

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**CABINET**

**11<sup>th</sup> SEPTEMBER 2019**

**MODERNISATION OF RESIDENTIAL CARE AND DAY CARE FOR  
OLDER PEOPLE**

**REPORT OF THE GROUP DIRECTOR, COMMUNITY & CHILDREN'S  
SERVICES, IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER,  
COUNCILLOR G HOPKINS**

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**1 PURPOSE OF THE REPORT**

1.1 At its meeting on [21<sup>st</sup> November 2018](#), Cabinet agreed to consult with people in receipt of care and support services, their families and carers, staff and other stakeholders on the preferred options for the future service delivery model for the Council's Residential Care Homes and Day Care Services. It also agreed to receive a further report summarising the results of the consultation process prior to any decision being made on the future of this provision in Rhondda Cynon Taf.

1.2 This report informs Members of the outcome of the consultation on the preferred options for the Council's residential care homes and day care provision which were consulted upon, namely:

- that the Council retains a level of provision of residential care homes which are focussed on providing complex care and respite. The level of provision retained would be based on a determination of the market share and need required in each of the Rhondda, Cynon and Taf geographical areas; and
- that there is a phased decommissioning of the Council's day services as part of a planned programme of transformation in line with a proposed new service model.

1.3 This report also sets out further recommendations regarding the future provision of the Council's residential care homes and day services in light of the consultation feedback received and, in this regard, provides additional information for Member's consideration.

**2. RECOMMENDATIONS**

It is recommended that Cabinet:

- 2.1 Considers (i) the responses to the consultation on the future service delivery model for the Council's residential care homes and day care services, (ii) Officer responses to the key themes highlighted from the consultation, (iii) the additional information provided in this report and (iv) the Equality Impact Assessment.
- 2.2 Subject to 2.1 above, and for the reasons outlined in Section 7 of the report, agrees to initiate a further 12 week period of public, staff and resident consultation on the preferred option for the future of the Council's residential care homes, namely that the Council retains the level of provision of residential care homes, as detailed below, focussed on complex needs, residential reablement and respite care which is based on a determination of the market share and considered need required in each of the Rhondda, Cynon and Taf geographical areas:

### **CARE HOMES PROPOSED TO BE RETAINED**

- Clydach Court Residential Care Home, Trealaw
- Ferndale House Residential Care Home, Ferndale
- Pentre House Residential Care Home, Pentre
- Tegfan Residential Care Home, Trecynon
- Troed Y Rhiw Residential Care Home, Mountain Ash
- Cae Glas Residential Care Home, Hawthorn
- Parc Newydd Residential Care Home, Talbot Green

### **CARE HOMES PROPOSED TO BE DECOMMISSIONED**

- Bronllwyn Residential Care Home, Gelli
- Ystradfechan Residential Care Home, Treorchy
- Dan Y Mynydd Residential Care Home, Porth
- Garth Olwg Residential Care Home, Church Village

- 2.3 Subject to 2.2 above, agrees that the proposed 12 week consultation runs for the period 30<sup>th</sup> September 2019 until 5 p.m. 20<sup>th</sup> December 2019.
- 2.4 Subject to 2.2 above, agrees to receive a further report summarising the results of the proposed consultation exercise and feedback received, prior to any decision(s) being made in relation to the proposal referred to in paragraph 2.2 above.
- 2.5 Subject to 2.2 and 2.4 above, continues to restrict admissions to the Council's residential care homes, other than in exceptional circumstances where an alternative placement that can meet the assessed need is not available. This is in order to minimise any potential impact on residents until such time as Cabinet considers the results of the proposed consultation exercise and any decision(s) it may take in relation to the proposal.

- 2.6 Subject to 2.1 above, agrees to implement the preferred option for the Council's day services for older people as consulted upon; namely that the Council develops a new day services model and change programme as part of the planned programme of transformation for adult services.
- 2.7 Subject to 2.6 above, agrees that the Director of Adult Services establishes an Older People's Day Services Programme Steering Group to co-produce and oversee the phased implementation of the new service model.

### **3. REASON FOR RECOMMENDATIONS**

- 3.1 Rhondda Cynon Taf Council is reviewing the residential care home and day care provision that it delivers internally as part of the modernisation of the future long term care it commissions for older people and has consulted on proposed preferred options for future service delivery.
- 3.2 The consultation undertaken with those people in receipt of care and support services, their families and carers, staff and other stakeholders on preferred options for the future service delivery model for the Council's residential care homes and day care services and feedback received from Overview and Scrutiny Committee (Appendix 6) will now assist Members when considering the next steps to take in relation to the proposals.
- 3.3 With the benefit of the feedback received from the first consultation process initiated by Cabinet, the views of Overview and Scrutiny Committee and additional information provided in this report Members are asked to give consideration to initiating a further consultation process in accordance with recommendations set out above.
- 3.4 Officers consider that doing nothing in respect of each proposal is not a viable option. Without exploring the potential for re-designing the way that adult care is provided, it will not be possible to meet people's changing expectations and increasing demand within the resources available. It is imperative, within the context of the Social Services and Wellbeing Act (Wales) 2014, that the Council continues to reduce reliance on traditional services such as residential home and day centre care and moves to a model focussing on preventative services, which promote choice, independence and wellbeing.
- 3.5 People are living longer with more life limiting and complex conditions and want greater choice in how their care is provided. The Council is committed to developing a wider range of options for supporting individuals and in particular those with complex care, including dementia.

- 3.6 The demand for adult social care is increasing, but the demand for traditional residential care and day care is decreasing as care is increasingly being provided in people's own homes and in the communities in which they live. The evidence and forecasts show that less residential care will be needed in the future, as more people will receive care in their own homes, including extra care housing schemes.
- 3.7 Previous reports have highlighted that there is an over-provision of residential care and day care in Rhondda Cynon Taf and sufficient alternative provision of the required type and quality in Rhondda Cynon Taf to meet current and forecast demands. However, retaining some residential care and transforming the day care offer would ensure that the Council meets its commitment to maintaining an in-house offer of provision in the local residential care home and day care market.

