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**Date: 16th March 2016**

Dear Sir/Madam,

A meeting of the **Health Social Care and Wellbeing Scrutiny Committee** will be held in the **Sirhowy Room, Penallta House, Tredomen, Ystrad Mynach** on **Tuesday, 22nd March, 2016** at **5.30 pm** to consider the matters contained in the following agenda.

Yours faithfully,

A handwritten signature in blue ink that reads 'Chris Burns'.

**Chris Burns**  
INTERIM CHIEF EXECUTIVE

## A G E N D A

	Pages
1 To receive apologies for absence.	
2 Declarations of Interest. Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest (s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.	
To approve and sign the following minutes: -	
3 Health, Social Care and Wellbeing Scrutiny Committee held on the 9th February 2016 (min nos. 1 - 11).	1 - 6

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- 4 Consideration of any matter referred to this Committee in accordance with the call-in procedure.
- 5 To receive and consider the following Cabinet Report: -  
Appointment of Public and Agricultural Analysts.
- 6 To receive a verbal report from the Cabinet Member(s)
- To receive and consider the following Scrutiny reports: -
- 7 Welsh Ambulance Service Trust Presentation.
- 8 Social Services and Wellbeing Act Presentation.
- 9 Report of the Home Operation Support Group (HOSG) - Brindaavan Nursing Home, Aberbargoed. 7 - 20
- 10 Development of an Intensive Therapeutic Fostering Service for Looked After Children in Caerphilly. 21 - 24
- 11 Intermediate Care Fund 15/16. 25 - 28
- 12 To record any requests for an item to be included on the next available agenda.

**Circulation:**

Councillors: L. Ackerman (Chair), Mrs E.M. Aldworth, A. Angel, J. Bevan, Mrs A. Blackman, Mrs P. Cook (Vice Chair), M. Evans, Ms J. Gale, L. Gardiner, C.J. Gordon, G. J. Hughes, L. Jones, A. Lewis, J.A. Pritchard, A. Rees and S. Skivens

Users and Carers: Mr C. Luke, Mrs J. Morgan, Miss L. Price and Mrs M. Veater

Aneurin Bevan Health Board: S. Millar (ABUHB)

And Appropriate Officers



## HEALTH SOCIAL CARE AND WELL BEING SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD AT THE COUNCIL OFFICES, PENALLTA HOUSE, YSTRAD MYNACH ON TUESDAY 9TH FEBRUARY 2016 AT 5.30PM

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PRESENT:

Councillor Miss. L. Ackerman - Chair  
Councillor Mrs. P. Cook - Vice - Chair

Councillors:

Mrs E.M. Aldworth, A.P. Angel, Mrs A. Blackman, M. Evans, Ms J. Gale, C. Gordon, G.J. Hughes, Miss L. Jones, J.A. Pritchard, A. Rees and S. Skivens.

Councillor N. George (Cabinet Member for Community and Leisure Services)

Together with:

D. Street (Corporate Director Social Services), J. Williams (Assistant Director Adult Services), G. Jenkins (Assistant Director Children's Services), M. Jones (Interim Financial Services Manager), R. Hartshorn (Head of Public Protection), L. Ross (Senior Environmental Health Officer), M. Sprague (Development Officer for Older People), L. Lane (Solicitor), and A. Dredge (Committee Services Officer).

Also Present:

Users and Carers: Mr C. Luke and Mrs M. Veater.

### APOLOGIES

Apologies for absence were received from Councillors J. Bevan, L. Gardiner, A. Lewis, R. Woodyatt (Cabinet Member for Social Services), Miss L. Price and Mrs J.M. Morgan (User and Carers).

### 1. DECLARATIONS OF INTEREST

There were no declarations of interest received at the commencement or during the course of the meeting.

### 2. MINUTES - 23RD NOVEMBER 2015

RESOLVED that the minutes of the Special meeting of the Health, Social Care and Wellbeing Scrutiny Committee held on 23rd November 2015 (minute nos. 1 - 6) be approved and signed as a correct record.

**3. MINUTES - 1ST DECEMBER 2015**

RESOLVED that the minutes of the meeting of the Health, Social Care and Wellbeing Scrutiny Committee held on 1st December 2015 (minute nos. 1 - 10) be approved and signed as a correct record.

**4. CONSIDERATION OF ANY MATTER REFERRED TO THE SCRUTINY COMMITTEE IN ACCORDANCE WITH THE CALL-IN PROCEDURE**

There had been no matters referred to the Scrutiny Committee in accordance with the call-in procedure.

**5. CABINET REPORT**

The Cabinet report listed on the agenda had not been called forward for discussion at the meeting.

**6. REPORT OF THE CABINET MEMBER**

The Scrutiny Committee received a verbal report from Councillor N. George (Cabinet Member for Social Services).

Members were informed that the Food Standards Agency recently undertook a statutory audit of food hygiene, food standards and law enforcement activity in Environmental Health and Trading Standards and concluded that there were no significant issues identified. Their draft audit report is awaited and their final report and action plan will be reported to Members in due course.

It was noted that during 2015 a total of 23 residents within the Borough were granted UK citizenship from 14 different countries and that each citizen attended a citizenship ceremony officiated by the Registration Service at Penallta House.

It was explained that the Catering Service has just completed an annual performance audit for 95 kitchens across the Borough, finding good performance across the board. Representatives from all sites will be invited to celebrate their success at the Catering Award Ceremony in June.

The Scrutiny Committee were advised that on 25th of January 2016, Gwent Magistrates Court dismissed an appeal by a local convenience store against the revocation of their alcohol licence by the Authority's Licensing Committee, in October 2015. The premises, was a source of complaint with serious concerns about the management of the premises and breaches of Licence conditions. The Magistrates agreed with the decision of the Licensing Committee and dismissed the appeal and awarded the Authority costs of £1,500.

The All Wales launch of the "Free Swim" initiative for the Armed Forces community took place at Risca Leisure Centre on 3rd February and was attended by Public Services Minister Leighton Andrews and the Deputy Minister for Culture, Sport and Tourism, Ken Skates. Members were pleased to note that the All Wales launch of "X-Forces" will take place at Penallta House on 11th March 2016. This is a national social enterprise with proven track record in supporting ex-armed forces and their families in starting up businesses, providing loans, mentoring and business and personal support.

Members thanked the Cabinet Member for his informative report.

## REPORTS OF OFFICERS

Consideration was given to the following reports.

