



ADSS Cymru

Leading Social Services in Wales

Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru

Delivering Transformation Grant (DTG) Delivering More Effective Services Workstream

**CO-ORDINATION OF THE WORK RESPONDING TO THE CHALLENGES
IN THE CARE HOME AND DOMICILIARY CARE SECTOR**

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1. Introduction

- 1.1 Welsh Government and ADSS Cymru identified the following objective as a priority for the 2017/18 DTG programme: “To coordinate the work responding to the challenges in the care home and domiciliary care sector”.
- 1.2 The specified activity for this objective was to actively lead an action agenda drawn from the work of the variety of groups addressing this issue.
- 1.3 The required products for this objective are:
 - A map of the understanding of the overall picture with the range of work undertaken, setting out a national position statement and priorities for where we need to be.
 - Build on the development of the national toolkit for residential fees to extend to domiciliary care.

2. Purpose of the Report

- 2.1 The purpose of this report is to present an overview and understanding of the range of activity focussing on the care home and domiciliary care sectors that has been undertaken and/or is underway. The report highlights key strands of work/ initiatives and does not set out an understanding of every single forum or network that is operating at a national, regional or local level. Where possible, priorities that are presented will make a direct link to existing work programmes/ initiatives to avoid duplication.
- 2.2 There has been a lot of activity in this field of work over the past few years at a national, regional and local level. This activity has also included legislative and policy developments; academic reviews and research studies; data and market analysis activities; and service development. This report does not seek to replicate this activity as many of the issues and recommendations highlighted through these activities have either been responded to and/or remain pertinent to the current position of the care home and domiciliary care sectors.
- 2.3 This report is informed by the analysis of documentation and stakeholder contributions and is therefore not informed by a statistical evidence base as such. Where reference is made to statistical data and information this will be cited through wider sources.
- 2.4 The report is set out under several themes with developments, successes and areas of challenge highlighted against each. However, a key message throughout the report will be the interdependencies between each of the themes. The themes include:
 1. National strategic direction
 2. Model of Care
 3. Demand and Supply/ Range of provision
 4. Commissioning
 5. Workforce
 6. Quality management
 7. Finance and resources

3. Methodology

3.1 The activities undertaken for this workstream have included the following:

- a review of a range of documentation including national legislation and policy; international and national research; regional and local strategies and policies (see appendix 1 for the list of documents considered);
- meetings with all regional leads and/ or their representatives;
- co-facilitation of three workshops with the National Commissioning Board (Steve Vaughan):
 - admissions into care;
 - development of service specifications and quality frameworks;
 - home care commissioning toolkit;
- engagement with stakeholders (see appendix 2 for the list of stakeholders) and;
- analysis and synthesis of the information and advice collected to inform the findings and recommendations in this report.

4. National Strategic Direction

- 4.1 The legislative context for the provision of care homes and domiciliary care has changed significantly over the past two to three years with the implementation of the Social Services and Wellbeing (Wales) Act 2014¹ and the Regulation and Inspection of Social Care (Wales) Act 2016².
- 4.2 The implementation of the Social Services and Wellbeing Act has placed a strong statutory emphasis on the core principles for the delivery of care and support such as: the active promotion of wellbeing; person-centred care and support; citizen voice, choice and control; promoting independence and resilience and supporting people to live at home and in their local communities (such as a stronger emphasis on the development of new models of accommodation with care). The establishment of regional partnership boards to oversee the production of population needs assessments and associated area plans provides a stronger platform for needs led, integrated service development. In considering the care home and domiciliary care market specifically, the Act has introduced a statutory duty for the development of pooled budgets for care homes for older people (with the potential for the introduction of pooled budgets for domiciliary care).
- 4.3 The Regulation and Inspection Act brings with it a move away from monitoring compliance to measuring success and impact. Some of the key principles that underpin the Act, such as putting people at the centre of their care and support; developing a coherent and consistent Welsh approach; and responding quickly and effectively to new models of service and any concerns over the quality of care and support provide, the foundations for some of the changes required in the residential and domiciliary care sectors (these will be considered throughout this paper).

¹ Welsh Assembly Government (2014) Social Services and Wellbeing (Wales) Act, 2014. Cardiff.

² Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

- 4.4 The Care and Support at Home in Wales Strategy (2017-2022)³ sets out key actions aimed at improving the arrangements to support people to live at home and in their local communities. Within this strategy and its associated implementation plan there is a strong focus on domiciliary care across the six objectives that are set out. In reviewing the objectives and planned actions it is clear that there is a strong correlation with the areas of development that are required within the care home sector (for example: embedding of outcome-based approaches; workforce recruitment and retention; role of nursing; commissioning activities).
- 4.5 The Welsh Government Care Homes Steering Group has initiated a wide range of improvement activities and these now need to be pulled together into a strategic vision for the sector that sits under a strategic vision for the continuum of care for older people.
- 4.6 It is important to establish a national strategic vision for the care home and home care sector for older people from which service integration, development and delivery can be taken forward. The vision for the sector needs to be cross cutting and reflect the continuum of care and support that spans from community-based support through to managed care and support in care homes. This continuum must not be considered as a linear journey for individuals and should reflect the flexibility required to respond to individual choice and control, alongside the changing needs of individuals.
- 4.7 A national vision for the sector needs to be based on agreed principles/ foundations (many of which are already clearly stated in legislation as detailed above) such as:
- consistency and continuity;
 - integration;
 - good quality;
 - innovative and based on best practice;
 - flexibility (right place, right time);
 - skilled, knowledgeable and committed workforce;
 - vibrancy and sustainability;
 - proportionate safeguarding.
- 4.8 The vision of ‘commissioning good lives’ set out in the National Commissioning Board good practice guidance for commissioning services for people with learning disability⁴ is a helpful reference point as it is based on individuals and families:
- having the opportunity to make the most of their lives and talents;
 - experiencing equality of opportunity and will be able to access options that promote a sense of belonging to and inclusion in their local community;
 - maximising independence;
 - reducing dependency on services and emphasise choice and control;

³ Social Care Wales (2017) Care at Home Strategy for Wales <https://socialcare.wales/service-improvement/care-and-support-at-home>

⁴ Good practice guidance on commissioning services for people with learning disabilities (2017) National Commissioning Board Wales

- accessing efficient and effective support that enables citizen-centred well-being outcomes and minimise escalation of need and risk through the promotion of access to universal services, early intervention, prevention, and specialised support.

The principles underpinning this vision include:

- designing options from the individual up, but with their relationships right upfront as well.
- designing options so that they reflect, and maintain or strengthen, the assets of the person and their relationships.
- consequently, involving the person and their relationships fully in the design of support.
- designing support so that it reflects best practice in relevant professions.
- consequently, promoting social inclusion, autonomy, choice, respect, and valued roles for the person, as well as effective specialist skills and techniques.

4.9 The recent Parliamentary Review (2018)⁵ has been developed on the premise that the vision for health and social care in Wales should be “to revolutionise care so that it empowers individuals to take decisions, tailors care to the individual’s expressed needs and preferences, is far more proactive and preventative, is provided as close as possible to people’s homes, is seamless, and is of the highest quality”. The following recommendations of the Parliamentary Review provide the opportunity to develop a vision and guiding principles, however it will be important that the development of these recommendations equally reflect aspects of health and social care:

- Recommendation 1: One seamless system for Wales
- Recommendation 2: The Quadruple Aim for all
- Recommendation 3: Bold new models of seamless care – national principles, local delivery

4.10 The vision and guiding principles should provide the premise for all activity and developments (such as those set out within the themes in the remainder of this report) whether these be a national, regional or local level, and also in respect of specific cohorts of the population. For example, the National Commissioning Board intend to build on the vision set out for people with learning disabilities within the Guidance on Commissioning Services for people with learning disabilities⁶ to develop guidance in relation to specific services e.g. supported living. As recently identified by the Commissioner for Older People⁷ this sort of strategic approach is needed for the Care Home sector urgently.

⁵ Parliamentary Review of Health and Social Care in Wales (2018), Welsh Government

⁶ Good practice guidance on commissioning services for people with learning disabilities (2017) National Commissioning Board Wales

⁷ Commissioner for Older People in Wales: 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 (2018)

5. Model of Care

- 5.1 Welsh Government have adopted for all their social care policies, the Social Model of Disability which recognises that disabled people are people with impairments who are disabled by their environment. At a practice level it is Person-Centred Care that is the preferred model of care that the Code of Practice supporting the 2014 Act requires as it ties up with the concept of well-being and achieving personal outcomes. There has been a lot of work undertaken (nationally, regionally and locally) that goes a long way to describing the desired models of care that are required. This work, however, has been varied with examples of descriptions focussed on whole population groups and examples of descriptions focussed on specific service delivery.
- 5.2 Examples of work that has focussed on whole population groups include:
- Care Inspectorate Wales Older People Inspection Framework;
 - Dementia Care Matters – Butterfly Homes Model that focuses on offering emotional care to people living in care homes and understanding and respecting the reality of people living with dementia.
 - Guidelines and accepted good practice in place for hospital discharge
- 5.3 Examples of work that has focussed on specific service delivery include:
- My Home Life⁸;
 - Older People's Commissioner 'Place to Call Home'⁹;
 - Dignity Charters developed for Care Homes;
 - Welsh Government Care Home Welcome Pack and Dining Experience Guidance¹⁰;
 - Social Care Wales new practice guidance for domiciliary care workers¹¹
 - National Commissioning Board Home Care Commissioning Toolkit (yet to be published)
- 5.4 Recommendation four within the Parliamentary Review¹² does go some way towards defining a national model of care as it refers to the need to “strengthen individual and community involvement, through voice and control in health and care, and ensuring all ages and communities have equal involvement” and recognises that “the public rightly want a modern service in which they have much better information about health and care, shared decision making in treatment, choice of care and setting, and peer support”.
- 5.5 Through some regional and local authority commissioning activities there have been strides forward to get closer to defining the model of care required, such as the new approach to outcome based commissioning in the Vale of Glamorgan.

⁸ <http://myhomelife.org.uk/>

⁹ Commissioner for Older People in Wales. 'A Place to Call Home?' A review of Quality of Life and Care of Older People living in Care Homes in Wales (2014).