#### 4. **BACKGROUND**

##### **Context**

- 4.1 The need to modernise and continually improve Adult Social Care Services is a key priority for Rhondda Cynon Taf.
- 4.2 The [Cwm Taf Joint Commissioning Statement for Older People's Services \(2015-2025\)](#) (the 'Commissioning Statement') approved by Cabinet on 18th February 2016 acknowledges that care needs and expectations are changing and that there is a need to ensure that services are safe, appropriate and fit for purpose. The Commissioning Statement, in line with the statutory requirements of the Social Services and Wellbeing (Wales) Act 2014, has the following key principles at its core:
- **Promoting independence** - Supporting individuals to retain independence in their own homes and local communities.
  - **Prevention** - Offering information and support which preserves health and wellbeing and prevents the need for more intensive services.
  - **Early intervention** - Identifying risks to people's independence early and providing effective interventions to address these.
  - **Rapid response** - A range of focused and responsive services which provide support at times of greatest need.
  - **Integration of services** - Health and social care services that work together to provide a seamless, whole system approach.
  - **Community empowerment** - Supporting individuals, families and communities to take control over the support that is offered.
  - **Co-production** - Delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours.

- **Partnership** - Our organisations working together at every level to ensure that our collaborative efforts produce the best possible outcomes for our citizens and make best use of our resources.
  - **Dignity** - Our organisations and our staff will treat service users and their carers with dignity and respect.
  - **Tackling isolation** - Supporting people to feel connected to their local community.
  - **Accessibility** - Factors such as the timeliness of a response and access/transport to services will be a key consideration in the way we commission and provide services.
- 4.3 In undertaking the review of residential care home and day services for older people these principles have been central in reaching a preferred direction of travel and approach.
- 4.4 The Commissioning Statement identifies the need to make very different choices, particularly in what the Council offers through its own services, as well as what the Council commissions others to provide. Development of extra care housing was identified in the Commissioning Statement as a key alternative model of community based accommodation with care and support in order to enhance the health, wellbeing and independence of older people and avoid over reliance on residential care settings. Without continuing to deliver the Council's modernisation agenda including developing extra care housing and continuing to develop integrated support at home services, increasing demand, changing expectations and financial pressures will challenge the viability and suitability of Rhondda Cynon Taf's current model of adult care provision.
- 4.5 The Council has developed its strategy to modernise accommodation options for older people and deliver extra care housing in Rhondda Cynon Taf. This was approved by Cabinet in November 2016 and it gave a commitment to review and reshape the care market to:
- Increase the options available for people needing care and support; and
  - Deliver a viable alternative for people who are able to remain independent with support.
- 4.6 In [September 2017](#), Cabinet agreed a £50m investment plan to develop, in total, 300 extra care beds across Rhondda Cynon Taf and to deliver modern accommodation options to meet the needs and changing expectations of the growing older population. At this meeting, Cabinet also agreed that a comprehensive review of residential and day care services for older people be undertaken in order to determine future improvement for service delivery in line with the Council's strategy for accommodation for older people and provision of extra care.

- 4.7 The [Cwm Taf Joint Market Position Statement for Older People](#) was approved by Cabinet on 21<sup>st</sup> November 2017 and acknowledged that in the context of the ongoing modernisation of Adult Social Care Services, the care home sector is not expected to grow significantly over the next 10 years, although there will be a need to ensure that the Council can meet more complex needs including nursing and dementia care in high quality facilities.
- 4.8 Service models for the delivery of care for older people are evolving with an emphasis on supporting older people to remain at home longer. There will, however, remain a need for specialist residential and nursing care provision for those individuals whose needs require this level of support, for example, people with dementia, as part of the overall spectrum of support necessary to support the needs of our community.
- 4.9 Implementation of the Council's strategy to modernise accommodation options for older people is expected to result in further reductions in care home admissions as a key objective of the strategy is to replace institutional services with community based responses, for example extra care housing, and deliver more effective services with better outcomes for residents.
- 4.10 In addition, through the implementation of these strategies, the development of extra care housing schemes will provide the opportunity to create community hubs and provide facilities and services in flexible spaces which may be more suitable for the delivery of day services for older people. Such opportunities to create community hubs may provide opportunities to support the transformation agenda for older people day services.
- 4.11 As a result, Rhondda Cynon Taf commissioned Practice Solutions Ltd to undertake an independent review into residential care homes and day services for older people. The review involved an initial stage of research, followed by field work, which involved visiting all the care homes and day services managed by the Council. The findings, information and evidence gathered from data collected was then analysed to develop the report, which was reported to Cabinet on [21<sup>st</sup> November 2018](#).
- 4.12 Members will recall that, at the meeting of the Cabinet held on 21<sup>st</sup> November 2018, approval was given to consult on the future service delivery model for the Council's Residential Care Homes and Day Care Services within Rhondda Cynon Taf and, in particular, the following preferred options:
- that the Council retains a level of provision of residential care homes which are focussed on providing complex care and respite. The level

of provision retained would be based on a determination of the market share and need required in each of the Rhondda, Cynon and Taf geographical areas; and

- that the Council undertakes a phased decommissioning of day services as part of a planned programme of transformation in line with a proposed new service model.

4.13 The recently received Care Inspectorate Wales summary of Rhondda Cynon Taf County Borough Council's performance in carrying out its statutory social services functions confirms that:

*“there is a recognition of the need to update the local authority’s own in-house adult accommodation provision, in line with people’s changing needs and expectations. The pace of this change needs to be maintained and accelerated, in order to ensure that the services provided are in line with both presenting and anticipated needs. The planned further expansion of Extra Care facilities, based on a successful new build in Talbot Green and the new build on the site of a previous residential care facility, is an illustration of the local authority’s practical response to this identified need”.*

4.14 The rationale for the preferred options for the future service delivery model for the Council's residential care homes and day care services as consulted upon were referenced in the report to Cabinet on 21st November 2018 and circulated as part of the consultation documentation.