### 7. **STRATEGY FOR OLDER PEOPLE IN WALES - 'LIVING LONGER AGEING WELL' LOCAL DELIVERY PLAN**

Mrs Mandy Sprague (Development Officer for Older People) gave a presentation on the latest Caerphilly County Borough 50+ Positive Action Delivery Plan. She advised that a wide range of partners have been consulted in the development of this Plan (including the Local Service Board Delivery Group, older people, CCBC Older Peoples Champions, the 50+ smarter working network, CCBC equalities) and referred to the partnership with local public services.

Members were advised that the Plan supports the local implementation of Phase 3 of the Strategy for Older People in Wales 'Living Longer Ageing Well' and is aimed at public services and partners across the county borough. It sets out where local public services and partners have a role to play in providing information and support (as well as services) and how they can help residents of the borough to help themselves.

It was explained that the plan provides a framework for action that will develop over time to reflect progress and the changing social, political and funding landscape of the next 5 years. It reflects the Rights for Older People in Wales, includes the Caerphilly 50+ Positive Action 2014 objectives and those of the Ageing Well programme 2012. It will be a living document that will be monitored quarterly, reviewed and updated as required.

Mrs Sprague advised that reductions in public spending balanced with public expectations and aspirations inevitably make these challenging times difficult. However, public services in the borough will work towards meeting local requirements within available resources. In the climate of financial restraint and reduced resource in which the delivery plan has been developed, a number of approaches will be taken in the first 2 years including the identification and sharing of current good practice that promotes and facilitates the wellbeing of older people in the borough. The use of a range of media formats and campaigns will also be promoted which will enable residents and their families to help themselves by accessing appropriate information and supporting them to identify their own issues and solutions.

Clarification was sought on how the services are promoted and Mrs Sprague confirmed that a range of formats of media are used including the 50+ Forum Website (with Newsletter and Magazine), Facebook and Twitter and also that booklets and leaflets are distributed across the borough. She was happy to inform Members that the campaign will shortly be advertised on the Council's refuse trucks.

In concluding, Mrs Sprague emphasised the importance of referral systems and 'getting the message across' and confirmed the Local Authority has a wide range of partners and it is essential that strategies are continually promoted.

After due debate, it was moved and seconded that the recommendations in the report be approved (and by a show of hands this was unanimously agreed).

Members accepted the delivery plan and acknowledged its importance as a cross cutting theme of the Caerphilly Single Integrated Plan. They also agreed to share the Plan with organisations and where appropriate partners, and to ask Officers to inform the Development Officer for Older People of current and planned 50+ projects or work streams that impact on this Group, to enable collaboration where possible.

The Scrutiny Committee thanked Mrs Sprague for her informative presentation and responding to the questions raised.

## **8. BUDGET MONITORING REPORT (MONTH 9)**

Mike Jones (Interim Financial Services Manager) presented the report which provided an overview of the projected revenue expenditure for the Social Services Directorate for the 2015/16 financial year. The report summarises the projected financial position for the 2015/16 financial year (based on information available as at month 9 - December 2015) and identifies the progress that has been made towards delivering the targeted savings that were included in the 2015/16 budget (details of which were appended to the report).

Members were advised that the expenditure of the Directorate is linked directly to its ability to shape and deliver its strategic objectives, which in turn assists the achievement of the Authority's stated aims. At month 9, there is a projected Directorate underspend of £714k, with a net movement of £390k from the £324k projected underspend that was reported to the Committee in October 2015. Specific reference was made to the review of Supporting People contracts, necessitated by a cut in Welsh Government grant funding for 2015/16 of around £359k coupled with additional cost pressures in respect of tenancy support and homelessness.

Reference was then made to the specific underspends/overspend in each of the service areas (Children's Services - projected underspend £241k, Adult Services - projected underspend £474k and Service Strategy and Business Support - projected to overspend by £1k) details of which were outlined in the report.

Members were then advised of the progress made against the 2015/16 revenue budget savings targets (as detailed in the report) and noted that of the £2.084m directorate savings target for 2015/16, £2.037m (98%) has now been achieved. This leaves just £47k of savings that the Senior Management Team will need to identify during the remainder of the current financial year. The remaining savings target of £47k is £154k less than the £201k reported to Committee in October and this reduction has been achieved by withholding 2 vacant posts within the Information, Advice and Assistance Team (£53k), the voluntary severance of a post holder in the Review Team (£33k), finalisation of the review direct care administrative support (£18k) and a review of supporting people contracts (£50k).

A query was raised in relation to vacancy management and the reduction and withholding of posts. Officers confirmed that the reduction of social worker posts has been achieved by the reorganisation of locality teams across Social Services, which has resulted a number of posts becoming vacant. With regard to the withholding of posts within the Information, Advice and Assistance Team, it was noted that this is currently being reviewed.

Following consideration and discussion, Members noted the projected underspend of £714k for 2015/16 and the progress made against the savings targets included in the 2015/16 budget settlement for the Directorate. It was moved and seconded that the recommendations in the report be approved (and by a show of hands this was unanimously agreed).

## **9. PROPOSAL TO UNDERTAKE INFORMAL PUBLIC CONSULTATION ON THE MAKING OF A PUBLIC SPACES PROTECTION ORDER RELATING TO DOG CONTROL**

Consideration was given to the report which sought the views on the proposal to replace Dog Control Orders and the current enforcement provisions under the Dogs (Fouling of Land) Act 1996 with Public Space Protection Orders under the Anti-Social Behaviour Crime and Policing Act 2014 and the implications for dog control in the borough. It also sought authorisation to undertake an informal public consultation exercise on the proposed provisions of a Public Spaces Protection Order (PSPO) relating to dog control in accordance with the Anti-Social Behaviour, Crime and Policing Act 2014.

Mr R. Hartshorn (Head of Public Protection) advised that the Anti-Social Behaviour, Crime and Policing Act 2014 brought in a new power for local authorities to deal with anti-social behaviour problems in a geographical area by imposing conditions on the use of an area. The aim is to ensure that the law-abiding majority can use and enjoy public spaces, safe from anti-social behaviour. The PSPOs replace a number of existing legal provisions including Designated Public Place Orders, Gating Orders and Dog Control Orders. Existing Orders made under previous legislation subsist for a period of 3 years from October 2014 at which point they will be treated as PSPOs.

It was noted that currently in Caerphilly dog control is enforced by two distinct regimes, Dog Control Orders introduced under the Clean Neighbourhood and Environment Act 2005 and under the Dog (Fouling of Land) Act 1996. Dog Control Orders were last reviewed, revised and implemented in the borough after a well-supported consultation exercise in 2013 and as a result a dog exclusion order was made for enclosed children's play areas and Multi Use Games Areas.