¹⁰ Welsh Government Care Home Welcome Pack and Dining Experience Guidance
<http://gov.wales/topics/health/publications/socialcare/guidance1/carehomepacks?lang=en>

¹¹ Social Care Wales: draft practice guidance for domiciliary care workers
<https://socialcare.wales/consultations/draft-practice-guidance-for-domiciliary-care-workers?record-language-choice=en-cy>

¹² Parliamentary Review of Health and Social Care in Wales (2018), Welsh Government

- 5.6 What is currently lacking is a national agreed description of good quality personalised care and support (in both care homes and domiciliary care) that identifies the features of practice and the individual's experience (along with that of the staff providing the support and family members). The emphasis should be on an individual's quality of life and what is important to them (as opposed to a dominant focus on quality of care and what is important for a person). The changing legislative context that places a focus on individualised person-centred, outcome-focussed and co-produced care and support makes this challenging. Delivery becomes increasingly subjective as what matters to one person within a care home could be quite different to that of another person within the same home. However, there should be nationally agreed features of delivery that can be applied (based on the principles referred to in section 4 above).
- 5.7 Such features should include as a minimum:
- positive behaviours and relationships;
 - mutual dignity and respect;
 - co-production and voice, choice and control for individuals on how their needs are met (this includes access to appropriate and available advocacy support);
 - delivery through the language of choice;
 - promotion of shared interest between staff and individuals receiving services;
 - services and activities that actively promote wellbeing and personal outcomes (the National Wellbeing Statement and National Outcomes Framework provides the basis for this);
 - access to preventative support;
 - focus on enablement and independence - what people can do as opposed to what they can't do;
 - social and physical environments being:
 - comprehensible (makes sense and is understandable);
 - manageable;
 - meaningful (makes sense and is understandable)
 - individuals having a sense of wellness:
 - optimistic outlook; sense of control;
 - sense of purpose;
 - sense of meaning;
 - confidence in their ability to deal with problems;
 - supportive network of people around them
 - asset-based approaches that build on co-production:
 - citizen: citizens solve problems and take control together;
 - citizen: staff (empower not disempower).
- 5.8 Defining good quality care is essential for all types of residential and domiciliary care, however, there is an increasing demand for dementia care (both residential and nursing care) across Wales. The changing, and often challenging, nature of the care and support needs of those with dementia requires a different offer in terms of the physical environment, the range of support provided and the skills and experiences of the workforce. Across Wales there have been several initiatives that have focussed on improving the quality of dementia care (such as roll out of the Dementia Care Matters "Butterfly Homes" Model, work undertaken by the Alzheimer's Society in nursing homes and My Home Life). It is

important that standards are consistently high across Wales and so the development of nationally agreed features of good dementia care is required and responds to the Dementia Action Plan for Wales (2018)¹³.

- 5.9 In considering the desired models of care required for the future there quickly becomes a strong focus on the range of services and the capacity and skills of the workforce. However, it is also important to focus on the environment of the setting. Within domiciliary care this is more challenging as the provision of care and support is undertaken in an individual's own home. Within care homes however there is far more potential for this to be altered. The Regulation and Inspection Act¹⁴ specifies specific requirements for the physical environment of a care home with Part 12 setting requirements about premises, facilities and equipment (e.g. single occupancy for adults and shared rooms for children) and Part 13 specifying additional requirements on care home service providers based on the type of premises (environmental standards; standards of ensuite bathrooms; room sizes; amount of communal space). In discussion with stakeholders there is concern about the perceived potential impact of these regulatory requirements with regards to the ability of existing settings to meet such requirements within the fabric of the existing building and the affordability of any changes required, along with concerns about the cost of meeting this requirements within new developments. It is important there is a more detailed understanding of what the impact of these regulatory requirements will have on provision.
- 5.10 Technology-enabled care has the potential to add considerable capacity to service delivery capacity yet its potential within residential care and domiciliary care is still unclear and so it would be valuable to undertake a comprehensive review of initiatives and schemes that are already in place (nationally and internationally) along with the establishment of a national and regional infrastructure to take forward work to integrate service solutions. Initial work was undertaken within Welsh Government to produce a draft strategy and benefits realisation plan for technology enabled care however this has not progressed further than a draft outline. Recommendation seven in the Parliamentary Review¹⁵ recognises the need to "harness innovation and accelerate technology and infrastructure developments" and it will be important that the focus of any associated activities/ programmes of work consider this in the context of domiciliary care and care homes. (See also item 10 in the Community Resilience report produced in the 2017-18 Delivering Transformation Grant Workstream).
- 5.11 Defining the models of care required (now and in the future) is an essential component that must inform the decisions and activities within the remaining themes within this report as illustrated below:
- Commissioning – the model(s) of care must inform the requirements and conditions set out in service specifications and contracts and service specifications (for example the conditions set out in some contracts limit the ability and capacity to provide person-centred care. It is also important to note that stakeholders (providers and commissioners) are highlighting a significant risk in that many providers are not yet fully engaged with the Social Services and Wellbeing Act¹⁶ and Regulation and Inspection

¹³ Dementia Action Plan for Wales (2018) Welsh Government

<http://gov.wales/topics/health/nhswales/mental-health-services/policy/dementia/?lang=en>

¹⁴ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

¹⁵ Parliamentary Review of Health and Social Care in Wales (2018), Welsh Government

¹⁶ Welsh Assembly Government (2014) Social Services and Wellbeing (Wales) Act, 2014. Cardiff.

Act¹⁷ requirements and are unclear about what they need to do; unclear about the culture change required and the changes to service delivery that are needed.

- Workforce – it is essential that the model(s) of care have synergy with the principles and features underpinning assessment practice (social care and health). The model(s) of care must also inform the skills, knowledge and experiences staff are required to have, along with associated training and development activities. The new models of working also have the potential to provide a role that is more varied and rewarding in which staff are valued and respected, this will help contribute towards the ability to attract and retain staff.
- Quality Management – the model(s) of care must inform quality management frameworks that are developed both regarding the focus of quality management arrangements and the methodologies used.
- Finance and resources – costing of care needs to be based on a model of care and the resources required to deliver these.

5.12 A number of stakeholders have stressed the importance of changing the perceived image of residential care and raising its profile so that it is “seen as a solution/ option not the problem” and not viewed as a “last resort”.

6. Commissioning (Demand and Supply)

6.1 There have been several significant pieces of work over the past three years that have provided a detailed profile of the residential care and domiciliary care market including:

- The Care Home Market in Wales: Mapping the Sector – Institute of Public Care/ Public Policy Institute for Wales (2015)¹⁸
- Above and Beyond: National review of domiciliary care in Wales - Care Standards Inspectorate for Wales (2016)¹⁹
- Care Homes Market Study – Competition and Markets Authority (2017)²⁰
- Wales Market Analysis of Care Homes for Older People – National Commissioning Board Wales (2017)²¹

6.2 The key messages have been consistent (in relation to both care homes and domiciliary care) across them all with the key challenges impacting on the supply and range of provision being:

- the changing needs of the population (such as increasing levels of dementia/ diagnosis of complex needs; higher acuity levels on entering care homes) which (along with an

¹⁷ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

¹⁸ Moultrie and Rattle. The Care Home Market in Wales: Mapping the Sector (IPC 2015)

¹⁹ Care Standards Inspectorate for Wales – (2016) ‘Above and Beyond: National review of domiciliary care in Wales’

²⁰ Competition and Marketing Authority *Care homes market study: summary of final report* Published 30 November 2017 <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report>

²¹ Wales Market Analysis of Care Homes for Older People – National Commissioning Board Wales (2017) WLGA <http://wlga.wales/introduction-to-market-analysis-of-care-homes-in-wales>

increasing range of alternatives models of accommodation with care) is leading to differing, and sometimes more challenging, demand patterns, for example there is across most of Wales an increasing demand for nursing and dementia care placements (EMI nursing and residential) and a reducing need demand for general residential placements;

- there is a large variation in the structure of local markets between local authorities;
- there are relatively few large providers – the majority of provision is by single/ small providers;
- there is only a small number of new entrants to the market due to financial pressures/ uncertainty (such as: high capital costs; rising operational costs; increasing borrowing rates; unpredictable demand; low fees levels (in comparison to England for example);
- workforce challenges (recruitment and retention of good quality staff and managers);
- lack of a national contract or national template and inconsistency in service specification standards/ requirements;
- inconsistent/ incomplete data and intelligence.

6.3 There have been a number of national legislative drivers and policy/ strategy developments (nationally, regionally and locally) that have been implemented to support market development and stimulation. These include:

- Social Services and Wellbeing Act²² requirement for Regional Partnership Boards, regional population needs assessments and area plans. A specific duty of the Act is the agreement of an integrated market position statement and commissioning strategy to specify outcomes required of care homes and services required'. The Market Position Statement will need to specify the outcomes required of care homes, including the range of services required. There should also be an agreement on the methods of commissioning.
- Regulation and Inspection Act²³ requirement for local and national market stability reports;
- Regulation and Inspection Act²⁴ changes to service regulation that allows more flexibility and scope for the development of new models of delivery;
- The Parliamentary Review²⁵ that recommends the introduction of a national requirement for joint regional commissioning strategies across health care and wellbeing by population with clear requirements on pooled resources and locality-based services to deliver them and for market position statements giving clear messages to private and third sector providers about the services needed and planned in localities for the future.
- Care and Support at Home in Wales Strategy (2017-2022)²⁶ – Outcome 3 (Care and support at home promotes individual outcomes and meets different needs) and Outcome 4 (Invest in a range of good-quality options that help people maintain their independence and well-being) in particular;

²² Welsh Assembly Government (2014) Social Services and Wellbeing (Wales) Act, 2014. Cardiff.

²³ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

²⁴ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

²⁵ Parliamentary Review of Health and Social Care in Wales (2018), Welsh Government

²⁶ Social Care Wales (2017) Care at Home Strategy for Wales <https://socialcare.wales/service-improvement/care-and-support-at-home>

- regional commissioning strategies and market position statements (not established in all regions to date). There are also examples of joint integrated commissioning being developed in some regions;
- development of a market risk assessment tool in North Wales;
- home care commissioning toolkit;
- good practice guidance on commissioning services for people with learning disabilities²⁷;
- practice guide for leading national and collaborative commissioning;
- regional contracts and service specifications in most areas;
- development of a range of alternative models of accommodation with care (for example: extra care/ shared lives +/- supported living).