### **Residential Care**

4.15 Over recent years the balance of care has shifted from residential care to more community-based options, including extra care. Despite this shift, there remains an over reliance on residential care. Indeed, when benchmarked against other local authorities, Rhondda Cynon Taf still places a greater proportion of people aged 65 or over in residential care.

- 4.16 Longer term trends show a decline in the total number of placements in care homes, with a drop in local use since 2010/11, in Rhondda Cynon Taf, reflecting people's choice to remain independent and living at home for as long as possible. This is consistent with the Council's aim of providing care and support to people in their own homes wherever possible, for example by developing and making greater use of telecare, and extra care housing. Giving people more choice and control drives a need to change service provision to better suit individual needs and evidence shows that this promotes independence and enhances quality of life, which leads to better outcomes.
- 4.17 However, residential care homes offer an important choice to our citizens who are not able to stay living in their own homes due to their complex needs and will continue to play an important part in Rhondda Cynon Taf's modernisation of Adult Social Care Services.
- 4.18 There are 36 care homes operating in Rhondda Cynon Taf, 11 of which are directly managed by the Council. Across all provision there are 1,429 registered care home beds. The care home market is complex, but essentially consists of four different types of bed or placement; residential beds, residential dementia beds, nursing beds and nursing dementia beds. The breakdown of registered bed types currently in the market is shown below:

Residential beds	434	Nursing beds	516
Residential dementia beds	<u>346</u>	Nursing dementia beds	<u>131</u>
	<b>782</b>		<b>647</b>

- 4.19 The Council has 333 registered beds, which contains short stay beds (including 145 beds for people with dementia).
- 4.20 In the report to Cabinet on 21<sup>st</sup> November 2018, the average occupancy of the Council residential care homes was reported at 88% (October 2018) and the average levels of occupancy in Rhondda Cynon Taf has reduced over a period of time. The average occupancy of the Council residential care home for August 2019 was 77%. A breakdown, as at August 2019, of the vacancies across the Council's in-house residential care homes is shown in the table below:



	<b>Vacant Beds (Aug 2019)</b>	<b>% Occupied (Aug 2019)</b>	<b>Vacant Beds (Oct 2018)</b>	<b>% Occupied (Oct 2018)</b>
Bronllwyn	1	92%	-	100%
Pentre House	7	76%	6	75%
Ystrad Fechan	2	92%	2	92%
Ferndale House	7	73%	1	96%
Clydach Court	9	74%	4	89%
Dan Y Mynydd	8	73%	6	80%
Tegfan	5	89%	2	96%
Troed Y Rhiw	5	81%	1	96%
Cae Glas	13	67%	11	72%
Garth Olwg	6	80%	2	93%
Parc Newydd	13	64%	2	94%
<b>Total</b>	<b>76</b>	<b>77%</b>	<b>37</b>	<b>88%</b>

4.21 The external market provides 449 residential beds (including approximately 203 dementia beds) and 647 nursing beds (including approximately 131 dementia beds) in 25 residential and nursing care homes.

4.22 The external market (October 2018) showed average residential care bed occupancy of 94% and nursing beds occupancy of 92% – occupancy of 93% across the external residential and nursing care market. The average occupancy (August 2019) of external residential care beds is 96% and for nursing beds is 96% – an overall occupancy of 96% across the external residential and nursing care market.

4.23 Analysis of the external marketplace shows that there were (August 2019) 17 vacancies within residential care and 29 within the nursing care sector, compared with 28 vacancies within residential care and 51 within the nursing care sector (October 2018).

4.24 The table below provides further analysis of care home beds percentage occupancy and levels of vacancies across the residential and nursing care home market.

	<b>Council Beds</b>		<b>External Beds</b>	
	<b>% Occupied</b>	<b>Vacancies</b>	<b>% Occupied</b>	<b>Vacancies</b>
<b>August 2019</b>	<b>77%</b>	<b>76</b>	<b>96%</b>	<b>46</b>
<b>March 2019</b>	<b>79%</b>	<b>71</b>	<b>93%</b>	<b>81</b>
<b>March 2018</b>	<b>83%</b>	<b>57</b>	<b>88%</b>	<b>135</b>
<b>March 2017</b>	<b>89%</b>	<b>27</b>	<b>88%</b>	<b>67</b>
<b>March 2016</b>	<b>98%</b>	<b>8</b>	<b>92%</b>	<b>75</b>

4.25 The above analysis show that there is currently an over-provision of care home beds and it is unlikely that the overall demand for care homes beds will increase substantially in the near future. It should also be noted that 22 permanent placements to Council run homes have been agreed since the start of the consultation to date and approximately 45 individuals via respite (as at August 2019). This figure would include planned and emergency respite requests.

### **Day Care Services**

4.26 Current day service provision for older people in Rhondda Cynon Taf operates from traditional building based day centre settings. Adult social care day services for older people with an assessed care need is currently provided through 5 day centres:

- Bronllwyn (Gelli)
- Ferndale House
- Trecynon
- Tonyrefail
- Riverside (Pontypridd)

4.27 These day centres were predominantly built in the 1980's and have been maintained to a good standard of repair. Bronllwyn and Ferndale House operate from dedicated spaces in residential care home settings and Trecynon from a dedicated centre within Council office accommodation. Tonyrefail and Riverside are stand-alone day centres.

4.28 The centres have 25 places available per day with the exception of Ferndale House, which has a daily capacity limited to 11 places due to lack of space. All day centres are open 5 days per week between 9.00am and 4.00pm, although the majority of people access the service between 10.30 am to 3.30 pm.

4.29 While they remain popular among the people that use them and provide essential respite for carers, attendance at older people's day centres has shown a decline over recent years and it is felt that they no longer represent the most effective response to meeting people's needs.