Members noted that Councils are able to decide to review the need for their current orders ahead of the transition and that a PSPO can be made on any public space within its area. They were advised of the requirements relating to dog control and, in order to introduce tighter dog controls throughout the county borough, the suggested offences to be included in the PSPO, as detailed in paragraph 2.4 of the report. They were advised that in advance of undertaking the required formal consultation, it is proposed to undertake informal public consultation on the proposed provisions of a PSPO and to report further on that consultation, with recommendations on the proposed controls to be included in a draft Order. The recommendations of the Committee will then be referred to Cabinet for consideration.

Members were pleased to note the making of the PSPO will create consistency in the enforcement provisions across the borough as all offences can be dealt with by issuing a fixed penalty notice of up to £100 (current level for littering offences in the county borough is set at £100, current fixed penalty notice for Dog Control Offences is £100 whereas under the Dog (Fouling of Land) Act it is £75.00).

Lyndon Ross (Senior Environmental Health Officer) informed Members that the consultation process will take approximately 12 weeks. The Dogs Trust, Kennel Club and the RSPCA would also be consulted and the Council is also looking to work in partnership with Keeping Wales Tidy.

A Member queried the fixed penalty notices for dog fouling offences and if raising the fee could be considered as part of the consultation process. Mr Hartshorn confirmed that this could be added to the proposals referred to in para 4.9.

After due consideration it was agreed to endorse the proposal that informal public consultation is undertaken on the provisions (as detailed in paragraph 4.9 of the report) with the additional consideration of consulting on increasing the amount of fixed penalty notices in relation to dog fouling. Each of the recommendations within the report were considered separately. In relation to para 9.1 (informal public consultation) this was moved and seconded (and by a show of hands this was unanimously agreed). In relation to para 9.2 it was moved and seconded to undertake additional consultation in relation to the proposal to exclude dogs from all Council Owned Marked Sports/Playing pitches, (this was supported by the majority present). With regard to Para 9.3, (to report the outcome of the consultation, with recommendations on the proposed controls to be included in the draft order), this was moved and seconded (and by a show of hands this was unanimously agreed).

RESOLVED that for the reasons contained in the officer's report: -

- (i) Members endorse the proposal that informal public consultation is undertaken on the provisions detailed in 4.9 of the report:

- a) Excluding dogs from all enclosed children's play areas within the County Borough;
  - b) Additional requirements for putting dogs on leads at all times in certain areas, for example canal tow paths;
  - c) Require dogs to be kept on leads in enclosed memorial gardens situated in the County Borough;
  - d) Require dog owners to remove dog faeces on any land defined in 4.11. of the report;
  - e) Require dog walkers to carry an appropriate receptacle for dealing with the waste that their dog/s produce. This requirement aims to ensure that dog walkers always have the means (i.e. a receptacle) to pick up their dog's faeces;
  - f) Require dog owners to put their dogs on a lead when directed to do so by an authorised officer on any public land where the dog is considered to be out of control or causing alarm or distress or to prevent a nuisance;
  - g) Consideration be given to increasing the fine for fixed penalty notices in relation to dog fouling.
- (ii) Members agreed that consultation be undertaken in relation to the proposal to exclude dogs from all Council Owned marked sports/playing pitches.
  - (iii) The outcome of such consultation will be reported back to Members with recommendations on the proposed controls to be included in a draft Order. The Committees recommendations will then be referred to Cabinet for consideration.

## **10. REQUESTS FOR REPORTS TO BE INCLUDED ON THE NEXT AVAILABLE AGENDA**

There were no requests for any reports to be prepared for consideration at a future meeting of the scrutiny committee.

## **11. INFORMATION ITEMS**

The Committee noted the following item for information, full details of which were included within the Officers report.

1. South East Wales Adoption Service – SEWAS

The meeting closed at 7.50 pm.

Approved as a correct record and subject to any amendments agreed and recorded in the minutes of the meeting held on 22nd March 2016, they were signed by the Chair.

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CHAIR





## HEALTH SOCIAL CARE AND WELLBEING COMMITTEE – 22ND MARCH 2016

**SUBJECT: REPORT OF THE HOME OPERATION SUPPORT GROUP (HOSG) –  
BRINDAAVAN NURSING HOME, ABERGARGOED**

**REPORT BY: CORPORATE DIRECTOR, SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 To update Scrutiny Committee in respect of the Home Operation Support Group (HOSG) Report for Brindaavan Nursing Home, Aberbargoed.

### **2. SUMMARY**

- 2.1 The report outlines the background to Brindaavan Nursing Home, Aberbargoed, the type of service provided at the home and the number of residents who lived there.
- 2.2 The report highlights the concerns and issues that were raised in relation to the home and reasons for the collective decision by Caerphilly County Borough Council (CCBC) and Aneurin Bevan University Health Board (ABUHB) to terminate their respective contracts with the Provider.
- 2.3 The report explains the process used to oversee the termination of the contract and subsequent relocation of the residents
- 2.4 The report provides information as to the relocation of the residents in to new care homes and some of the benefits they have experienced as a result of moving.
- 2.5 The report makes some recommendations in respect of learning from the HOSG process.

### **3. LINKS TO STRATEGY**

- 3.1 'Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults' – Welsh Government - May 2009.
- 3.2 Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse – Welsh Government - January 2013.
- 3.3 Fulfilled Lives, Supportive Communities Commissioning Guidance – Welsh Government – August 2010.
- 3.4 Caerphilly Provider Performance Protocol – reviewed 2014.