- 6.4 Whilst the Social Services and Wellbeing Act²⁸ places a duty on health boards and local authorities to establish regional partnership boards to oversee the production of population needs assessments and joint area plans, the impact of these on shaping joint/ integrated commissioning arrangements along with the impact on responding to challenges in the care home and domiciliary care sector is still unknown. A review of regional population needs assessments has highlighted the challenges within the care home and domiciliary care market and appendix three to this paper provides a summary of the issues that are identified.
- 6.5 There does, however, appear to only be limited examples of integrated/ joint commissioning between health, social care, providers and citizens with many local authorities developing strategies and statements that they will then go out to consult. Changing the nature of the relationship between commissioners and providers to one that is based on good, open, trust and transparency in which risk is identified, understood and shared is an important objective. Cultural, as well as operational change management, is needed to support this fundamental shift in approach to commissioning.
- 6.6 This challenge can be further compounded when considering different commissioning practices for sourcing places across and between health and local authorities and organisations being at different points within the commissioning cycle (for examples; some areas reaching the end of a contract period where others have recently commenced into a long-term contract). There remains a critical need to ensure that the approach to the whole commissioning cycle is both formally required and carried out as a partnership. The practice guide for leading national and collaborative commissioning developed by the National Commissioning Board provides an informed methodology for facilitating this.
- 6.7 Guidance issued under Part 9 of the Social Services and Wellbeing Act²⁸ requires a market position statement (MPS) for care homes. The arrangements for commissioning remain mixed across Wales although, in the main, regional approaches are being developed. Almost all regions in Wales have developed commissioning strategies and market position statements (where these have not yet been published they are in the process of being developed), although there are only a small number of implementation plans to take these forwards. The purpose of the MPS, which is targeted at current and

²⁷ Good practice guidance on commissioning services for people with learning disabilities (2017) National Commissioning Board Wales

²⁸ Welsh Assembly Government (2014) Social Services and Wellbeing (Wales) Act, 2014. Cardiff.

potential providers, is to provide detailed information about the regional partnership's commissioning intentions, including information about self-funders, to inform their planning and investment decisions. However, the scope of MPS's needs to be agreed as currently the focus of these does differ with some focussing on older people as a population group and others focussing on residential care specifically. If their scope becomes too big they will lose the detail required. It is also important to note that the quality of MPS's will not improve until improvements are made to the quality of financial and management information such that the data is collected as a matter of routine. A review of market position statements (MPS's)/commissioning strategies has highlighted that most MPSs for care homes for older people typically cover:

- data analysis to describe future local/regional population trends and needs
- a review of the current 'market' of services provided
- analysis of capacity, demand, quality, resources, workforce
- a proposed approach to commissioning services in the future
- the potential future shape of the market
- proposals to more effectively engage and support service providers

The National Commissioning Board has published an example of good practice (Powys Region's MPS) which provides the basis for agreeing the scope and focus of MPS's.

6.8 A number of stakeholders have also highlighted that the focus of these commissioning strategies and market position statements is very much on the current and short-term position and that they do not focus on the long term sufficiently, particularly as the development of the market to deliver new models of care and support will take time and financial investment. There is also the potential for the impact of one regional market position statement on that of another region's not to be fully recognised and so it will be imperative that the development of local and national market stability reports (as required under the Regulation and Inspection Act)²⁹ take such impacts into account.

6.9 There is an increasing focus on outcome-based/ person-centred commissioning across Wales in both health and social care, and there have been a number of developments taken forward to support this such as resources developed through the National Commissioning Board and emerging examples of outcome-based commissioning within local authorities (such as the approach to commissioning being piloted in the Vale of Glamorgan and Gwynedd Councils; ABUHB development of a robust stakeholder engagement process to inform their decision making on outcome-based commissioning). However, the translation of the principle of outcome-based commissioning into practice remains a challenge for several reasons including:

- the lack of consensus and agreement about what is meant by outcomes – differentiating between needs, outputs and outcomes; clarifying whose outcomes are the focus (service level outcomes; population group outcomes; individual personal outcomes);
- translating outcomes into tangible requirements within contracts (particularly as these can be harder to measure);

²⁹ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

- traditional approaches of time and task assessment and commissioning being entrenched (politically, corporately, at a commissioning and operational practice level);
- limited/ lack of awareness and understanding amongst providers about the new approaches required as defined in the Social Services and Wellbeing Act³⁰;
- the complexities associated with changing the nature of the relationship between commissioners and providers to be one that is based on good, open, trusting and transparent nature – in which risk is identified, understood and shared;
- the flexibility and potential with procurement regulations not fully understood and exercised within the social care market;
- increasing land prices preventing investment in new developments.

- 6.10 The changing shape of the market, the changing demographic profile of the older people population and the increasing demands and challenges this presents requires a move to new models of service delivery. The opportunities presented within the Regulation and Inspection of Social Care Act³¹ for flexibility and service development and the recommendations of the Parliamentary Review³² must be realised. There remains a strong place for residential care and domiciliary care provision within the continuum of care and support and it is important that these services are recognised as valuable assets within communities that promote the model of care and principles referred to earlier in this report. For example, there is a lot of activity underway within some regions to develop step up/ down arrangements (particularly through the ICF funds) and to develop respite provision within care home settings to support carers. These developments though are not mainstreamed in all areas and remain dependent on the allocated ICF grant. However, the description of what this looks like in practice is still predominantly focussed on hospital admission prevention and/or discharge. There is a need to share learning and establish continuity in approaches, which is underpinned by national guidance, so that the potential of step-up down arrangements are clearly understood and effective services are developed.
- 6.11 The untapped potential of care homes as a community asset needs to be collectively realised between health, social care, providers and the communities and maximised to shape new models of support. For example, health practitioners facilitating clinics within homes in rural areas where transport is limited; activities and initiatives to connect people living in care homes with members of the community (two way); models that link supported housing to domiciliary care (maximise the workforce capacity and available assets).
- 6.12 The reshaping of service models can sometimes be seen as “being easier said than done” and so there is a need to invest in support and resources to enable this to happen including:
- partnership working between commissioners (health and social care) and providers (and citizens accessing services) to develop commissioning priorities and service specifications alongside provider development of statements of purpose. This is not commonplace at present and the role that providers can play in understanding the market and identifying solutions is not maximised despite the presence of local provider

³⁰ Welsh Assembly Government (2014) Social Services and Wellbeing (Wales) Act, 2014. Cardiff.

³¹ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

³² Parliamentary Review of Health and Social Care in Wales (2018), Welsh Government

forums and a National Providers Forum and providers are not sufficiently involved in the commissioning cycle;

- support and development for commissioners and providers to be innovative and define and develop new models of care that go beyond the traditional models of delivery (many of which have been confined to the old system of category registration);
- support to political and corporate bodies to have the confidence to move away from traditional models of care;
- recognising the potential contribution of existing assets, services and the workforce;
- considering the impact (on both service delivery outputs and individual outcomes) of the emerging alternative models of accommodation with care (such as Extra Care Housing, Shared Lives+, Supported Housing);
- moving away from 'time and task' approach to the delivery of domiciliary care. The home care commissioning toolkit that has been developed by the National Commissioning Board (yet to be formally published) has been designed to support commissioners to make the move away from time and task commissioning to a more outcome focussed approach to commissioning;
- commissioners need to maximise the flexibility within the procurement regulations to design the most effective means of securing personalised outcomes.

- 6.13 Having a reliable, detailed and up-to-date data intelligence set is a critical contributing factor to effective commissioning. The recent market analysis undertaken by the National Commissioning Board (NCB) provided a detailed profile of the care home market and a valuable source of intelligence for regional and local commissioning. Whilst the information obtained has been seen by commissioners to be comprehensive and valuable it does have limitations as a census study in that it cannot provide information on changing patterns of demand. In addition to this activity, several regions have collated and analysed (or are in the process of doing so) their own data to inform commissioning strategies and market position statements. Whilst the breadth of data and information is comprehensive, there is a dependence on identifying data that is readily available and easily obtainable and, as a result, much of this is based on current recipients of services and does not cover the spectrum of information that is required. The focus of the data and information that is currently collected is also heavily focussed towards the supply aspect of the chain and less so towards the demand. For example, there are no established tools for predicting future demand (numbers and need). Neither does the data focus on outcomes achieved for individuals and population groups. Whilst the Daffodil system (ICT system that provides population data by age band, gender, ethnic group, and by disability living allowance or PIP, ESA and household growth data, for local authorities and local health boards in Wales) provides a large source of data it does have the potential to be developed further to provide a wider and detailed source of data. The development and implementation of a national reporting template (as identified by the National Commissioning Board) that is managed through an established data management system (WCCIS if it has the potential and capacity) is required. The Board propose to develop the quality of management and financial information to improve commissioning. At its January meeting, the NCB discussed the development of a national reporting template for care homes for older people. The significance of the national reporting template is also reinforced when consideration is given to the extending the principles of the template to all services and population groups which would provide regional partnership boards with regular information as a matter of routine,

as opposed to having to mount large research activities. This could generate an initial market analysis and can also be used to provide regular and routine reports to regional partnership boards. It would provide an accurate picture of changes in demand over time. It would also draw upon the work of the population needs analyses.

6.14 In developing commissioning approaches and establishing data and intelligence arrangements, it will be imperative that the profiling of demand and supply is undertaken holistically considering the continuum of care referred to in section 4 above and the model of care referred to in section 5.

6.15 Another essential component of managing supply and demand is the stimulation of the market and generating new business models. This should involve supporting existing providers to continue to deliver sustainable business models and to attract new business into the market. The activities referred to in 6.1 and 6.2 above have highlighted that this is becoming an increasingly urgent challenge in both care homes and domiciliary care. It is therefore essential that there is a more targeted programme of activity at a national, regional and local levels that is aimed at supporting existing business to become more sustainable and to attract new business. The range and type of support that is required will vary according to the nature and scale of the provider and the local determinants within local authority and regional areas, but is, nevertheless, likely to address the following aspects:

- incentives to invest in care homes and domiciliary care business;
- business support;
- supporting innovation;
- accessing capital;
- developing business processes;
- taking managed risks;
- accountancy;
- marketing;
- insurance;
- IT infrastructure.