4.30 Longer term trends show a decline in the total number of people accessing older people day services, with a large drop in local use since 2010/11, in Rhondda Cynon Taf, reflecting people's choice to have their wellbeing and care needs met by alternative means available within their own communities. Around 180 people are now registered to attend older people day services and current attendance rates average as follows across the 5 day centres:

	<b>Average attendance rate</b>
Bronllwyn, Gelli	81%
Ferndale House, Ferndale	46%
Riverside, Pontypridd	69%
Trecynon, Aberdare	78%
Tonyrefail	81%

4.31 The average attendance level for older people day centres is around 75%, which equates to a large unused capacity across the Service.

4.32 It is anticipated that the overall demand for, and the level of occupancy of, core day centres for older people will continue to fall further and therefore there is a need for change to the existing provision which is required to meet current and future need. However, in a similar way to residential care, day service provision also occupies an important position in the spectrum of services commissioned and provided for older people by Rhondda Cynon Taf Council's Adult Social Care services.

## **5. CONSULTATION FEEDBACK**

5.1 At its meeting on 21<sup>st</sup> November 2018, Cabinet gave approval for a period of public consultation on the future service delivery model for the Council's residential care homes and day care services within Rhondda Cynon Taf. This was scrutinised by Overview and Scrutiny Committee at its meeting of 22<sup>nd</sup> July 2019. Overview & Scrutiny Committee members recognised the need for modernisation to respond to future challenges and the need to meet changing expectations of future older generations. The minutes of this meeting are attached as Appendix 6 to this report and the key issues discussed included:

- Recognising the changing needs of the community, the importance of choice and the promotion of independent living;
- Seeking reassurance that meeting the changing needs of our residents cannot be achieved by retaining our existing residential homes;
- The value of the local authority delivery of Residential Care;
- Concerns in respect of the potential for multiple assessments to access residential care;
- Local provision and choice - the importance of residents accessing care locally was referenced, with members acknowledging the analysis of local availability and geographical requirements i.e. 5 mile radius
- The potential impact (be it positive or negative) on delayed transfers of care following the implementation of the proposals;

- Queried accuracy of concerns being expressed relating to potential cost implications to the residents of RCT; and
- Recognised the positive engagement undertaken via the consultation and the opportunities provided for scrutiny involvement.

### **Outcomes of the consultation events**

- 5.2 Practice Solutions Ltd, Abercynon, were commissioned to undertake an independent consultation with residential and day service staff, care home residents and their families and day centre users on the future service delivery model for the Council's residential care homes and day care services.
- 5.3 The consultation took place over the period from 14<sup>th</sup> January 2019 to 8<sup>th</sup> April 2019. The aim of the consultation was to gather as many views as possible from interested stakeholders to inform the Council in its decision making as to the future structure of residential and day services for older people in Rhondda Cynon Taf.
- 5.4 Consultation events were designed to provide more information about the proposals for change and give an opportunity for discussion and debate in group sessions. Members of the Council's Senior Adult Social Services Management Team attended the events to ensure the details of the proposed changes were reflected and queries answered directly.
- 5.5 In addition to the consultation events, questionnaires were used to obtain people's views regarding the proposals for the future of residential and day service provision in Rhondda Cynon Taf. In total 372 responses were received in relation to the review of residential services and 125 regarding changes to day service opportunities.
- 5.6 With regards to the residential proposals: 47.3% of respondents agreed with the Council's preferred option to retain a level of provision of residential care homes which are focused on providing complex care and respite. 34.9% disagreed with the Council's preferred option and the remainder responded as being unsure.
- 5.7 In terms of the preferred option to phase the decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model, 53% of respondents disagreed with the preferred option. 48.3% of people who responded agreed with the option to do nothing.

5.8 Detailed consultation reports were compiled, and these are available at Appendix 1 for Member's consideration. A summary of the main themes that emerged from the consultation, including officer responses, is provided below:

- **A common theme across all the consultation events was that the quality of care and support provided, and the contribution and commitment of staff was regarded very highly.**

Rhondda Cynon Taf residential care homes and day centres have served their communities well over the years and are popular services with good standards of care, provided by committed staff. The Council is proud of its staff and their commitment to providing high quality care. Hence, the decision of the Cabinet on 21<sup>st</sup> November 2018, subject to consultation, for the Council to consider retaining its role to maintain a strategic market share in each of the geographical areas that supports the highest possible quality of life for people needing care.

- **There were concerns about care being transferred to the private market as a result of the plans being consulted upon. The view expressed by some attendees was that Council run care homes were much better than private care homes. The financial implications for individuals moving into a private care home were a worry for some i.e. more expensive potentially and uncertainty about fee levels.**

The Independent Sector offers quality care. All residential and nursing care provision, regardless of who provides it, is subject to the same Care Inspectorate Wales (CIW) standards and inspection. The Council is committed to quality services which deliver dignified care across all sectors. Care and support plan reviews and any safeguarding activity also provide an oversight as to the quality of care provided. Learning from safeguarding is disseminated with providers through forums and the Cwm Taf Morgannwg Safeguarding Board.

The Cwm Taf Social Care Workforce Development Service invests in training for the local care home market. This includes specialist training such as dementia care and safeguarding as well as managerial skills. Regular care home fora are held for best practice sharing and information provision, and to ensure that training offers are focussed on what the market needs. There is a good take up of this training across the market within Rhondda Cynon Taf.

Rhondda Cynon Taf Council works to assist any provider that may be experiencing difficulty in achieving and maintaining expected standards of care, and to ensure that residents are safe and treated with dignity by providers.

All current residents will have been financially assessed to determine any contribution required. It is not envisaged that there would be any financially adverse impact on affected individuals as a result of any decision(s) made in respect of the proposals.

The Council has ongoing and well established relationships with local independent care home providers and already actively negotiates with them around fee levels, quality etc. The Council is able to purchase at reasonable rates, and this would continue to be the case.