#### 4. THE REPORT

- 4.1 At the time of the contract termination, Brindaavan Nursing Home, Aberbargoed was registered with the Care & Social Services Inspectorate for Wales (CССИW) to provide nursing care for people with dementia. The home was registered for 32 older people with dementia. At that time, there were 23 residents, of which, 5 were in hospital. Of the residents being cared for in Brindaavan Nursing Home 14 residents were funded by ABUHB via Continuing Healthcare funding (CHC) and 4 were funded by Caerphilly County Borough Council. There were no residents at the home that funded their own care.
- 4.2 When the owner bought the home, he invested resources in improving the fabric of the building – decorating and developing the communal facilities at the home in a way that he felt would improve the environment. Another 2 bedrooms were also added to the building.
- 4.3 Without consultation with either CCBC or ABUHB, a decision was taken, by the Registered Manager of the home, it would seem mid way through 2015, to reduce the number of registered nurses on shift at any one time at the home – as a result of this, the quality of the care and support provided at the home was affected.
- 4.4 Once the concerns in relation to the home became apparent, increased visiting and monitoring was instigated. The concerns raised at this point, all of which were subject to CССИW non-compliance notices related to the following areas –
- Leadership and management of the home
  - Medication management
  - Lack of robust staff recruitment processes
  - Supervision of staff
  - Staff training
- 4.5 As soon as the increased visiting and monitoring began, other issues were quickly identified and these related to -
- Management, direction and leadership of the home
  - Competence and performance of the qualified nurses
  - Poor quality of documentation relating to residents
  - Lack of direction in relation to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) for residents
  - Staffing level at the home and skill mix of staff
  - Lack of appropriate response to falls, incidents and accidents
  - Medication management
  - Staff training
  - Staff supervision
  - Pressure management and skin integrity issues
  - DOL's applications not being made
  - Use of restraint within the home
  - Residents not being treated with dignity and respect in the home
  - Lack of appropriate and timely referrals to health professionals/failure to recognise deteriorating health conditions
  - Gaps in recruitment processes within the home
  - Lack of administration support for the home
  - Environment experiencing extremes of temperature due to the glass dome
  - Communication systems
  - Nutrition, the documenting of fluid intake and the dietary support mechanisms which were in place
  - Lack of an internal QA system to identify issues/concerns.

- 4.6 The Provider Performance process was instigated and an action plan developed to support the Registered Manager to respond to the concerns being raised and improve the care and support at the home – this was attended by all professional stakeholders and the provider. Despite intensive intervention from all concerned, the concerns at the home continued along with an increase in the risk associated with the safeguarding of the residents.
- 4.7 As a result of the increased risk, discussion between CCBC and ABUHB, along with the respective legal departments agreed the decision to terminate respective contracts with the home and relocate the residents in order to ensure their health and wellbeing.
- 4.8 Once the decision was taken to terminate the contracts with the Provider, the HOSG was quickly established in order to manage the process and ensure a coordinated approach to supporting residents and their families with as smooth a transition as possible.
- 4.9 The first resident moved from Brindaavan Nursing Home on December 1 2015, and the final move took place on 16 December 2015. The transfer for all residents went very well. Unfortunately, due to underlying health conditions rather than the transfer from Brindaavan to a new home, 2 residents sadly passed away.
- 4.10 Positive feed back received from the new homes that people have moved to has indicated that transitions have been successful with examples such as –
- Residents being able and supported to access lounge areas rather than being cared for in bed
  - Residents have gained weight, and feed back has mentioned positive changes in appearance due to weight gain
  - Residents who were previously uncommunicative are now inclined to communicate and interact with staff and other residents
  - Reduction in behaviours that challenge staff as residents are occupied and stimulated
  - Reports of residents having settled very well into their new home
- 4.11 From a process point of view and lessons learned, there is an intention to hold a multi-agency workshop that considers the good practice and identifies points for learning and improvement.
- 4.12 The complete HOSG report is attached as Appendix 1

## **5. EQUALITIES IMPLICATIONS**

- 5.1 An Equalities Impact Assessment is not needed because the issues covered are for information purposes only, therefore the Council's full EIA process does not need to be applied.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 There are no financial implications for this report.

## **7. PERSONNEL IMPLICATIONS**

- 7.1 There are no personnel implications for this report.

## **8. CONSULTATIONS**

- 8.1 All responses from consultations have been incorporated in the report.

## **9. RECOMMENDATIONS**

- 9.1 That Scrutiny Committee note the content of this report and the accompanying HOSG Report (Appendix 1).

## **10. REASONS FOR THE RECOMMENDATIONS**

- 10.1 In order that Elected Members are fully aware of the facts and the process relating to the termination of the contracts with Brindaavan Nursing Home, Aberbargoed.
- 10.2 In order to ensure that Caerphilly County Borough Council and Aneurin Bevan University Health Board are compliant with their duty to inform Elected Members in respect of the closure of a care home – this is in line with ‘Escalating Concerns with, and Closures of, Care Homes Providing Services for Adults’ – Welsh Government - May 2009.

Author: Dave Street, Corporate Director Social Services  
Consultees: Jo Williams, Assistant Director, Adult Services  
Viv Daye, Service Manager, Commissioning Adult and Children’s Services

Appendices:  
Appendix 1 Home Operation Support Group (HOSG) Report for Brindaavan Nursing Home, Aberbargoed, Caerphilly

## APPENDIX 1

### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY

#### 1. Background to the Report

- 1.1 Welsh Government (WG) introduced statutory guidance 'Escalating concerns with, and closures of, care homes providing services for adults' in May 2009. The guidance requires local authority and health board partners to use a process to manage escalating concerns within care homes and advised the use of inter agency panels or meetings to review progress of development and corrective action plans that could be used to manage the required improvements.
- 1.2 The escalating concerns guidance also requires arrangements to be put in place for the direct operational management of a care home closure; the Home Operation Support Group (HOSG). The guidance states that following any home closure the members will meet to evaluate the closure process and identify lessons learned with a report provided to Care and Social Services Inspectorate Wales (CSSIW). The guidance requires reports on home closures to be circulated to senior managers within local statutory agencies, the chairperson and members of the local authority scrutiny panel and also the chairperson and members of the Health Board.
- 1.3 Although the concerns identified in relation to Brindaavan Nursing Home culminated in the termination of contracts between the Local Authority, Aneurin Bevan University Health Board and the care provider, this was not a home closure, and therefore it was agreed at an early stage to use this process as a guide to best practice.

#### 2. The Care Home & Rationale for Contract Termination

- 2.1 Brindaavan Nursing Home is registered with CSSIW to provide nursing care for people with dementia. The home is registered for 32 older people with dementia. At the time of the contract termination there were 23 residents, of which, 5 were in hospital. Of the residents being cared for in Brindaavan Care Home 14 residents were funded via CHC and 4 were funded via FNC.
- 2.2 Brindaavan Nursing Home was subject to the Provider Performance Monitoring Process (PPMP) on two previous occasions. However following further significant concerns that were raised in relation to the home, it became subject once again to the PPMP. The concerns raised related to -

## APPENDIX 1

### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY

CSSIW were contacted by the Coroner's Office due to the death of a resident from Brindaavan Nursing Home. Subsequently, CSSIW facilitated an unannounced inspection at the home on 22/9/15 and 25/11/15. The outcome of the inspection resulted in a number of concerns being raised and 5 urgent non-compliance notices being served to the home. The non-compliance notices were issued in respect of -

- Leadership and management of the home
- Medication management
- Lack of robust staff recruitment processes
- Supervision of staff
- Staff training

Following the issuing of the non-compliance notices by CSSIW, commissioners of the service were informed that Brindaavan Nursing home had been identified by CSSIW as a 'Service of Concern'. As a result of the notification from CSSIW, ABUHB and CCBC instigated increased monitoring at the home – this identified the following areas of concern, all of which were subject to discussion, review and the management of risk as outlined within the Provider Performance Monitoring Protocol.