Consideration should be given at a regional level to the potential opportunities for the establishment of social enterprises to develop and offer business support models.

6.16 There are examples of this taking place at a local level within some local authorities and so the sharing of these approaches with other local authorities needs to be facilitated. There is also significant potential for business stimulation and development within the care home and domiciliary care market (along with the wider challenges that the market faces, particularly those relating to the workforce) to be addressed through Welsh Government's Prosperity for All programme³³ which indicates the following activities as priorities:

- supporting businesses to work more efficiently and sustainably while ensuring an environment which will nurture business for the future;
- seeking improvements in pay and conditions for those in low paid and insecure employment through the Fair Work Commission;

³³ Prosperity for All: The National Strategy – Taking Wales Forward (2017), Welsh Government

- take action to join up services rooting them in communities and delivering a seamless approach through both treatment and prevention;
- expanding community health and social care workforce;
- working with regional skills partnerships to anticipate future skills needs focussing on priority growth sectors;
- investing in new innovative care delivery models in the community;
- assisting care providers to create sustainable business operation models in the heart of communities;
- raise the profile and status of social care workers, through improving employment conditions and remuneration.

- 6.17 Discussions suggest that the flexibility and potential of Procurement Regulations are not sufficiently understood and maximised in Wales. Scoping of opportunities presented in Procurement Regulations should be undertaken and shared. It is particularly important as the timescales for leaving the European Union and its regulations on procurement draw closer. Focussed work with the corporate procurement and finance teams and political influences should be undertaken to facilitate this work and support a move away from traditional models of care. The legal addendum that is being developed by the National Commissioning Board, in partnership with Social Care Wales, for the home care commissioning toolkit will provide a guide to the procurement of social care services and will provide a vehicle for stimulating reviews in relation to existing procurement practice.
- 6.18 An additional contributing factor to supply and demand that needs to be considered is the impact of decision making processes linked to hospital discharges into care settings. Work undertaken by the NHS Delivery Unit³⁴ in 2016 and a focussed workshop on this issue as part of this DTG project highlighted a number of factors that impact not only on the rates of admissions of individuals into care homes from hospital settings but also the impact on the nature and level of needs of those individuals. Contributing factors include: assessments for discharge taking place in acute settings which impacts on an individual's ability to maximise potential for independence; the full range of care and support options not explored fully; inconsistent application of funding decisions (Continuing Health Care in particular); no/ limited models of rehabilitation to home from hospital via care homes; significant delays in decision making; poor record keeping and information sharing; and a lack of co-production and working in partnerships with individuals and their families to make decisions and put in place arrangements to support discharge. The planned work of the National Commissioning Board to develop detailed guidance in relation to Admissions into Care needs to be fully supported by the NHS and ADSS Cymru.
- 6.19 The future demand on places in care homes and requirements for domiciliary care will be dependent upon a range of factors. These include:
- the growth of the population of older people;
 - support available from family and friends;
 - the quality of support available to family/ carers;

³⁴ Review of the Decision-Making Process for Care Home Placement following admission to Hospital in Wales (2017), NHS Delivery Unit

- effective arrangements for assessment and care planning, for example assessment being a tri-partite arrangement where the person receiving the service, the person/organisation providing the service and the practitioner leading the assessment are all involved in the assessment and care and support planning. This supports the principles of co-production set out in the Social Services and Wellbeing Act³⁵ and also supports more effective management of expectations from all parties;
- the development of the range and quality of care and support services in the community together with alternative accessible forms of accommodation such as, for example, extra care housing;
- more effective treatment and support to individuals with long term conditions. This also involves treatment and support to help individuals manage problems in relation to continence;
- development of technology-enabled care to help individuals manage their own care and provide additional safeguards.

6.20 Although a good start had been made in producing and utilising MPSs, this process would need to be improved and repeated regularly and embedded in commissioning practice. Discussion of statutory requirements in respect of market shaping and stability would suggest that it would be beneficial to develop a market risk assessment tool that would inform market stability reports; joint area plans; commissioning strategies and implementation of market position statements etc. This might also include an impact analysis of the Regulation and Inspection Act³⁶ where removal of categories and the increased flexibility for providers if they can demonstrate the capacity and capability to deliver, could contribute to meeting the market challenges and supply of appropriate care and support placements within residential and domiciliary care. For example, it was suggested some providers are moving out from nursing care into residential care. The extent to which MPSs considered the presence and trends on self-funders was limited, especially in relation to their influence on fee levels more generally. Further priority for this group is needed in further work on MPSs to ensure compliance with the new statutory response to self-funders is informed.

7. Quality Management

7.1 There are a range of frameworks and tools at a strategic and operational level in place, or are being developed, that are aimed at measuring and assessing the quality of care and support within care homes and domiciliary care services. These include:

- Care Inspectorate Wales Older Adults Inspection Framework³⁷;
- regional quality monitoring frameworks that are linked to contractual arrangements;
- national collaborative framework for younger adults (18 – 64 years) in mental health and learning disabilities care homes and care homes with nursing for NHS and local authorities in Wales;

³⁵ Welsh Assembly Government (2014) Social Services and Wellbeing (Wales) Act, 2014. Cardiff.

³⁶ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

³⁷ Care Inspectorate Wales <http://careinspectorate.wales/docs/cssiw/general/170406olderadultsen.pdf>

- introduction of the role of Responsible Individual and requirement for provider annual returns through the Regulation and Inspection of Social Care Act³⁶;
- outcome based care and support planning (social care);
- quality monitoring tool for care homes developed by BCUHB (North Wales);
- My Home Life³⁸ – UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people.

- 7.2 Whilst these all have a stated purpose and remit, the implementation of these is by no means coordinated between the different organisations. This results in considerable duplication of effort and resource; differing criteria and benchmarks being applied to the judgement of quality; multiple requests for data and information and involvement in quality processes placed on providers; multiple requests for the views and experiences of those receiving services.
- 7.3 The frameworks and models that are used do differ with regards to the aspects of quality considered and cover effectiveness of processes and quality of paperwork; quality of the environment; quality of leadership, workforce skills and capabilities; safeguarding arrangements; contractual requirements; quality and impact of service delivery. There is also the absence of an agreed determination and definition of what good quality care looks like (what the features need to be) as referred to in section 4 and 5 of this report. Whilst all these aspects are important, it is important to ensure that there is an equal balance of focus on the quality of care that is provided and the quality of life of the individual (as is emphasised by the Older People's Commissioner in a Place to Call Home³⁹ and within the 'My Home Life' model⁴⁰).
- 7.4 Equally linked is the absence of any nationally agreed performance measures (qualitative and quantitative) that can be used to measure both quality of care and quality of life which further makes the determinants of quality that are used subjective at a local/ individual level. The development of any qualitative and quantitative measures would need to: be able to steer change; be reliable, valid and sound being based on reliable evidence; feasible; useable in all settings; and quantifiable. The establishment of baselines and targets would be needed to measure progress and achievement.
- 7.5 Stakeholders have also highlighted the "Escalating Concerns" process as being an important framework for managing quality. Introduced by Welsh Government in 2009 this Statutory Guidance⁴¹ aims to address the management of escalating concerns with, and closures of, care homes that are registered with the Care Inspectorate Wales to provide services to adults, including those providing nursing care. Some challenges have, however, been highlighted through stakeholder engagement which are seen to be impacting on the judgements made in relation to quality and subsequent decisions that can sometimes impact on service delivery (such as temporary/ permanent closure). These challenges include; different interpretations across local authorities about purpose and process of escalating concerns; incompatibility with similar arrangements and processes in Health; the

³⁸ <http://myhomelife.org.uk/>

³⁹ Commissioner for Older People in Wales. 'A Place to Call Home?' A review of Quality of Life and Care of Older People living in Care Homes in Wales (2014).

⁴⁰ <http://myhomelife.org.uk/>

⁴¹ Welsh Government (2009) Escalating Concerns with and Closures of Care Homes Providing Services for Adults <http://gov.wales/topics/health/publications/socialcare/guidance1/esconcerns/?lang=en>

process does not sufficiently reflect the differences in service delivery (for example differences between residential care and domiciliary care) and the relationship between escalating concerns processes and adult safeguarding arrangements. A review of the escalating concerns process is therefore recommended.

- 7.6 There is a need to develop nationally agreed integrated (health and social care) quality standards and measures (qualitative and quantitative) for care and support within domiciliary care and care homes that equally measure quality of care, quality of leadership, quality of environment and quality of life. Relevant quality factors that are pertinent to care homes and domiciliary care include⁴²:
- physical abilities;
 - self-care (autonomy);
 - daily activities;
 - social functions;
 - psychological wellbeing;
 - cognitive abilities;
 - pain/ discomfort;
 - energy and fatigue;
 - self-respect;
 - sense of mastery;
 - subjective health;
 - satisfaction with life
- 7.7 The development of standards and measures would need to build on existing materials and resources and legislative requirements, for example the Welsh Government performance measures; inspection framework measures; My Home Life measures that are based on themes for promoting quality of life in care homes, six senses and aspects of wellbeing.
- 7.8 From this there need to be agreed roles and responsibilities for the monitoring of the identified standards and measures so that duplication is minimised/ reduced. Clear and agreed information sharing arrangements will need to be established so that all stakeholders have access to the information gathered to provide a holistic and consistent judgement of quality. The National Commissioning Board intends to work with Care Inspectorate Wales and the regional partnerships to rationalise approaches to quality assurance and management. It is important that commissioners in both local authorities and local health boards are involved in this work.