- **Whilst there was general recognition about the need to improve care facilities for the future, in each case – Care Home or Day Centre – no one wanted theirs to be de-commissioned.**

The Cwm Taf Commissioning Statement for Older People Services (2015-2025) and the supporting Strategy to modernise accommodation options for older people (2016), outlines the Council's vision as to what services it needs to commission to ensure services provided deliver greater levels of choice and independence and meet both current and future needs in appropriate settings including in the community.

In line with the strategic vision, a review of the service delivery model for the Council's Residential Care Homes and Day Care Services was undertaken to consider other models of service delivery and improve the offer available in Rhondda Cynon Taf.

If a decision is made to decommission any of the Council's existing in-house older people care services the transfer of people would be carefully planned and carried out professionally, sensitively and safely. This would be informed by conversations with individuals, their families and others important in their care to establish needs and preferences when considering alternative provision and would be done within a timescale which would minimise the disruption and discomfort for those affected.

- **Reassurance was sought regarding de-commissioning of any homes and more information about the process that would be followed to determine any future decision.**

The welfare of residents would be the primary consideration in the event of any home de-commissioning. It would be approached in a planned and carefully managed way over a period of time, and in line with national best practice guidance. This would include the involvement of residents, families, friends and staff from the closing home.

Each resident and their family would be supported by a Social Care Practitioner who would assess individual needs and discuss

preferences and help to choose an appropriate alternative service. This would take into account specific issues such as long standing friendships. Where appropriate other care professionals including health staff and GPs would be involved, as would staff from the closing home, who as far as possible would support each resident's transition into an alternative service.

The Council has experience of achieving this with previous home de-commissioning. It is acknowledged that there are risks with moving any person, including planned moves. The Council has a lot of experience of moving people out of homes as it is part of core business, for example, as care needs change, if a resident is moved to a home that is more local to family and in an emergency situation.

Where a resident could not make an informed choice or has no family, an independent advocate would be made available with decisions required in selecting and moving to a suitable alternative service.

- **The higher standards of environment and facilities provided by Extra Care were welcomed and advice was given on a range of practical issues about the operation of Extra Care, staffing, care and support provided, the living conditions, care provided and funding, costs etc. The offer of visits to an extra care facility was positively received. The statement that couples could be accommodated together was welcomed.**

In line with the Council's strategic vision, Cabinet in September 2017, committed to a proposed £50m investment in extra care. This will bring the total number of extra care places in Rhondda Cynon Taf up to 300 – by building five new facilities in partnership with Linc Cymru.

Extra care delivers modern purpose accommodation and 24 hour care and support to meet the needs and changing expectations of the growing older population, allowing them to live as independently as possible in their own homes. Extra care can provide an alternative to residential care, nursing care and sheltered housing. It aims to provide 'a home for life' for many people even if their care needs change over time.

- **The determination of the location of care facilities for the future was seen as of critical importance and that residents still had access to a range of facilities in their locality to meet their changing needs so that family and friends could continue to visit or be involved. Residents and centre users wanted to continue to live in their chosen community and to "age in place". Staff equally saw the importance of location in relation to care options, support services, transportation, resident/service**

**user wellbeing, travel to work etc. Strong representations were made by residents, families and staff for Rhondda Fach to continue to have a facility in their community. It has to be said that this was true of all the Homes and Centres visited but was particularly emphasised in Rhondda Fach.**

The importance of the care homes and day centres to the local community and the range of services they provide is fully acknowledged. This would be considered as part of the review process to determine any future provision and would include understanding what the alternative service choices are available for people within a 5 mile radius of existing services. Any required consideration of alternative placements for individuals would be informed by assessment information and conversations with individuals, their families and others important in their care, to establish their needs and preferences. The needs of the carer would also be assessed and taken into consideration as part of the process.

- **Clarity was sought about what the term “complex care” means in the consultation papers and requests for a more detailed explanation and transparency about how the definition would be used in determining individuals care needs.**

Complex Care is an overarching term that is used to represent a multitude of factors that contribute to an individual’s overall care needs. These include emotional, physiological, social, personal, sensory, communication, environmental and health needs.

Following an assessment process in which consideration of the varying levels of each of the above factors is made - a decision can be made on an individual’s level and category of care. The assessments which take place are undertaken by suitably qualified and skilled care managers, registered home managers and health professionals.

- **Greater clarity was sought about how the Day Centres would focus on complex needs and compliment the role of the new Community Hubs. More information about how any change would be achieved was requested alongside details of the transitional arrangements for any service user/family who may be affected.**

The importance of day care services for the people who use them is recognised. Rhondda Cynon Taf Council fully accepts that it has a duty of care to these people and it would continue to fulfil this duty. This would entail keeping the people who use day care services, their



families and staff fully aware of what is happening and supporting them to consider the options available to them.

Should the proposal to develop and implement a new service model for day care services be agreed by the Cabinet, any potential transfer of people who use current day centres to alternative provision would be carried out in accordance with their needs and they and their families would have a named key worker who would help them throughout the process to ensure that the transfer to an alternative provision is done sensitively and safely.

Commissioning analysis has identified a changing need around day service opportunities and the potential for alternative service options, which would be informed by conversations with people who use services, their families and others important in their care to establish needs and preferences.

Under the proposed revised new service delivery model, Rhondda Cynon Taf Council would need to continue to provide specialist day services in addition to its on-going commitment to support the development of community hubs and neighbourhood networks.

Community hubs and neighbourhood networks are community based and enable older people to live more independently and pro-actively participate in activities within their own communities. They would provide activities and services that reduce social isolation and provide a gateway to advice, information and services for older people and their carers and promote health and wellbeing aimed at improving quality of life. Community hubs and neighbourhood networks work to support the development of preventive services and extend the range of activities provided using, for example, new funding available through direct payments.

Specialist services would in future focus on older people and their carers with high level care needs and for older people with dementia. Targeting services in this way not only makes best use of day care resources but also supports family carers and prevents, for example, premature admissions into hospital and long term care.

The specialist day services are proposed to be building based, but it is intended for these to be developed as hubs themselves whereby services extend into the wider community in which they are located. This model of community based day support offers the route to ensuring a flexible response to meeting individual need.