- Management, direction and leadership of the home
- Competence and performance of the qualified nurses – one nurse attended an NMC hearing on 30/11/15 in Cardiff
- Non-compliance notices issued by CSSIW
- Poor quality of documentation relating to residents
- Lack of DNACPR's
- Staffing level at the home and skill mix of staff
- Lack of appropriate response to falls, incidents and accidents
- Medication management
- Staff training
- Staff supervision
- Pressure management and skin integrity issues
- DOL's application not being made
- Use of restraint within the home
- Residents not being treated with dignity and respect in the home
- Lack of appropriate and timely referrals to health professionals/failure to recognise deteriorating health conditions
- Gaps in recruitment processes within the home
- Lack of administration support for the home

## APPENDIX 1

### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY

- Environment experiencing extremes of temperature due to the glass dome
  - Communication systems
  - Nutrition, the documenting of fluid intake and the dietary support mechanisms which were in place.
  - Lack of an internal QA system to identify issues/concerns
- 2.3 CCBC and ABUHB contract monitoring and governance team worked collaboratively with the Provider to address the concerns identified in the Provider performance Action Plan. However, despite the intensive and direct intervention and support provided to the nursing home and the management, agencies were concerned there had been very little evidence that the Responsible Individual or Registered Manager had taken sufficient action to address the issues identified. In addition, there was a lack of confidence in the Registered Manager to make the necessary improvements required.
- 2.4 From the 12/1/15 to 11/11/15, there were 5 significant Adult Protection Referrals generated in relation to residents at Brindaavan Nursing Home. These related to –
- The ingestion of a medication pot that resulted in the death of the resident – this was subject to a coroner’s inquest
  - Maladministration of warfarin - this has been the subject of a coroner’s inquest
  - Concerns raised in relation to the management of a resident following a fall which resulted in the residents admission to hospital – this resident passed away in hospital
  - Admission to hospital of a resident following collapse – multiple pressure areas identified by the hospital on admission
  - Concerns were raised in relation to the monitoring of a resident following a fall – this resulted in a hospital admission – the resident passed away in hospital.
- 2.5 On conclusion of the initial provider performance meeting which was held on the 6/11/15, the risk associated with the home was at a severe/critical level, therefore it was agreed the requirement for daily monitoring of the nursing home. Actions given to the manager at that meeting were not all auctioned by the manager and by the second provider meeting on 20/11/15, further new concerns were identified.

These related to –

- Continuing failure to implement recommendations made by visiting professionals

## APPENDIX 1

### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDA AVAN NURSING HOME, ABERBARGOED, CAERPHILLY

- Further issues with medication
- Significant issues raised by the dietician that relate to failure to act on advice and treatment plans given, pureed food that was not an appropriate consistency, resident preferences not being given
- No fluids available in rooms for people being cared for in bed
- Poor quality of the food and significant concerns identified in relation to the kitchen arrangements and a lack of direction and ownership of providing good nutrition to the residents
- CSSIW expressed disappointment at the lack of progress made in relation to the evidence for the non-compliance notices that were issued
- It came to light that the nursing agency used by the home was not registered with CSSIW – manager had not undertaken the necessary checks in line with NMS
- Some bathing facilities at the home had not been available for a number of days
- New acting manager took a decision to implement a change in the observations undertaken at night, moving them to 3 hourly rather than taking a person centred approach to individual need, especially for residents who were unwell.
- An early morning visit undertaken by ABUHB identified that night staff identified a number of residents were provided with personal care and dressed at 5am, it appeared this practice was implemented to assist the day staff.
- Gwent Police advised one of the adult protection referrals was subject to a criminal investigation.

2.6 As a result of the significant concerns identified, a number of safeguarding measures were implemented –

- A review of the health and social care needs of all residents was undertaken
- Specialist healthcare support from the following professionals was arranged this included the following professionals, Dietician, Occupational Therapy, Tissue Viability Nurse, Community Psychiatric Nurses and a Pharmacist
- To monitor the quality of care and resident safety, ABUHB and CCBC coordinated a visiting schedule to ensure there was a daily presence at the home.
- A daily reporting system was developed by ABUHB and CCBC which required the home to inform the commissioners of any adverse events such as hospital admissions, staffing levels, falls, pressure damage, medication concerns



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### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY

- Prior to any resident transfer, their fitness to travel was assessed by the GP aligned to the individual resident
  - Occupational therapy assessments and review were undertaken in order to ensure safe and effective resident transfers and appropriate manual handling practice.
  - Nurse assessors and care staff from Brindaavan Nursing home accompanied residents on transfer to their new homes.
- 2.7 A number of meetings between ABUHB and CCBC were held which discussed the serious and ongoing nature of the concerns a joint decision was made to terminate respective contracts with the Provider. A meeting was held on Monday November 30<sup>th</sup> 2015 between ABUHB, CCBC and the Responsible Individual/Owner of Brindaavan Nursing Home to advise of the decision to terminate the contracts.

### 3. Methodology

- 3.1 Weekly HOSG meetings were established on 19th November 2015. Membership of the group included CSSIW, Team Manager, Review Team CCBC, Contract Manager Complex Care ABUHB. The HOSG was jointly chaired by Alison Neville, Senior Nurse, Safeguarding and CHC and Viv Daye, Service Manager, Commissioning.

A weekly multi-disciplinary sub-group of the HOSG was also established comprising of contract monitoring officers, nurse assessors, lead governance nurses, dieticians, social workers and a representative from the older person's mental health team.

- 3.2 It is anticipated that a review meeting/lessons learned workshop for the HOSG process relating to Brindaavan Nursing Home will be held in the near future.

### 4 Legal Process

- 4.1 CCBC and ABUHB respectively sought legal advice in relation to the providers' breach of their contracts.
- 4.2 Following the meeting held on the 30<sup>th</sup> November 2015, to advise the Responsible Individual/Owner of the decision to terminate the respective contracts letters were sent by CCBC and ABUHB regarding the termination clause details.

### 5 Resident Relocation

- 5.1 CCBC and ABUHB took responsibility for all the residents of Brindaavan Nursing Home. There were no residents that were funding

## APPENDIX 1

### **HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY**

their own care at the home, however 1 resident had been placed by Torfaen County Borough Council this resident was in hospital at that time.