⁴² *Measuring Progress: Indicators for Care Homes* on the European Commission research project “Quality management by result orientated indicators: Towards benchmarking in residential care for older people” (2010)

8. Workforce

- 8.1 The provision of a range of good quality services is heavily dependent on having the right number of people with the required skills and experiences. However, workforce challenges represent one of the biggest challenges (if not the biggest challenge) and in the domiciliary care market in particular. The significant issue is attracting and recruiting staff and managers into the sector in the first instance let alone retaining them in their positions and/or supporting them to develop. These are not new challenges and have been highlighted in a number of other pieces of work (including those referenced in 6.1 above) however there is a feeling amongst stakeholders that this is now becoming a more acute issue.
- 8.2 The key challenges in attracting and recruiting staff that have been, and continue to be raised, are:
- public perceptions and myths of working in the care sector;
 - financial pressures have had a direct impact on the wages of social care employees;
 - competition with other sectors, particularly the health sector and retail as the terms and conditions (particularly pay) tend to be more favourable;
 - much of the workforce start in domiciliary care and move to care homes (whilst moves skills and experiences around and keeps it within the sector it restricts new entrants into employment in care homes);
 - lack of a clear career pathway that provides opportunities for development (sideways into different roles and upwards into management);
 - lack of clear training and development programmes that provide opportunities to acquire and develop new skills, knowledge and experiences. This also needs to go beyond generic induction and qualification and reflect specialisms that are needed;
 - the lack of 'entry level' roles that are not specific caring roles such as hospitality, activity co-ordination, falls prevention (the development of such roles would need careful consideration of the workforce registration parameters for care workers); and
 - attracting people with the life skills, experiences and value base needed;
 - removal of funding for the Qualification Credit Framework for over 25s; and
 - potential future workforce capacity is reducing as the working age population is reducing (as the older people's population is increasing).
- 8.3 For the domiciliary care sector the challenges also include:
- the spectrum of skills and life experiences that are required given the complexity of the role (working in people's homes; unsociable working patterns; working within a diverse set of relationships);
 - limited/ no public transport in rural areas and so staff cannot fulfil the role if they cannot drive/ access public transport;
 - irregular and inconsistent working patterns;
 - inability to guarantee work as it is not always possible to predict demand and payment tends to be on contact hours (for example if someone is suddenly admitted to hospital); and
 - matching skills and experiences of available staff to the needs and outcomes of the individuals who require care and support.

Concerns are also being raised by providers about the requirement to offer permanent contracts to domiciliary care workers when the guarantees of regular work remain uncertain.

- 8.4 The terms and conditions of staff are seen as being one of the hardest challenges to address as there is such a strong disparity between social care staff and health staff and also staff in the retail sector. Whilst the National Minimum Wage and the National Living Wage are statutory requirements the ability to increase salaries beyond this and improve terms and conditions is not straightforward as it is linked to the fee levels paid to providers by local authority and health commissioners and there is widespread recognition that the fee levels and arrangements for payment (specifically in domiciliary care) do not reflect the true cost of care (see section 9 below).
- 8.5 There is also a national challenge across Wales in relation to the delivery of nursing care within care homes and domiciliary care. This challenge is exacerbated by the initial difficulty in recruiting nursing staff into social care settings as the preference of the workers will be to work within the health sector as the terms and conditions are more favourable. It is also compounded by the lack of a clear remit and agreement about the role of nursing staff, in care homes specifically. Within care homes the lack of district nurses available to provide services within care homes (not employed directly within the home) is also restricting the ability of providers to meet the needs of individuals. There are examples of regional responses to these challenges such as the development of new roles (such as BCUHB East who have introduced 'advanced nurse practitioner' roles to supplement the supply of district nurses, alongside the introduction of generic workers in community resource teams) yet the awareness and learning from these developments is not being shared so that emerging practice can be taken forward in other areas.
- 8.6 The recruitment of qualified registered managers is becoming an increasing difficulty within the care home and domiciliary care market and figures from those interviewed suggest that there is up to a 20% vacancy rate of registered managers within care homes in some regions as an example. PPIW⁴³ 74 report that 7% of the care homes for older people in Wales did not have a registered manager in April 2016. The inability to appoint managers will be influenced by the same factors set out in 8.2 above but also, with fewer members of staff in post, the pool of future managers is restricted. The absence of an experienced registered manager not only has an impact on the functioning of the home (for example the absence of the manager is considered a criterion for poor delivery and operation by Care Inspectorate Wales) but it also impacts on staff morale and limits the ability to drive improvements and quality within the service. There is a need to consider alternative training routes for managers (such as part time learning/ working) and to also rebrand the role of the manager as a key figure who has autonomy and responsibility to develop and enhance services.
- 8.7 Workforce planning and succession planning (if this takes place) is undertaken predominantly at a strategic level, usually through regional/ local workforce development and rarely does it happen at a provider level. It is essential that workforce planning and succession planning is a collective activity between workforce leads, commissioners (health

⁴³ The Public Policy Institute for Wales: The Care Home Market in Wales: Mapping the Sector (October 2015)

and social care staff) and providers to ensure that the right staff with the right skills and experiences can deliver the required models of care (as referred to in section 4 above) and meet the range of needs of individuals. Workforce planning therefore needs to address:

- what roles are needed now and, in the future, – with this the skills, knowledge, competencies, experiences and qualifications needed (matching skills to services needed);
- options for managing staff rotas and offering different working patterns – matching the skills needed to worker skills and availability; offering more family friendly working patterns; providing consistent work;
- management structures (and with this skills, competencies and qualifications needed);
- analysis of the local population and whether it can provide the future workforce;
- availability and affordability of training and development opportunities, for example maximising the opportunities to share training opportunities between and across providers to provide easier and more timely access to core training requirements and improving the range of specialist training opportunities.

8.8 The Regulation and Inspection of Social Care Act⁴⁴ introduces mandatory registration of the social care workforce including training and education which will help ensure the workforce is trained and qualified to the required standards. This new requirement is seen by stakeholders as being positive in the main as it recognises and values the broader roles within social care (“professionalises care workers”) and will help in raising the status and profile of work in the care sector. However, concerns have been raised in relation to the cost of registration the format for gaining required qualifications and the need to ensure that consideration is given to range of academic skills of staff in the sector whose roles are strongly based on interpersonal and caring skills and the effectiveness of their relationships with the individuals they support.

8.9 Within the domiciliary care sector specifically, the successful registration of the workforce will be challenging given the disparate nature of the workforce and will be dependent on: flexible conditions within the contracts set by commissioners; workplace arrangements that support staff learning and; supportive managers who are in contact with their staff. This has the potential to be more challenging for private providers as the infrastructure needed to support workforce development and registration will be more limited and there remains a need to focus on earning money).

8.10 In considering the needs of the domiciliary care and care home workforce it is evident that a focus on staff and managers delivering direct services is a priority. It is however important to ensure that the development of the wider workforce that influence the delivery of care and support within care homes and domiciliary care services is also identified. This includes staff undertaking care and support assessments and care and support plans and ensuring their approach and practice is working to the same models of care and associated principles.

8.11 There is also a need to ensure that commissioning/ contract monitoring staff are supported to develop the confidence, knowledge and skills to develop innovative commissioning and to ensure new models of care can be readily embedded in the service. There is also a need

⁴⁴ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

to ensure this new commissioning approach influences the Social Workers approach to assessment (for example, this could include observing quality of care and identify the impact of care and support on the quality of life experience of the individuals). The National Commissioning Board has undertaken an analysis of skills and capacity. The options to enhance these need to be developed further through discussion with Welsh Government, Social Care Wales and Health Commissioners, for example the development of a qualification framework for specialist commissioning officers and the design of a range of appropriate training modules for senior managers.

8.12 There are several initiatives and activities underway and/or planned that are focussed on supporting and developing the workforce within care homes and domiciliary care which include:

- Social Care Wales' work on a workforce strategy for the social care sector. It will be imperative that there is a focus on integration with the health sector;
- Social Care Wales are commissioning an attraction and recruitment campaign for the sector;
- Regional Skills Partnerships analysing economic challenges and likely growth areas to identify the skills needed in the workforce;
- The Care and Support at Home in Wales Strategy (2017-2022)⁴⁵ – Outcome 5 (Make sure the workforce has the knowledge, skills and values to deliver outcome focused care and support at home) in particular;
- Regional workforce boards and development of regional workforce strategies (however not many of these are truly integrated with health);
- Social Care Wales 'Step up to Management' programme;
- Introduction of a new Social Care Induction framework, along with the piloting of a new Health and Social Care Induction Framework;
- Regional and local initiatives – including: local authorities working with the Princes Trust to develop experiences for young people; local health boards working with universities to provide student nurse placements in care homes; Pendine Park Training Academy; Cwm Taf commissioning and contract monitoring staff being trained on dementia awareness.

8.13 The Parliamentary Review⁴⁶ has also recognised the significance of the workforce in the delivery of care and support and any action/ programmes of work taken forward under the following recommendations within the review will need to consider the critical challenges that are being encountered in the domiciliary care and care home sector:

- Recommendation 5: A Great Place to Work
- Recommendation 6: A Health & Care System that's always learning
- Recommendation 9: Capacity to Transform, Dynamic Leadership, Unprecedented Cooperation

8.14 Whilst there is a lot of work underway or scheduled to be taken forward, there is a notable potential for there to be a duplication in effort as these activities are not being co-ordinated

⁴⁵ Social Care Wales (2017) Care at Home Strategy for Wales <https://socialcare.wales/service-improvement/care-and-support-at-home>

⁴⁶ Parliamentary Review of Health and Social Care in Wales (2018), Welsh Government

in a strategic manner either nationally or regionally. Not only is there a need to ensure there is better co-ordination of the different activities and initiatives, it is also essential to ensure that they are not carried out in isolation as the development of the workforce has to influence and be influenced by wider activities such as: defining the model(s) of care that are needed; the commissioning activities and requirements specified in contracts and service specifications; the focus of quality management framework and associated activities; the determination of required finances and resources.