- **It was recognised that more people with dementia would in the future need care and support both in the community and in residential care and that it was important to provide them with appropriate responses. A common theme both in care home and**

**day centre consultations was the need to achieve a workable mix and arrangements with people who did and did not lack capacity and a community ethos developed in all locations.**

Dementia affects every individual differently and uniquely and Rhondda Cynon Taf Council would continue to support people using best practice guidance appropriately, e.g. Dementia Care Matters “Butterfly Project”.

The Council is clear that for people with complex needs such as dementia, there would be need for more dedicated community based day services and care home places to cater for the increase numbers of people needing care and support. The Council would continue to work with Care Providers to ensure any emerging dementia needs are met in Rhondda Cynon Taf.

Officers consider the proposed new service delivery models for residential and day services care would result in improved individualised services for people with dementia and their carers with improved outcomes.

The commissioning of services would be informed by assessment of individuals, including their families and others important in their care to establish needs and preferences. The needs of the carer would also be assessed and taken into consideration as part of the process.

- **A range of Human Resources issues were raised by staff on the implications of the proposed changes and there was a call for honesty and openness and more information from the Council regarding their jobs and conditions of service.**

Rhondda Cynon Taf Council is proud of the level of care its staff provides. There has been investment in the workforce and their skills and capabilities are valued.

As is clear in the consultation material, Rhondda Cynon Taf Council has presented preferred options for the future service delivery model for its Residential Care Homes and Day Care Services. However, it must be stressed that no decision has been made. The views expressed by those who have responded during the consultation exercise will be made known to the Cabinet for consideration prior to a decision on the future service delivery model.

Any workforce implications arising from the feedback of the public consultation, and any subsequent decision(s) taken by Cabinet, would be subject to further consultation with staff and trade unions in accordance with the Councils statutory obligations and Managing Change policy.

- 5.9 Officers have addressed above each of the key themes collated from the consultation feedback and provided mitigation where possible. The Equality Impact Assessment, appended at Appendix 2 to the report, should also be taken into consideration by Members when considering the above themes arising from the consultation exercise.

### **Overview and Scrutiny Committee**

- 5.10 The Overview and Scrutiny Committee has played an active role in the consultation process for the future service delivery model for the Council's residential care homes and day care services.
- 5.11 Prior to the start of the public consultation, Overview and Scrutiny Committee, on [13<sup>th</sup> December 2018](#), reviewed the recommendations in relation to the future service delivery model for the Council's residential care homes and day care services. The Committee requested that they be given the opportunity to pre-scrutinise the results of the consultation and make any recommendations ahead of a final decision being taken by Cabinet.

## **6. ADDITIONAL INFORMATION**

### **Demand and Supply**

- 6.1 Work has been undertaken to gain a better understanding of the forecast demand for extra care housing and care home provision in Rhondda Cynon Taf and compare this to the existing provision. To do this, the "More Choice, Greater Voice" forecast model has been used as the baseline model for predicting demand.

### **Extra Care**

- 6.2 There is currently one extra care housing scheme (40 apartments) available in Rhondda Cynon Taf (Ty Heulog, Talbot Green). A second scheme (again with 40 apartments) is due to open in November 2019 in Aberaman.
- 6.3 The "More Choice, Greater Voice" model suggests an area should provide 25 extra care places for every 1000 people over 75 years. The current supply of extra care in Rhondda Cynon Taf provides for only 2.04 places per 1000; increasing to 4.1 places per 1000 when the new Aberaman extra care housing scheme opens later in 2019. To meet the volume suggested by the model an additional 419 places would be required in Rhondda Cynon Taf. The forecast demand for extra care places is shown in the table below:

	Current		2025	2030
	Actual	Suggested	Forecasted	Forecasted
Rhondda	0	153	199	216
Cynon	40*	179	168	182
Taf	40	217	283	307
<b>Total</b>	<b>80</b>	<b>499</b>	<b>650</b>	<b>705</b>

\*Includes Aberaman Extra Care due to open in 2019

- 6.4 There are a number of extra care developments planned that will increase the supply over the coming years in Rhondda Cynon Taf. During 2021, a further 60 apartments are expected with the opening of the new extra care housing scheme in Pontypridd. During 2022, it is expected that there will be a further development in Porth providing 60 apartments followed by another development in Treorchy providing 60 apartments in 2023 and a further development in Mountain Ash providing 40 apartments by 2025.
- 6.5 By 2025, based on current development plans, Rhondda Cynon Taf will be providing 300 extra care beds (11.5 places per 1000), which will be 350 places below the recommended number forecasted by “More Choice, Greater Voice”.
- 6.6 It will be important to continue to stimulate growth if the supply is to keep pace with the demand from an increasing older population. The demand for extra care can be expected to continue to rise and it will be important to maintain the momentum of market development.

### Care Homes

- 6.7 There are currently 1429 care home places available in Rhondda Cynon Taf of which approximately 782 are residential homes and approximately 647 are nursing homes. However, these are not spread equitably as illustrated in the table below:

	Rhondda	Cynon	Taf	Total
<b>Population Over 75 (2017)</b>	6112	5161	8677	19950
Number of Residential Care Home places	282	202	298	782
Places per 1000 people over 75	46.1	39.1	34.3	39.2
Number of Nursing Care Home places	165	257	225	647
Places per 1000 people over 75	27.0	49.8	25.9	32.4
<b>Total number of Residential and Nursing Care Home places</b>	<b>447</b>	<b>459</b>	<b>523</b>	<b>1429</b>
<b>Places per 1000 people over 75</b>	<b>73.1</b>	<b>88.9</b>	<b>60.3</b>	<b>71.6</b>