- 5.2 Sharing information with families where concerns arise in care homes is a complex problem. One of the concerns expressed by families was the termination of contracts and the need for residents to move from the home came as a surprise. Many families were unaware of any concerns and even when families had been involved in / informed of protection of vulnerable adults concerns they were not inclined to move their relatives under the Choice Procedure. This resulted in delicate discussions being held with families in addition to the invitation to attend the relatives meeting. During the relative notification process difficulties arose with regards to initial inability to contact 2 residents' families. However this was resolved and the remaining family member was in contact with the Senior Nurse for CHC and Safeguarding on the 23.12.15 whereby a meeting was held with the relative to provide them with an opportunity to discuss their relatives move. Staff meetings were also arranged and attended by representatives of ABUHB and CCBC.

#### **6. Home Operation Support Group (HOSG)**

- 6.1 The membership of the HOSG is outlined in 3.1, the agencies involved in this process were mindful even though this process was not a home closure, it was agreed at an early stage to use the HOSG process from Escalating Concerns as a guide to best practice. The HOSG met weekly and was effective in sharing information and managing the overall process.
- 6.2 A HOSG Sub-Group was established to manage the process of assessing residents, offering advocates, working with families, coordinating visits to the home, coordinating the moves of residents, facilitating visits to potential new homes, supporting frontline staff and as a general forum for communication. The group comprised of social workers, community psychiatric nurses, nurse assessors, lead governance nurses and contract monitoring staff. There were many excellent examples of joint working on individual cases as evidenced through the work of the sub-group. Its members valued the sub-group as a forum for keeping up to date as circumstances changed throughout the process, for peer support and for coordinating activities on individual cases.
- 6.3 Effective joint working ensured success in relation to the relocation of residents given the breadth of complex interventions required prior to transfer to their new homes, audits of case records and most importantly the outcomes achieved by residents through the transition to new care homes as outlined below –

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### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY

The transfer's commenced from both Brindaavan Nursing Home and Ysbyty Ystrad Fawr on the 1 December 2015, and was completed on 16 December 2015. During this time, 18 residents were supported to move to a new home.

Resident	New Home	Date
1	Greenhill Manor, Merthyr	1/12/15
2	Ashville Care Home, Brithdir	3/12/15
3	Glan Yr Afon Care Home, Fleur De Lys	3/12/15
4	Bargoed Care Home, Bargoed	3/12/15
5	Ashville Care Home, Brithdir	4/12/15
6	Bank House, Blaenau Gwent	4/12/15
7	Bargoed Care Home, Bargoed	4/12/15
8	Bargoed Care Home, Bargoed	7/12/15
9	Glanbury Care Home, Blaenau Gwent	7/12.15
10	Plasgellar Care Home, Blaenau Gwent	8/12/15
11	Bank House, Blaenau Gwent	9/12/15
12	Glanbury Care Home, Blaenau Gwent	10/12/15
13	Bank House Home Blaenau Gwent	11/12/15
14	Valley Manor Care Home, Rhymney	11/12/15
15	Bank House, Blaenau Gwent	14/12/15
16	Meadowlands, Aberdare	15/12/15
17	Glanbury Care Home, Blaenau Gwent	16/12/15
18	Meadowlands, Aberdare	16/12/15

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### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY

- 6.5 Alongside information on individual service users a co-ordinated approach enabled the ability for daily visits by professionals to the home. This facilitated the requirement for up to date information concerning staffing levels and the ability to utilise the sharing of information. This was also cascaded and discussed at the sub-group and enabled a rounded picture of care at the home and the ability to share concerns. This was crucial in risk management on individual cases but also with regard to the home as a whole.

There were many positive elements to the HOSG process overall, including:

- Robust links between HOSG and HOSG sub-group with some members of the sub-group also being members of the HOSG
- It was helpful to have HOSG and subgroup meetings on the same day
- Professional roles were clearly defined
- Protection of vulnerable adults concerns were well managed and the links with frontline staff worked well
- Bed availability and moves from Brindaavan Nursing Home were coordinated
- Available beds in other homes could be secured in advance
- Management of visits to the home was coordinated via an electronic schedule to prevent too many professionals appearing at the home at the same time.
- Advocacy and IMCA services were coordinated
- Support for frontline staff was available at many levels (peer support, senior manager, team managers and the HOSG sub-group)
- Provided a focus for frequent contract monitoring visits and also regulatory visits.

- 6.5 Regulator - CSSIW were represented at the HOSG and were part of the management of the process. The lack of progress on responding to outstanding compliance notices remained a key issue until the last resident left Brindaavan Nursing Home. At the same time, CSSIW's responsibilities with regard to the registration of the manager and in enforcing minimum care standards were managed through their own line management and legal processes.

- 6.6 Bed Capacity - Available bed capacity remained an issue throughout the process of moving residents from Brindaavan Nursing home to their alternative homes. On completion of the process the moves had consumed all the available dementia nursing beds in the County Borough and it was necessary for 11 of the 18 residents to move to neighbouring boroughs as outlined in 6.3.

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### HOME OPERATION SUPPORT GROUP (HOSG) REPORT FOR BRINDAAVAN NURSING HOME, ABERBARGOED, CAERPHILLY

- 6.7 It also needs to be noted the impact of the residents moving to alternative care homes had an impact on the ability of the hospital to discharge patients into care homes for people with dementia.
- 6.8 Current situation - following the residents' move to a new home, the HOSG requested a weekly update on each resident in order to review the outcome and progress of each resident's move. As of 8/1/16, there has been positive feedback from families and visiting professionals.

Examples of this include –

- Residents being able and supported to access lounge areas rather than being cared for in bed
- Residents have gained weight
- Residents who were previously uncommunicative are now inclined to communicate and interact with staff and other residents
- Reduction in behaviours that challenge staff
- Reports of residents having settled well into their new home

Sadly, 2 residents that moved home have passed away due do acute health issues – there is no indication the deaths were associated with the transfers to their new home, as both residents had settled in very well to their new environments.

## 7 Recommendations

The termination of the contracts with Brindaavan Nursing Home and the ensuing process identified a number of lessons to be learned. It would be beneficial for a multi-agency workshop to be arranged in order to –

- Review the resident moves
- Review communication with relatives and families when concerns are identified in care homes
- Consider joint contracts for nursing care
- Review the level of intervention and subsequent resources required to manage the process

Sponsored by: Bobby Bolt, Deputy Chief Operating Officer, ABUHB  
Dave Street, Director of Social Services, CCBC.