9. Finance and Resources

- 9.1 The financial viability of both the care home and domiciliary care market continues to be one of the biggest strategic challenges within the social care sector. The contributing factors are varied and include:
- demographic trends and the changing nature of the needs of citizens (older people in particular) leading to an increase in the need for, and use of, care and support;
 - the impact of austerity on public resources on adult social services budgets and the ability of authorities to respond so that timely, good quality care and support is provided;
 - new legislation introduced to promote well-being, early intervention and prevention and a focus on personal outcomes and service integration as well as a new framework for regulation. These significant statutory changes are designed to lead to new and different approaches to providing social care rather than retrenchment in the face of austerity to fewer services being provided to fewer people;
 - significant increases in legal minimum wages mean that providers have had to prioritise resources to keep up wages for the lowest paid staff, but this has had an effect of eroding differentials and making it harder to reward staff appropriately for taking on additional roles or undertaking training to improve their skills;
 - additional factors that have increased or will further increase the workforce costs of providing care services, including: the sleeping in judgement; pension changes; travel costs; and the impact of other HMRC changes;
 - significant increases in food and fuel costs;
 - increasing cost of borrowing for capital expenditure to build, equip and maintain care homes is significant;
 - fee levels not being at a sufficient level that reflects the true costs of care and the fluctuating needs of individuals.
- 9.2 The increase in care home costs for individuals has highly outpaced the growth in older people's incomes over the last five years, with the average annual costs of residential care in Wales standing at £30,940.32. The ongoing cost pressure on an already fragile care home market must be addressed to avoid further destabilisation. There is also an emerging issue in the disparity of fees paid in the care home sector between local authority and self-funding residents. The higher costs charged to self-funders are in effect being used to cross-subsidise the costs of individuals placed by local authorities.
- 9.3 There has been much recent published evidence about the resource implications of the macro-level changes for public bodies and citizens such as:

- National Assembly Inquiry into the Cost of Care for an Ageing Population⁴⁷. This review is focussed on the patterns of demand from people of pension age and older, the financial pressures on the social care system, the financial impact of current Welsh Government policies, future social care needs and related costs and the fiscal levers available to the Welsh Government to reform the arrangements for funding social care;
 - Competition and Markets Authority report 2017⁴⁸
 - Wales Public Services 2025⁴⁹
 - Health Foundation 2016⁵⁰

This section will summarise and draw out the main conclusions from these.

9.4 Demand

- 9.4.1 The broader estimate of demand factors across all social services from earlier work of Wales Public Services 2025⁵¹ demonstrated that pressures drive around 2.9% growth each year. This is an increase of approximately £47m annually up to 2021-22.
- 9.4.2 The demand for social care services and care labour is growing in the context of significant demographic changes and the growing incidence and large prevalence of complex, long term conditions. Population growth and demographic profile projections indicate that the supply side of social care is struggling to keep pace with demand. Informal and unpaid carers are bearing the brunt of this supply shortfall for adult care services.
- 9.4.3 There must be a long-term vision that recognises there may be a considerable time lag before the benefits of containing demand for health and social care services will be felt but accepts the necessity of doing so to create a healthier population and more sustainable services.
- 9.4.4 Social care services are facing real and unsustainable increases in demand to meet society's needs. According to the Health Foundation⁴⁹, "pressures for adult social care are projected to rise faster than for the NHS, by an average of 4.1% a year. With funding unlikely to rise at the same rate, there is a real risk that the level of unmet need for care services could rise in Wales.
- 9.4.5 The increasing over-65 population in Wales means that whilst day-to-day spending on local authority-organised adult social services has remained broadly flat in real terms, spending per older person has fallen by nearly 13% in real terms over the last five years in Wales.

9.5 Funding the Cost of Social Care and Paying for Care

- 9.5.1 The rising number of over-65s means that maintaining 2016-17 levels of local authority spending per adult aged 65+ on social care over the next decade would require an 18%

⁴⁷<http://senedd.assembly.wales/mgConsultationDisplay.aspx?id=277&RPID=1510309287&cp=yes>

⁴⁸ Competition and Marketing Authority *Care homes market study: summary of final report* Published 30 November 2017 <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report>

⁴⁹ Wales Public Services 2025 'A delicate balance?' - Health and Social Care spending in Wales' (2017)

⁵⁰ Health Foundation, October 2016. "The path to sustainability: Funding projections for the NHS in Wales to 2019/20 and 2030/31"

⁵¹Wales Public Services 2025 'A delicate balance?' - Health and Social Care spending in Wales' (2017)

(£101m) real terms rise in net current expenditure by 2026-27, or a 27.2 per cent (£154m) rise by 2030-31⁴⁹.

- 9.5.2 The increasing demand and complexity of care required, particularly in relation to dementia, as well as the lack of funding for the sector were common themes of the discussions held with stakeholders during this review. The figures of an increase of 119% in over 80s by 2035 (Welsh Government statistics) and that an additional £129 million by 2020-21 was needed to bring the per capita spending on over-65s back to 2009-10 levels were often quoted⁵².
- 9.5.3 The investment made in Wales in social care to minimise the impact of austerity is seen by stakeholders as the right policy but questions are raised about its sustainability and the disparity in relation to the funding protection afforded to the NHS.
- 9.5.4 The Integrated Care Fund had proved beneficial and a variety of local projects/new practices, particularly in relation to step up-down arrangements, have developed as a result. There is a need to sustain this funding to promote innovation and to help secure the significant change required.
- 9.5.5 Despite revised national guidance, Continuing NHS Health Care is still subject to inconsistent interpretation and application across health and social care (and even between both different local health boards and different local authorities). BCUHB have developed a CHC fee rates methodology for general needs of older people (but not dementia) and a peer review is underway. However, at the time of writing this has not been shared with the local authorities in North Wales. A review of the operation of the CHC framework is needed across Wales to ensure consistent interpretation and implementation.
- 9.5.6 Whilst extant Welsh Government Guidance on Third Party “top ups” had been issued 6 years ago and re-iterated in the Statutory Code of Practice (2017)⁵³ and some Councils are monitoring its application, there is still some confusion and lack of clarity about the policy and its legal position. As a result, there are different arrangements across Wales for the management (for example the arrangements for collecting the money) of third party top-ups. An updated legal position statement relating to third party payments (along with direct payments and CHC) is required.
- 9.5.7 It is recognised that that self-funders are a major contributor to the sustainability of the care home market, with some stakeholders arguing that self-funders are cross subsidising council supported clients. Evidence from a range of sources has highlighted that providers tend to apply a higher fees rate to self-funders compared with the fees rates applied to local authority funded places however the profile of self-funders is unclear with regards to the motivation of self-funders to move into care homes, the fees that are being applied and the financial impact of their payments on care provision. Research is required in relation to the motivation of self-funders to go into care homes along with research into the decision-making processes that are adopted. There is a need to develop a methodology for profiling

⁵² Wales Public Services A delicate balance? Health and Social Care spending in Wales (2017) http://www.walespublicservices2025.org.uk/files/2017/03/Wales-health-and-social-care-final_amended_04-2017.pdf

⁵³ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 2 – April 2017)

self-funders that is built into a national reporting template and provides important intelligence to inform commissioning decisions and fee level determinations.

9.6 Calculating Fees (Care Homes)

- 9.6.1 Whilst budget cuts are recognised as being a significant contributing factor to the financial challenges that are being encountered, unrealistic levels of fees set by commissioners (health and social care) to providers to enable a good standard of care is seen to be a substantial disincentive for the care home sector.
- 9.6.2 A Fees Toolkit for Care Homes in Wales was produced by Laing & Buisson⁵⁴ for the WLGA in the 2000s. Whilst some innovative practice to incentivise good quality care did emerge in response to this (Newport, Torfaen, RCT) the toolkit was not widely adopted with anecdotal evidence suggesting that this was due to its application resulting in the potential for increasing financial burdens for local authorities.
- 9.6.3 The Welsh Government Cost of Care Group has commissioned the development of a national residential care fees toolkit however at the time of reporting this is yet to be formally endorsed. Whilst commissioners and providers recognise that the toolkit provides a methodology for calculating fees, a number of limitations have been highlighted which include:
- not all (actual) costs covered, such as: staff wages, rates and hours; staff terms and conditions; training and development requirements; constant changes to national minimum and living wages;
 - uncertainty about the new models of care that would need to be commissioned going forward (such as personalised care arrangements);
 - the workforce requirements (skills; qualifications; working patterns) linked to the new models of care are unclear;
 - it does not allow sufficiently for local variations of what is expected from providers (as identified in contracts and service specifications);
 - the model is based on local-authority funded fee rates and not those of self-funders;
 - it does not allow scope for further developments and enhancements within settings beyond requirements of the Regulation and Inspection of Social Care Act⁵⁵;
 - quality premiums are not addressed; and
 - uncertainty about the impact of the removal of categories of registration on the fee setting process.
- 9.6.4 Across the local authority regional partnerships fee levels have already been set for 2018/19 despite contracts and service specifications having been developed/ in development which will raise questions as to whether the fee rates that have been set truly reflect the expectations and requirements specified in these contracts. There were mixed views amongst stakeholders as to whether a national fees toolkit is viable. Some are of the view that fee setting methodologies should be agreed at a regional level albeit this would not necessarily culminate in the same fee rates being set across the different local

⁵⁴ Calculating a Fair Price for Care A toolkit for residential and nursing care costs Second edition May2004 - Written by William Laing

http://www.laingbuisson.co.uk/portals/1/media_packs/Fact_Sheets/Fair_Price_SecEd_2004.pdf

⁵⁵ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

authorities within a region as consideration would need to be given to local demography, market circumstances and local budget settlement processes. However, there were others who are of the view that a fee methodology should be agreed at the national level.

- 9.6.5 The Cost of Care Group residential care fees toolkit must be reviewed in the light of the issues identified with the current version. Consideration should be given to the debate as to whether a regional approach should be used for implementation or a national one.

9.7 Pooled Budgets

- 9.7.1 The potential for developing partnerships and pooled budget arrangements has been available since the introduction of the Health Act in 1999 and was supported by significant levels of support (totalling around £100m) through the Joint Working Grant for a decade up to 2012. Whilst the culture of joint working was progressed, limited progress was made in respect of pooled budgets (community equipment stores being the most common development and Section 33 agreements have not been widely used. Whilst the provisions within the Health Act 1977 have been used in some cases they are not always appropriate for long term services.