- 6.8 According to the “More Choice, Greater Voice” forecast model an area should provide 65 residential care home places and 45 nursing care home places per 1000 people over 75. However, currently Rhondda Cynon Taf provides for 39 residential care home places per 1000 and 32 nursing care home places per 1000. This represents a shortfall, according to the model, of 515 residential care home places and 251 nursing care home places.
- 6.9 However, whilst there are occasional difficulties finding places for people in local care homes, there are no significant shortfalls in provision overall. Bed occupancy currently across residential care beds is 86% and 94% across nursing. This suggests there is an excess in the current level of provision for residential beds; whilst nursing bed levels are more widely occupied.
- 6.10 There is also a clear strategic intention to move away from institutional care and for care home services to focus on supporting people with more complex needs and severe levels of dementia. The “More Choice, Greater Voice” forecast assumptions of 65 places per 1000 for residential care and 45 places per 1000 for nursing care could therefore be seen as excessive, given the current balance of demand and supply in Rhondda Cynon Taf. Therefore, for the purposes of this analysis the current level of provision per 1000 people over 75 has been used as a starting point for estimating future demand across Rhondda Cynon Taf (39 residential care home places per 1000 and 32 nursing care home places per 1000).
- 6.11 The planned development of extra care homes will provide more choice to people that require increasing levels of personal care. Such choice will be expected to reduce the demand for residential care. It is not, however, expected to have such an impact on the demand for nursing care provision. Given the lack of extra care homes in Rhondda Cynon Taf, it has been assumed that 35% of people placed into a residential care home might have been suitable for extra care. The availability of extra care may also prompt people to choose this type of accommodation before a crisis situation stimulates a need for a care home placement. This effect would suggest the demand for residential care will fall as the availability of extra care increases.
- 6.12 If it is assumed that 35% of people currently taking a place in a residential care home were instead to take up extra care then this would reduce the number of places per 1000 people over 75 from the current 39 to 26. Since the availability of extra care is not expected to approach the planned 300 places until 2025 the reduction in residential demand would not be achieved until this time. To reflect this reduction the demand model has estimated a residential care home need for 26 places per 1000 for 2025 and beyond. Nursing care need is estimated to remain at the current 32 places per 1000 for 2025 and beyond. For

the purposes of this analysis the current supply of residential and nursing care is estimated to be the same as current:

	<b>Current</b>	<b>2025</b>	<b>2030</b>
Population over 75	19950	25990	28190
Residential demand	598	676	705
Nursing demand	668	858	930
<b>Total Care Home demand</b>	<b>1266</b>	<b>1534</b>	<b>1635</b>
Residential supply	782	782	782
Nursing supply	647	647	647
<b>Total Care Home supply</b>	<b>1429</b>	<b>1429</b>	<b>1429</b>

- 6.13 If these planning assumptions are used in the model the demand for residential care home places across Rhondda Cynon Taf could be expected to fall to 676 by 2025 – creating a surplus of 106 residential care places. Whilst the demand for nursing home places would rise to 858 by 2025 – creating a deficit of 211 nursing places.
- 6.14 The Council’s drive to increase the provision of extra care will be key to shifting the balance away from institutional residential care and allow some of the existing Council-owned care homes to be replaced due to projected residential care home surplus capacity by 2025. However, the above analysis also highlights the need to continue to stimulate the market to provide additional extra care and nursing care home services if overall projected shortfalls in provision are to be avoided into the future to meet the needs of the rising older population.

### **Physical Care Home Environment**

- 6.15 The Council’s in-house care homes are dated buildings, and whilst the quality of the care by staff is good, the facilities no longer meet modern standards. The homes were built over 30 years ago and were not designed to meet the current expectations of accommodation and were built for a different generation of older people than is now the case. Modern purpose-built care homes are designed to be dementia-friendly and have a bigger space standard to support mobility / hoisting needs. They also have ensuite facilities, so people are more able to toilet themselves. This is clearly a very important part of maintaining someone’s sense of dignity and independence.
- 6.16 However, the Council continues to maintain each home in accordance with normal industry practice and requirements and each home is routinely inspected by Care Inspectorate Wales who independently validate ongoing compliance with requirements.

- 6.17 Work has recently been undertaken, by Bruton Knowles, who are independent property consultants, to consider opportunities to remodel each existing home to meet current new home standards set by Care Inspectorate Wales. This desktop analysis has identified that any significant redevelopment of the existing buildings would require significant investment. It would mean fewer people could be supported in the Council in-house homes and some people currently living there would have to move into alternative accommodation, whilst others would experience disruption whilst the works were being completed requiring the temporary relocating of residents as the nature and extent of the remodelling work may require temporary closure.
- 6.18 A summary of this analysis is provided in Appendix 3 to this report.

### **Local Provision and Choice**

- 6.19 It is important that there is choice locally for those who want to stay in the area and therefore an assessment of the market has been carried out, based on the availability of care home provision within 5 miles of each of the Council in-house homes. The 5 mile radius has been used as the Council is aware that while services do provide for local people, residents have come from further afield than the immediate area in which the home is based and crucially their relatives also travel from outside this local area to visit them.
- 6.20 The analysis indicates that overall there are other care home providers locally within a 5 mile radius of the Council in-house residential care homes who are able to support people who need good quality residential care. The analysis is summarised below with more detail provided in Appendix 4.
- 6.21 It is also worth noting that with the exception of Ferndale House (5.2 miles) all other Council in-house residential care homes are within a 5 mile radius of an existing or proposed future extra care home.

#### **Rhondda**

Within 5 miles of **Bronllwyn**: there are 3 Council residential care homes providing 88 care beds (including 43 dementia beds) and 8 Independent Care Homes providing 291 beds (including 66 residential and 65 dementia residential beds).

Within 5 miles of **Pentre House**: there are 3 Council residential care homes providing 71 care beds (including 43 dementia beds) and 7 Independent Care Homes providing 210 beds (including 50 residential and 44 dementia residential beds).

Within 5 miles of **Ystrad Fechan**: there are 3 Council residential care homes providing 76 care beds (including 35 dementia beds) and 5 Independent Care Homes providing 147 beds (including 34 residential and 9 dementia residential beds).

