3	1	7.5	RED	⬇	8	22.5	AMBER

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 30.00
Progress Comment: 8 referrals have been received from other portfolio areas this year with 1 of these being on Q3. This represents an increase on last year, but has not met our target. As the action to increase safeguarding awareness is rolled out across the Authority we should see a rise in the number of referrals received from areas outside of Social Services.

Last Updated: 25-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.6.2.1M01 Percentage of adult protection enquiries completed within 7 days	76.62	80.69	78	GREEN	↑	81.57	78	GREEN

Lead Officer: Jayne Belton - Team Manager - Safegaurding
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: Performance has increased in Quarter 3 to 81%. Enquiries completed outside the 7 days are those that are not straightforward and are waiting for additional information. New, tighter processes are in place so non-complex enquires are being dealt with within the timescale.

Last Updated: 16-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.6.2.2M02 Percentage of initial child protection conferences due in the year and held within timescales	98.07	92.73	95	AMBER	↓	93.94	95	GREEN

Lead Officer: Jayne Belton - Team Manager - Safegaurding
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target:
Progress Comment: The high numbers of children on the Child Protection Register and the need to complete ongoing reviews has impacted on capacity in the Safeguarding Unit; however, timescales have improved since the mid-year point.

Last Updated: 26-Jan-2018

KPI Title	Pre. Year Period Actual	Period Actual	Period Target	Perf. RAG	Perf. Indicator Trend	YTD Actual	YTD Target	Outcome RAG
IP1.6.2.3M03 Percentage of reviews of children on the child protection register due in the year and held within timescales	94.95	98.02	98	GREEN	↑	98.86	98	GREEN

Lead Officer: Jane M Davies - Senior Manager, Safeguarding & Commissioning
Reporting Officer: Jacque Slee - Performance Lead – Social Services
Aspirational Target: 98.00
Progress Comment: The Safeguarding Unit continue to schedule reviews within timescales wherever possible, as long as this is in the interest of the child.

Last Updated: 19-Jan-2018

RISKS

Strategic Risk

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Delivery of social care is insufficient to meet increasing demand	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Amber	Yellow	↓	Open

Potential Effect: People would be likely to experience increased waiting times or be unable to access services, with a resulting negative impact on the reputation of the Council.
Management Controls: Developing the market for residential and nursing care
Extending the opening hours for single point of access
Implementing Community Resource Team
Developing community resilience
Implementing an Early Help Hub for children and families
Progress Comment: Recommendations have been approved to explore further the extension of Marleyfield (32 beds for intermediate care and discharge to assess). This expansion will also help to support the medium term development of the nursing sector.
The Single Point of Access is now operating under extended opening hours to increase the opportunity for contact by the public.
The multi-agency Early Help Hub for children and families is in operation.

Last Updated: 16-Jan-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Demand outstrips supply for residential and nursing home care bed availability	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Red	Red	⟷	Open

Potential Effect: Increase is hospital admissions and delayed transfers. Increased pressure on primary care services leading to deteriorating relationship with local partners.
Management Controls: Working with Corporate colleagues to use capital investment to support the development of our in-house provision.
Outcomes from the 'Invest to Save' Project Manager made available together with a short, medium and long term plan to support the care sector.
Quick wins from the 'Invest to Save' Project Manager to be implemented.
Increase bed and extra care capacity for dementia/ learning disabilities.
Develop specialist respite for Early Onset Dementia.
Identify and create market change and dynamics, generate more competition, new providers for all ages including children and LD.
Assist with local housing (subsidised?) for specified employees in social care i.e. direct care staff.
Joint marketing and recruitment campaign, including portals, sharing of candidates, shared approach.
Progress Comment: The expansion of Marleyfield to support the medium term development of the nursing sector continues under the direction of Programme Board.
We have requested the re-phasing of ICF capital to fit in with our capital programme, and are awaiting a response on this from WG.

The Strategic Opportunity Review was completed and a report was presented to Cabinet in October. There are several active workstreams, including the development of resources to support the sector, diagnostic reviews from providers and a Care Conference being held in February hosted by Business Wales. A ministerial visit is scheduled for January 2018.

Last Updated: 24-Jan-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Annual allocation of the Integrated Care Fund (ICF) - Short term funding may undermine medium term service delivery	Susie Lunt - Senior Manager, Integrated Services	Jacque Slee - Performance Lead – Social Services	Red	Red	⟷	Open

Potential Effect: Insufficient funding to sustain medium term service delivery.
Management Controls: Seeking agreement from partners on allocation of funds to deliver medium term services
Progress Comment: We have requested the re-phasing of agreed ICF capital funding to be allocated for the expansion to 2021 to fit with our capital programme.
Senior Officers are liaising with Welsh Government to confirm the ongoing use of ICF revenue funding for existing projects.