The Social Services and Wellbeing Act⁵⁶ has put in place a new duty for local authorities and local health boards to form a pooled budget in relation to care homes for older people. Partnerships are also required to promote pooled funds and to consider whether it is appropriate to establish pooled funds in relation to anything done jointly in response to their population assessment. The essential requirement of the guidance is that each local health board works with its local authority partners to plan how it will make the most effective use of care homes in each locality and to work together with providers to ensure that an appropriate range of services are in place. This will involve making decisions about the balance between long term and short-term placements and should include the needs of self-funders. There has been structured progress towards the development of pooled budgets in every Regional Partnership however there are challenges in the practical and legal implementation of these budgets. Regional partnership boards (RPB) have established appropriate joint groups for overview and control with sub-groups put in place to work on the detailed arrangements. The regions are developing common approaches to contracts/ specifications /quality assurance arrangements and over time will be harmonising their approaches to fee setting. The NCB has developed a model agreement designed to help the regions develop their partnership and pooled fund agreement. In addition, the national reporting template once in place will help to furnish each RPB with regular reports on performance. Generally, integration agreements are in place with overarching principles but there has not been agreement on the detail and complexities e.g. what needs to be funded (and by whom) and no formula defined that sets out what should be invested in the pooled budget (e.g. capital/ maintenance costs). There appears to be a general move across Wales to initially look to introduce “aligned or transactional budgets” or “virtual” budgets that modifies the level of risk involved. This would mean financial agreements between one authority and the LHB only and addresses the principle that resources raised by one Council should not overtly benefit residents in a neighbouring council. Examples of how progress is being made include creating a specific pooled fund for the pooled fund manager, which is a required post, and looking at using a limited pooled funds to develop

⁵⁶ Welsh Assembly Government (2014) Social Services and Wellbeing (Wales) Act, 2014. Cardiff.

joint commissioning arrangements to respond to small areas e.g. dementia nursing placements.

- 9.7.2 As not all regions in Wales would be able to establish a pooled budget for care home provision by April 2018 the (then) Welsh Government's Minister for Social Services and Public Health had been notified of the position and had consequently permitted all Regional Partnership Boards an additional 12 months to comply with this requirement. The previous Minister had also made it explicitly clear that she would consider intervening if this requirement was not complied with by April 2019⁵⁷. The National Commissioning Board is in the process of drafting updated guidance to reflect this.

A clear policy direction for introducing pooled budgets in Care Homes that takes account of the problems that Regional Partnerships have encountered in the initial phase of development is needed. This should support all Regions to set up Pooled Budgets by the revised date of April 2019. A support programme that addresses both the opportunities and challenges of Pooled Budgets should be considered. A re-fresh and re-issue of the Welsh Government Guidance notes supported by other material and cross-Wales good practice sharing through the National Commissioning Board would be helpful. This needs to be considered as part of the wider agenda of integration and joint commissioning with the NHS.

9.8 National Assembly for Wales Inquiry into the Cost of Care for an Ageing Population

- 9.8.1 The recommendations of the National Assembly Inquiry into the Cost of Care for an Ageing Population will be a critical watermark in a long-standing debate. It is essential that new commitment and impetus is given to addressing both the level of funding to achieve good quality, sustainable social care for older people and how long-term care is paid for in a fair and equitable way that does not leave a small proportion of people facing catastrophic costs because of their condition.
- 9.8.2 A summary of the consultation responses to the National Assembly for Wales as they relate to this workstream is available as an addendum to the report.

9.9 Domiciliary Care Fees Toolkit

- 9.9.1 The development of a domiciliary care fees toolkit was a specified product for this workstream with the expectation that this would build on the national toolkit for residential fees. As has already been reported to ADSS Cymru and Welsh Government it has not been possible to develop a domiciliary care fees toolkit as there is no nationally agreed toolkit for residential fees that can be used as a basis. The development of a residential care fees toolkit has been challenging and so the learning from the process of developing the toolkit need to be understood and any lessons clarified.
- 9.9.2 Consideration of the feasibility and timeliness of a national domiciliary care fees toolkit does however need to be considered in light of the numerous challenges (many of which have been highlighted throughout this report) that are being encountered within the domiciliary care market that make a consistent model for fee setting a challenge. These include:
- the scale of the market and the many different types of providers;

⁵⁷ <https://moderngov.denbighshire.gov.uk/ieListDocuments.aspx?CId=268&MIId=5370&Ver=4&LLL=0>

- different arrangements for commissioning and purchasing;
- inconsistencies in terms and conditions;
- different approaches to fee setting;
- the competitive nature of the market and the fact that fees are increasingly being determined by providers;
- the changing registration requirements of the workforce (as required by the Regulation and Inspection of Social Care Act⁵⁸) – both in terms of qualification and training but also the application of registration fees;
- the workforce challenges and the need to review terms and conditions;
- the need to move to a new model of provision (as influenced by the Social Services and Wellbeing Act⁵⁹) which is not yet understood and defined – the home care commissioning toolkit will be key in influencing such changes;
- the move towards the regulation of domiciliary care and the ongoing dialogue as to what activities will constitute domiciliary care activity that needs to be regulated;
- local/ regional influences, for example more rural areas will have higher mileage costs.

9.9.3 The UKHCA have developed a toolkit for calculating domiciliary care fees and in North Wales this has been developed further. It is recommended that at this stage the UKHCA toolkit is shared with local authorities/ regions along with the experiences and learning from North Wales (from both a commissioner and provider perspective) whilst the more fundamental challenges within the domiciliary care market are addressed and the learning from the development of a residential care fees toolkit are established.

9.9.4 The Domiciliary Care fees toolkit for North Wales had been developed and reviewed for 2017/18; it is more detailed than the UKHCA tool and is more geared towards commissioning that is based on quality. It is not seen as perfect – there are still assumptions made – but it provides a benchmark to cost a good quality service. It includes factors such as patch context (e.g. time for travelling). Where providers tender using the tool, it can be benchmarked against what the LA identifies as the cost for ‘ideal’ good quality model. There has been a mixed response and usage by providers. Further time is needed for its development and application with providers. The National Commissioning Board are also developing a fees toolkit for this important sector.

⁵⁸ Welsh Assembly Government Regulation and Inspection of Social Care (Wales) Act, 2016

⁵⁹ Welsh Assembly Government, Social Services and Wellbeing (Wales) Act (2014)

10. Conclusion and Recommendations

- 10.1 The messages and the specific challenges highlight throughout this report are consistent with those that have been raised over recent years however they are now becoming more critical. Whilst there has been a lot of activity taking place to respond to the challenges they appear to have been targeting the individual themes and there has been no holistic approach to mapping the interdependencies between themes and managing these in a co-ordinated way.
- 10.2 The adoption of an integrated partnership approach to address the issues within the care home and domiciliary care market is mixed across Wales and there is a significant need to ensure work programmes and activities (nationally, regionally and locally) are designed and undertaken in partnership between national and local government, health, commissioners, providers and individuals using the services (and their families).
- 10.3 The challenges are, in the main, consistent across care homes and domiciliary care and so it is important not to treat the two as separate entities, and particularly important if a continuum approach to the delivery of care and support is taken. However, this does run the risk of inflating the agenda such that it becomes too big and unmanageable/unachievable. There is a need however to ensure the challenges in domiciliary care are addressed urgently as a crisis in this market will place even more strain on the care home market which is already in a state of uncertainty.
- 10.4 The workforce, commissioning and financial affordability/ viability/ sustainability emerge as the biggest issues.
- 10.5 The recommendations set out below highlight the key activities that are required to respond to the challenges being encountered in the care home and domiciliary care markets. The recommendations relate to activities that are required at a national policy level and activities that require regional and local practice developments. These recommendations should be considered alongside the activities referenced throughout the report.
- 10.6 **National Strategic Direction**

Activity	Suggested Responsibility
Development of a national strategic vision and supporting principles for care homes (that compliments the vision set out for care at home in the 5 Year Care at Home Strategy) that covers the continuum of care and support (recognising that the continuum is not linear – people move across/ in and out as needs change). This should be incorporated as part of the work to be undertaken in response to the Parliamentary Review.	Welsh Government
Welsh Government's 'Prosperity for All' Strategy work programmes to include a strong focus on the care home and domiciliary care market (particularly under the following themes: prosperous and secure; healthy and active; ambitious and	Welsh Government

learning; cross cutting priorities (housing, social care, skills and employability)	
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10.7 Model of Care

Activity	Suggested Responsibility
Development of a clear description of personalised care and support in care homes and in domiciliary care for all user groups (to include the features of practice and what the citizen's experience will be) <i>This should be completed in partnership with commissioners (health and social care), practitioners, providers and citizens</i>	Welsh Government/ Social Care Wales ADSS Cymru
Development of a model specification for dementia care in both care homes and domiciliary care	National Commissioning Board
Explore the potential of assistive technology and establish a regional and national infrastructure to take this forward.	Welsh Government

10.8 Commissioning

Activity	Suggested Responsibility
Facilitation of a national workshop (and supporting regional workshops) focussed on the changing shape of health and social care delivery and the opportunities presented within procurement and financial regulations. The workshop can build on the legal addendum being developed for the home care commissioning toolkit and provide a shared learning opportunity where organisations can share examples and experiences of how changes have been made (operationally and strategically)	Welsh Government/ National Commissioning Board/ Regional Partnership Boards
Development of model specification for intermediate care in care homes (e.g. step up/ down arrangements)	National Commissioning Board
Development of guidance for both the decision-making processes concerning admission to care and information sharing between the hospital and the care home to support effective transfers of care	National Commissioning Board (in conjunction with NHS and ADSS Cymru)
Development of a national reporting template to facilitate the collection and aggregation of management and financial information at both the local, regional and if required at a	National Commissioning Board

national level to inform the integrated commissioning of services from Care Homes for Older People	
Development of comprehensive support packages to attract and support development of new business	Welsh Government (supported by regional initiatives)
Development of a market risk assessment tool (to inform market stability reports, joint area plans, commissioning strategies and market position statements)	Welsh Government (linked to work on national market stability arrangements)
Establishment of a technical commissioning & procurement learning and improvement network (as a sub-group of the National Commissioning Board) to share and development good practice in commissioning and procurement to ensure that it secures person centred services and promotes a sustainable workforce.	National Commissioning Board