Prepared by: Viv Daye, Service Manager, Commissioning, CCBC  
Alison Neville, Senior Nurse, CHC & Safeguarding, ABUHB  
Friday January 8<sup>th</sup> 2016

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## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 22ND MARCH 2016

**SUBJECT: DEVELOPMENT OF AN INTENSIVE THERAPEUTIC FOSTERING  
SERVICE FOR LOOKED AFTER CHILDREN IN CAERPHILLY**

**REPORT BY: CORPORATE DIRECTOR, SOCIAL SERVICES**

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### 1. PURPOSE OF REPORT

- 1.1 To apprise Scrutiny Committee Members of a proposal to develop a multi-disciplinary intensive therapeutic fostering service for Looked After Children and young people and to seek Committee's endorsement of the proposed service and funding stream, prior to a report being forwarded to Cabinet.

### 2. SUMMARY

- 2.1 Looked After Children and young people with the most complex needs tend to experience multiple foster care placement breakdowns. Their risk taking behaviours and significant emotional needs often exceed the resources of Local Authority Foster Carers and due to the frequent placement moves, their needs are often unable to be addressed by core Child and Adolescent Mental Health Services (CAMHS). Consequently, many of these most troubled young people are placed in residential care out of area, with poor clinical outcomes and at great expense.
- 2.2 There are currently 13 young people placed in out of area residential care. 6 of these young people have complex disabilities or additional learning needs requiring specialist support that cannot currently be provided locally. However, the remaining 7 young people are troubled teenagers who have broken down multiple foster care and residential placements. The full year cost of these 7 placements is £1.28 million.
- 2.3 In addition to the high cost, the outcomes for young people in these placements are not always positive. Contact with family can be challenging because of the distance, their relationships with their peers and communities are severed and the standards of education provision are often poor or unable to be evidenced.
- 2.4 It is recognised that our 'standard practice' approach is not sustainable and a different approach is needed if we want to better meet the needs of this troubled group of Looked After Children and young people.
- 2.5 Torfaen County Borough Council commission a therapeutic fostering service called MIST (Multi-disciplinary Intervention Service Torfaen) which has been running for 12 years. MIST provides intensive support to a small number of specially recruited and trained therapeutic foster carers to repatriate young people placed in out of area residential care and to prevent young people who may be at risk of residential care from moving out of area.

- 2.6 It is proposed that a MIST type service is developed to meet the needs of Caerphilly children and young people.

### **3. LINKS TO STRATEGY**

- 3.1 Social Services and Well Being (Wales) Act 2014.  
3.2 Children's Services Commissioning Strategy 2015-2020.

### **4. THE REPORT**

#### **Clinical Approach:**

- 4.1 MIST's clinical approach is rooted in Bronfenbrenner's ecological model of child development and is in line with the Welsh Government strategy 'Together for Mental Health'. It is multi systemic; providing a variety of different types and styles of intervention simultaneously at many different points in the young persons' system. The approach places particular emphasis on four psychological models; attachment, family systems, person-centred and social learning approaches.
- 4.2 Equally important is MIST's approach to working with risk which recognises the necessity both of safeguarding and of tolerating well understood and managed risks, which are both inevitable and provide essential opportunity for young people to build resilience and trust and to learn new skills. The service benefits from a well-developed model, knowledge base and practical experience of working in this way and has published a peer reviewed journal on the issue (Hill, 2011).
- 4.3 The model effectively creates a team around the young person, where the staff members have good relationships, communicate well, hold a shared understanding, act consistently and provide mutual support. The team works with well understood and managed risks to keep young people safe whilst building their skills and resilience which, over time, leads to a reduction in their risk taking behaviours.
- 4.4 The team around the young person can provide a buffer against the disruption caused by changes in professional personnel and can hold in mind the young person's life story and make sense of the present in light of this. This helps to counter the problems of disruption that often prevent progress in the care of looked after young people.

#### **Staff Team:**

- 4.5 The MIST Team consists of:
- Service Manager – Registered Mental Health Practitioner
  - Consultant Child Psychologist
  - Therapeutic Practitioners – from a range of disciplines including CAMHS, Social Work, Teaching and Youth Work.
  - Therapeutic Foster Carers – jointly recruited, trained and supervised by the Local Authority Fostering Service.

#### **Benefits:**

- 4.6 The MIST service in Torfaen has been independently evaluated twice; in 2008 and 2011. Both evaluation reports were positive. The 2011 evaluation was a 'Social Return on Investment Study' which concluded that for every £1 spent on MIST, a saving of £5.20 is made across statutory services.



4.7 For the Local Authority the benefits have been:

- Residential placements have reduced from an average of 15 at any time to being consistently below 5, despite a rise in the overall number of LAC
- Significant financial savings as a result
- Placement stability averages at 93% for MIST young people
- 85% of MIST young people are engaged in education or training
- Shared learning and benefits for foster care recruitment and training
- Provision of clinical advice and consultation to wider staff groups.

**Proposed Caerphilly development:**

4.8 It is proposed that the service will be commissioned from the third sector and a draft service specification is being developed to inform the procurement process if approved.

4.9 It is anticipated that following the awarding of a contract, the recruitment to posts will take at least three months. During and following recruitment, key strategic and operational relationships will need to be established including with partner agencies and attendance at Resource and Permanency Panels. Strong links will need to be established with the Fostering Team to support the recruitment and assessment of therapeutic foster carers.

4.10 From 3 to 12 months, the service will commence working with individual cases as staffing levels allow, with the aim of being fully operational within 12 months. From 12 months on, the service will be expected to work with 15 placements in the intensive element of the service. Their work will include supporting the return of young people from out of area placements to Caerphilly, working with existing in-house placements to prevent the need for out of area placements and working with families to support rehabilitation home.

**5. EQUALITIES IMPLICATIONS**

5.1 The development of the service outlined in this report is aimed at enhancing and improving services for Looked After Children and young people and as a result there are no foreseen equalities implications.

**6. FINANCIAL IMPLICATIONS**

6.1 As outlined earlier, the full year cost for the existing 7 young people placed in out of area residential care is £1.28 million which gives an average unit cost of £182,865 per placement.

6.2 The estimated full year cost for a MIST type service in Caerphilly is £583k. This includes staffing, accommodation and running costs for the team (£400k) and the estimated fees and allowances for the therapeutic foster carers (£112k fees and £71k allowances). Whilst the team costs are able to be predicted, the costs associated with the foster care placements will be determined by the numbers able to be recruited.

6.3 If the total cost of the service when fully operational is estimated to be £583k per annum and the average out of area placement cost is £182k per annum, then by reducing or preventing out of area placements by four will ensure the service covers its own costs leaving the small surplus to off-set any pressures within the placement budget.