Last Updated: 16-Jan-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Early Help Hub cannot deliver effective outcomes	Craig Macleod - Senior Manager, Children's Services & Workforce	Jacque Slee - Performance Lead – Social Services	Green	Green	↔	Open

Potential Effect: Children and families who do not meet the threshold for a statutory services will not be appropriately directed to alternative services.
Management Controls: Agreed information sharing protocol in place
Activity data in place and scrutinised
Steering body to meet regularly to ensure that resources are being appropriately deployed
Progress Comment: The Hub now accepts direct referrals from partner agencies and professionals. It is proposed that the Hub is formally launched to provide direct access to the public in April 2018. A full evaluation of the Early Help Hub will take place to provide a detailed analysis of its effectiveness and of the resources being deployed by agencies.

Last Updated: 16-Jan-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Rate of increase of adult safeguarding referrals will outstrip current resources	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Red	Amber	↓	Open

Potential Effect: National timescales for processing safeguarding enquiries will not be met, resulting in potential delays for people requiring safeguarding interventions and impact on reputation of the Council.
Management Controls: Realign response to front door referrals by utilising resources within First Contact and Intake, in order to free up time to allow the Safeguarding Managers to effectively delegate tasks.
Progress Comment: Responsibilities within Adult Safeguarding and First Contact and Intake have been realigned, with no additional resource. Safeguarding Managers are able to effectively delegate tasks for high priority cases; this ensures that those enquiries that do not meet timescales are of a lower priority.

Last Updated: 09-Jan-2018

RISK TITLE	LEAD OFFICER	SUPPORTING OFFICERS	INITIAL RISK RATING	CURRENT RISK RATING	TREND ARROW	RISK STATUS
Deprivation of Liberty Safeguarding (DoLS) assessment waiting list increases	Jane M Davies - Senior Manager, Safeguarding & Commissioning	Jacque Slee - Performance Lead – Social Services	Amber	Amber	⟷	Open

Potential Effect: Increased waiting times for DoLS assessments and impact on reputation of the Council.
Management Controls: Realignment of responsibilities in the teams to meet increasing demand.
Progress Comment: Actions taken to realign the responsibilities of the teams to meet the demands of the increase in adult safeguarding enquiries may have the unwanted effect of increasing the waiting list for DoLS assessments. In addition, work is being undertaken to review community DoLS applications and incorporate these within the existing waiting list. In due course this will have an impact on the number of cases on the waiting list. The waiting list continues to be actively managed, with urgent and review authorisations being prioritised.

Last Updated: 16-Jan-2018

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 29 March 2018
Report Subject	Forward Work Programme
Cabinet Member	Not applicable
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

RECOMMENDATION	
1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair and Vice-Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME
1.01	Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan.
1.02	In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows: 1. Will the review contribute to the Council's priorities and/or objectives? 2. Is it an area of major change or risk? 3. Are there issues of concern in performance? 4. Is there new Government guidance of legislation? 5. Is it prompted by the work carried out by Regulators/Internal Audit?

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Publication of this report constitutes consultation.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None. **Contact Officer:** Margaret Parry-Jones Overview & Scrutiny Facilitator **Telephone:** 01352 702427 **E-mail:** margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Improvement Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

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CURRENT FWP

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
Thursday 10th May 2018 10.00 am	**Flintshire Local Voluntary Council**	Annual review of the social care activity undertaken by the third sector in Flintshire	Assurance	Chief Officer Social Services	
	Comments, Compliments & Complaints	To consider the Annual Report on the Social Services Complaints and Compliments Procedure 2017/18	Assurance	Chief Officer Social Services	
	Annual Directors Report	To consider the draft report	Assurance	Chief Officer Social Services	
Thursday 14th June 2018 2.00 pm	**Betsi Cadwaladr University Health Board & Welsh Ambulance Service NHS Trust (to be confirmed)**	To maintain regular meetings and promote partnership working.	Partnership working	Facilitator	
	2017/18 Year End Reporting Council Plan Monitoring	To enable members to fulfil their scrutiny role in relation to performance monitoring	Performance monitoring/assurance	Facilitator	
	Regional Mental Health Strategy	To consider the regional Mental Health Strategy	Partnership working	Chief Officer Social Services	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
Nov/Dec	**Safeguarding**	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)
May	**Educational Attainment of Looked After Children**	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
May	**Corporate Parenting**	Report to Social & Health Care and Education & Youth Overview & Scrutiny.	Chief Officer (Social Services)
Half-yearly	**Betsi Cadwaladr University Health Board Update**	To maintain 6 monthly meetings – partnership working.	Facilitator
May	**Comments, Compliments and Complaints**	To consider the Annual Report.	Chief Officer (Social Services)

Items to be scheduled: -

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