10.9 Quality Management

Activity	Suggested Responsibility
<p>Development of a national integrated quality management framework that can be implemented at a regional level. The framework should address:</p> <ul style="list-style-type: none"> • agreed definitions/ standards/ features of good quality care, quality leadership, quality environment and quality of life (linked to the national strategic vision and underpinning principles) • core components for quality frameworks and methodologies (linked with roll out of new inspection framework and NHS quality framework) • agreed roles and responsibilities for quality management – commissioners/ regulators/ providers (health and social care) • national performance measures (to be incorporated into contracts and service specifications) • information sharing arrangements 	Care Inspectorate Wales
<p>Review of Escalating Concerns process – to ensure:</p> <ul style="list-style-type: none"> • compatibility with similar processes within health • consistency in interpretation and application across local authorities • clear relationships with new adult safeguarding responsibilities and processes 	Care Inspectorate Wales Health Inspectorate Wales

<ul style="list-style-type: none"> • reflection of different models of delivery • an effective role in improving quality • reflection of new legislative frameworks 	
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4.10 Workforce

Activity	Suggested Responsibility
<p>Development of a national integrated workforce strategy and establishment of a cross-sector national workforce planning group linked to regional workforce groups.</p> <p>This should include the development of a “career pathway” for care work in health and social care (upwards and sideways) with a defined training and development programme (links to desired models of care)</p>	Welsh Government/ Social Care Wales/ / Health Education Improvement Wales
Clarification of the role and responsibilities of nurses working in care homes and in domiciliary care to support recruitment and retention of nursing staff within these settings.	Welsh Government
<p>Development of workforce planning and succession planning methodology (and associated support programme)</p> <ul style="list-style-type: none"> • For example: Support to domiciliary care providers to develop new work patterns/ rotas • For example: Expansion of care worker roles to cut across the sector (e.g. domiciliary care workers work in care homes during downtime on activity coordination; falls prevention) 	Welsh Government/ Social Care Wales/ ADSS Cymru / Regional Workforce Forums/ Health Education Improvement Wales
National review of the terms and conditions of care workers (particularly in light of registration requirements and national living wage)	Welsh Government/ Social Care Wales/ ADSS Cymru
National marketing and recruitment campaign to challenge stereotype/ perception/ myth of working in care (health and social care) – supported by regional initiatives	Social Care Wales/ Regional Workforce Forums

4.11 Finance and Resources

Activity	Suggested Responsibility
Review of the operation of CHC to ensure consistency in interpretation and implementation	Welsh Government and the National Commissioning Board

- 4.12 To deliver the existing commitments within wider programmes and initiatives (nationally and regionally) there is a need to ensure the infrastructure and capacity for both delivery of work programmes/ action plans and arrangements for the dissemination and sharing of learning is reviewed. In terms of capacity and resources to deliver the agenda there is a need to review capacity and resources of the National Commissioning Board; National Provider Forums; Regional Partnership Teams; Regional Partnership Boards; Expert Reference Groups; Regional Workforce Boards. A review of capacity and resources should not be solely focussed on establishing where there is a lack of capacity as it should also seek to formalise arrangements that already exist to enable them to be strategic and business focussed.
- 4.13 It is imperative that a formal programme management approach is adopted to ensure that the interdependencies of the broad range of activities are understood and maximised. This requires careful consideration to ensure that detailed focus is placed on the priorities and that these do not become dissolved by becoming subsumed in wider programmes of work (such as the Care and Support at Home Strategy groups). The co-ordination of priorities and associated activities will need to link with the work of the National Commissioning Board, Social Care Wales, Care Inspectorate Wales, ADSS Cymru, any programs of work being undertaken directly by Welsh Government and work being undertaken by any health improvement agencies such as the NHS Delivery Unit and Public Health Wales.
- 4.14 In the context of ensuring a sustainable and innovative domiciliary care and care home market there is a strong dependence on effective and robust commissioning arrangements (that go far beyond tendering and procurement activities) and so there is a critical need to create additional capacity that will enable the development and enhancement of skills, knowledge and expertise; effective co-ordination of activities; and a reduction in duplication of resources and capacity. There are several possible options which could include the employment of staff in a regional commissioning support unit who also have a national development role (for example home care commissioning). The development of additional commissioning capacity will contribute to support unit and appropriate resources will build capacity to improving commissioning practice to secure an effective range, type and capacity of services to improve the health and wellbeing outcomes for individuals in need of care and support and their families.
- 4.15 Establishing mechanisms for sharing emerging/ effective practice; resources and tools; and learning experiences consideration must be given to the establishment of a cross cutting (wide range of stakeholders) national learning network.

APPENDICES

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74. Welsh Government (2017) Prosperity for All: The National Strategy - Taking Wales Forward (2017)

APPENDIX 2: STAKEHOLDER ENGAGEMENT

All Wales Heads of Adults Services

Care Forum Wales – Mario Kreft and Mary Wimbourne

Care Inspectorate Wales – David Francis

Domiciliary Care Expert Reference Group

National Commissioning Board – Steve Vaughan

NHS Collaborative – Shane Mills

Office of the Older People's Commissioner for Wales – Daisy Cole

Regional Partnerships – Commissioning leads:

- Cardiff and the Vale
- Cwm Taf
- Greater Gwent
- North Wales
- Powys
- Western Bay

Social Care Wales – Stephanie Griffiths and John Day

UKHCA – Yvonne Aspisitis

Welsh Government – Andrea Giordanno, Gareth Griffiths and Penny Hall

Stakeholder workshops (co-delivered with National Commissioning Board):

- Service specifications and quality assurance arrangements – Regional Partnership commissioners
- Admissions into Care – health and local authority commissioners and providers
- Home Care Commissioning Toolkit – local authority commissioners and providers

APPENDIX 3: POPULATION NEEDS ASSESSMENT REFERENCES TO CARE HOMES

The Social Care Wales (SCW) summary report of Population Needs Assessments contains many references to care homes in its analysis of the individual regional reports. Whilst much of the content of the individual reports is concerned with the current situation and policy within each region, they also identify areas of need where potential gaps exist in the level, quality and effectiveness of current service provision.

The SCW report is structured around the core themes that form the basis of the needs assessments, but within that structure it identifies the following key concerns for regions:

- ensuring the provision of sufficient care home places to meet the growing demand, and for those places to be of a consistently high quality,
- developing more flexible approaches to the provision and funding of care home places,
- ensuring that care homes can support a range of well-being needs, and
- raising awareness of the potential for an individual person's needs to change during their time living in a care home environment.

1. Provision of Sufficient High-Quality Care Home Places

The SCW summary points to the increasing older population in Wales, but the final draft was missing the specific numbers for the estimated increase. It does however state that care home placements due to falls alone are estimated to increase by 17.5% by 2020.

The issues identified fall into 4 key categories:

- The simple need for more care home places, although the scale of the need is not clear from the reports.
- A need for more consistency in the quality of care home provision, including the services provided and the physical environment in which those services are delivered.
- A need to constantly monitor and improve management and governance structures.
- A need to ensure that the workforce can keep pace with the increasing capacity and quality requirements.

What actions do the reports identify?

- Continue to take advantage of opportunities such as pooled budgets and integrated commissioning to ensure that capacity meets the increasing demand and that all provision is of a consistently high standard.
- Promote collaboration and cooperation between LAs to drive up quality and contract monitoring standards.
- Pursue joint workforce development initiatives to recruit and train the additional staff required.

2. Ability of Care Homes to Support Wellbeing Needs.

The SCW summary report picks up the issue of increasing complexity of need with an ageing population contained within a number of the regional reports, and this increasing complexity is no less of a challenge for care home providers. One message within the text of the summary report is that issues that confront the older generation living independently could also confront those living in a care home environment.

The regional reports do not just identify a need for a general increase in available care home places, but a need to ensure that any increase in provision caters fully for the needs of people experiencing:

- dementia,
- learning disability,
- mental health issues,
- sensory loss,
- social isolation, even within a care home environment, and
- a need for short-term reablement.

Some of the regional reports addressed the need to normalise life in what could be an institutional environment.

As an example, the Powys regional report contains suggestions for more innovative approaches such as:

- individually tailored services within a placement, and
- providing more opportunities for interaction between residents and the “outside world”, i.e. over and above things such as visits to the cinema or theatre.

The North Wales report identified a need for better provision of placements where the Welsh language is used, but this could apply more generally across Wales, and even extend to other languages.

What actions do the reports identify?

- Adopt innovative and flexible approaches to the provision of care within a residential setting to better reflect services and experiences available in the community.
- Include care home residents in the gathering of data on the numbers of older people experiencing sensory loss.

3. Ability of Care Homes to Identify and Deal with Changing Needs

The regional reports identified the potential for developing sensory loss to remain undetected in the care home environment. This is in the context of findings such as that 50% of blindness and serious sight loss could be prevented if detected and treated in time.

The reports also identified issues around frailty and the impact of falls.

The SCW summary raises a number of points around these risks, all of which are directly related to the typical care home resident. They include findings that:

- Older people are more likely to develop sight and hearing loss and not always seek early help, and older age is the leading cause of deaf-blindness.
- Over 70% of those over 70 have some hearing loss, and 20% of people over 75 live with sight loss.
- It is estimated that 10% of over 65s, and 25% of over 85s, are classed as frail. This leads to an increased risk of sudden deterioration, with frail older people more likely to experience longer stays in hospital
- 1 in 3 over 65s, and half of over 85s are estimated to suffer a fall each year. Falls can lead to an increase in social isolation due to fear of a repeat falls, and only 1 in 3 who fall currently regain their former independence
- Sensory loss increases the risk of falls, with 1 in 10 falls attributed to sight loss.
- Frailty and sensory loss can both contribute to a loss of confidence and therefore social isolation.

What actions do the reports identify?

- Plan and provide better training and awareness raising among staff, so that they are equipped to identify early signs of sensory loss, isolation, etc.
- Empower staff to act quickly on a diagnosis and raise awareness of the availability of appropriate services.
- Ensure that care homes adopt preventative approaches to reduce the development of sensory loss, reduce the opportunity for a person to experience isolation, and to mitigate the risk of falls. As examples, the summary report identified the provision of low vision aids, eye care liaison officers, and befriending services within care homes.
- Ensure that care home residents also have access to externally provided preventative services such as routine screening for sight and hearing loss, falls awareness, etc.
- Consider the provision of habitation and rehabilitation services post diagnosis.