6.4 The aim would be for the service to cover its own costs within 18 months of being established. Over time the savings can be anticipated to grow as increasing numbers of young people are supported to remain in Caerphilly.

6.5 It is proposed that Directorate budget reserves are utilised to fund the establishment of this service in Caerphilly.

## **7. PERSONNEL IMPLICATIONS**

- 7.1 It is proposed that the service is commissioned from the third sector and as a result there will be no direct personnel or Human Resources implications for the Council.

## **8. CONSULTATIONS**

- 8.1 The views of the consultees listed below have been incorporated into this report.

## **9. RECOMMENDATIONS**

- 9.1 That Scrutiny Committee:

- Note the content of this report;
- Confirm support of the proposed service development and proposal to utilise Directorate budget reserves to establish the service and;
- Agree that this report is presented to Cabinet for approval.

## **10. REASONS FOR THE RECOMMENDATIONS**

- 10.1 To ensure Elected Members are aware of the proposal and support the development of the new service.

## **11. STATUTORY POWER**

- 11.1 To ensure the Council's statutory functions in relation to children and young people Looked After are met in accordance with the relevant legislation and statutory guidance.

Author: Gareth Jenkins, Assistant Director – Children's Services  
Consultees: Social Services Senior Management Team  
Cabinet Member for Social Services  
Corporate Management Team  
Children's Services Divisional Management Team  
Marie Reid, Contracting Officer  
Sarah Ellis, Principal Educational Psychologist  
David Williams, Clinical Director, ABUHB



## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 22ND MARCH 2016

**SUBJECT: INTERMEDIATE CARE FUND 15/16**

**REPORT BY: CORPORATE DIRECTOR, SOCIAL SERVICES**

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### **1. PURPOSE OF REPORT**

- 1.1 To provide members with an update on the use of additional Intermediate Care Fund (ICF) monies made available by Welsh Government in December 2016.

### **2. SUMMARY**

- 2.1 The Intermediate Care fund for 2015/16 (include full amount of funding made available at the start of the year). was allocated to the Aneurin Bevan University Health Board (ABUHB) region and subsequently administered by the Health board. Welsh Government retained 2.5 million of the funding across Wales initially the proposal was that the funding was utilised to share good practice across Wales evidenced from reviews of the schemes.
- 2.2 Welsh Government wrote to all stakeholders on 22<sup>nd</sup> December 2015 stating that whilst they were still committed to share good practice the revised focus of the 2.5 million would be to reduce the number of people who are delayed from returning home following admission to hospital.
- 2.3 The ABUHB region was allocated £450K which had to be spent between 1<sup>st</sup> January and 31<sup>st</sup> March 2016 which evidenced an impact on reducing delayed transfer of care (DToC).

### **3. LINKS TO STRATEGY**

- 3.1 The Welsh Government allocated the ICF funding to ensure partners worked together to improve outcomes for older people and to reduce pressures on the unscheduled care system by supporting people to remain at home, avoiding unnecessary hospital admissions and also preventing delayed discharges.

### **4. THE REPORT**

- 4.1 Welsh Government were very clear that the additional £450K had to be linked to the numerous discussions and action plans that each health board has been asked to prepare with partners to address the number of delayed transfer of care.
- 4.2 Delayed Transfer of Care are classified using a series of codes which are jointly validated by health and Social Care to determine why a person's discharge from hospital has been delayed.

- 4.3 The additional funding was to specifically address people delayed for the following codes:
- Community Care Assessments
  - Community Care Arrangements
  - Selection of Care Home (Choice Policy)
  - Waiting for availability of care home.
- 4.4. In December 2015 there were 221 people delayed across Wales for one of the above reasons hence Welsh Government stipulated that £190K of the £450K must be spend on this. (I'm a little confused here. We seem to mixing up national delays with local funding. I think we need to be consistent.)
- 4.5 The remaining £260K could be used on good practice and improvements in hospital/community interface that have been shown to reduce pressures on services.
- 4.6 The very short timescale to utilise the funding as required whilst being able to evidence impact was a challenge across the region.
- 4.7 The following strategic direction was agreed by all stakeholders:
- Use of assessment beds
  - GWICES (please put in full title), purchase of stock equipment identified as required for discharge
  - Community Neuro Rehabilitation Services to be used to facilitate early discharges with follow up community support.
- 4.8 The following operational priorities were agreed, across the ABUHB area:
- Care and Repair £95K across the region to provide rapid response for provision of minor adaptations to enable safe discharge
  - Additional capacity for assessments, provision of additional social worker staff for 3 months in Blaenau Gwent, Newport and Caerphilly , additional administrative staff to manage the information requirements to inform green/complex list in Caerphilly, Newport , Torfaen and the Health Board £67K
  - Purchase of specific equipment for bariatrics and Continuing Health Care £20K and stock equipment for GWICES £45K
  - Additional assessment capacity for Continuing Health Care with associated IT £32K
  - Additional capacity in the domiciliary care both in house and external in Caerphilly, Newport and Torfaen £83K
  - IT in Monmouth £5K
  - Light house project in Newport which is coordinating housing issues £45K
  - Additional assessment beds in Extra Care in Blaenau Gwent £30K
  - Telecare £3K in Blaenau Gwent.
- 4.9 In addition the Welsh government announced as part of its draft budget that there will be an increase in the Intermediate Care Fund budget to £50M for 16/17. We are still awaiting details of the exact allocation of the grant and details of any revisions in criteria to enable us to agree with partners how best to use this revenue funding going forward. Proposals for expenditure have to be agreed by the Health & Social Care Partnership Forum and further reports will be brought to scrutiny committee in due course.

## **5. FINANCIAL IMPLICATIONS**

- 5.1 The financial expenditure is detailed in 4.8 of the report.

**6. PERSONNEL IMPLICATIONS**

6.1 The are no specific personnel implications in relation to the report.

**7. EQUALITIES IMPLICATIONS**

7.1 The report is for information only therefore an Equalities Impact Assessment does not apply.

**8. CONSULTATIONS**

8.1 All comments have been included within the report.

**9. RECOMMENDATIONS**

9.1 Members note the use of the additional £450K Intermediate Care Funding and additional funding identified for 2016/17.

**10. REASONS FOR THE RECOMMENDATIONS**

10.1 The report is for information rather than consultation given the timescales in which the money was to be spent

Author: Jo Williams, Assistant Director Adult Services  
Consultees: Adult Services Management Team  
Senior Management Team  
Cllr Robin Woodyatt, Cabinet Member Social Services

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