Within 5 miles of **Ferndale House**: there are no Council residential care homes and 3 Independent Care Homes providing 135 beds (including 20 residential and 26 dementia residential beds).

Within 5 miles of **Clydach Court**: there are 4 Council residential care homes providing 95 care beds (including 38 dementia beds) and 7 Independent Care Homes providing 251 beds (including 56 residential and 55 dementia residential beds).

Within 5 miles of **Dan Y Mynydd**: there is 1 Council residential care home providing 35 residential dementia care beds and 6 Independent Care Homes providing 216 beds (including 48 residential and 55 dementia residential beds).

### Cynon

Within 5 miles of **Tegfan**: there are no Council residential care homes and 6 Independent Care Homes providing 281 beds (including 47 residential and 55 dementia residential beds).

Within 5 miles of **Troed Y Rhiw**: there are no Council residential care homes and 7 Independent Care Homes providing 266 beds (including 59 residential and 38 dementia residential beds).

### Taf

Within 5 miles of **Caeglas**: there is 1 Council residential care home providing 30 standard residential care beds only and 6 Independent Care Homes providing 294 beds (including 98 residential and 49 dementia residential beds).

Within 5 miles of **Garth Olwg**: there are 2 Council residential care homes providing 75 care beds (including 39 dementia) and 6 Independent Care Homes providing 294 beds (including 98 residential and 49 dementia residential beds).

Within 5 miles of **Parc Newydd**: there is 1 Council residential care home providing 30 standard residential care beds only and 2 Independent Care Homes providing 56 beds (including 15 residential and 9 dementia residential beds).



## **7. PREFERRED OPTION FOR FUTURE SERVICE DELIVERY MODEL FOR THE COUNCIL'S RESIDENTIAL CARE HOMES**

7.1 At its meeting on 21<sup>st</sup> November 2018, Cabinet agreed to consult on the following preferred option for residential care:

**The Council retains a level of provision of residential care homes which are focussed on providing complex care, short term residential reablement and respite and commission standard residential care and nursing care from the external market. The level of provision retained would be based on a determination of the market share and need required in each of the Rhondda, Cynon and Taf geographical areas**

7.2 By retaining its provider role, the Council maintains a strategic market share in each of the Rhondda, Cynon and Taf geographical areas and would:

- **provide choice:** The Council wish to ensure that people, wherever possible, should be offered the opportunity to live in a local authority residential care home;
- **protect against market failure:** The Social Services and Wellbeing (Wales) Act 2014 requires the local authority to manage provider failure and market oversight. Adult Social Care has an important role to play in ensuring a contingency service for the Local Authority should there be any independent sector provider failure;
- **maintain quality of care:** Whilst the independent sector offers quality care, Rhondda Cynon Taf's in-house residential care homes have consistently achieved high-quality care over the decades. This has been externally acknowledged by consistently good regulatory inspection reports from the Care Inspectorate Wales (CIW). In addition, two homes have the Butterfly Model of Care Quality of Life Accreditation Award issued by Dementia Care Matters; and
- **provide specialist integrated provision:** Rhondda Cynon Taf Adult Social Care has a reputation for providing integrated, flexible services with Health Partners and others within its residential care homes. This is specifically beneficial to facilitate timely hospital discharge such as during times of winter pressures in the hospitals, and to respond to clients in crisis and prevent breakdown in family based care by providing regular and planned respite services.

7.3 In line with the key principle of better prevention, the Council would be able to designate the Council's residential care home beds as necessary for respite provision, which would allow carers greater certainty, helping them to keep their loved ones at home for longer by providing them with a much needed break.

- 7.4 Refocusing the Council's residential care homes so that they focus more on complex care would allow the Council to provide better care and support for people with complex needs such as dementia and have the right skills and knowledge to provide this type of care, with buildings set up in such a way to support more complex needs. It would also provide market certainty for the external market surrounding the commissioning of standard residential care but still be commissioned to provide complex care if they choose to access it in the external market.
- 7.5 By adopting the preferred options for the Council's residential care homes in this way it would allow the Council to strive to provide better services and care for its residents. It would also provide market certainty for the independent sector surrounding the commissioning of standard residential care. The independent sector already provides high levels of standard residential care placements in Rhondda Cynon Taf and to an equivalent standard to that provided by the Council.
- 7.6 Officers consider that by concentrating Council resources on fewer discreet specialisms, improvements would be made to the service for residents in Rhondda Cynon Taf with complex needs because it would be in a position to upskill staff to better meet the required needs and consequently provide a higher quality service. If the Council no longer focuses on the delivery of standard residential care the current level of internal beds would exceed those required to deliver a service based on current demand and projected future demand over the medium term; taking into account the Council's commitment to develop extra housing and support more people to live in their homes for longer.
- 7.7 The preferred option as consulted upon, provides a solution which would allow the Council to deliver a model that enables people to maximise their independence, remain in their own home for longer and meet the needs of vulnerable adults in line with the principles of the Social Services and Wellbeing (Wales) Act 2014 whilst at the same time achieving necessary improvements in service efficiency and effectiveness.
- 7.8 Officers have addressed each of the key themes collated from the consultation feedback and outlined possible mitigation, where required, as detailed in Section 5 above.
- 7.9 There is a level of risk in delivering the proposed model and there could be a negative impact on some residents because of the potential need to move from their current Council residential care homes. However, this risk could be mitigated as much as possible, for example, by ensuring:
- the overarching model for residential care is phased over a period of years and any de-commissioning of a Council residential care home, following consultation and agreement by Cabinet, be predicated upon:

- finding alternative residential care home or extra care housing placement for permanent residents; and
  - local extra care scheme developments opening in Aberaman, Pontypridd, Porth, Treorchy and Mountain Ash
- robust assessment processes implemented which would ensure all those affected are supported, before and after any move. Officers are confident alternative care home provision, extra care housing or other community based provision is available that meets the assessed needs of the person and can be secured in Rhondda Cynon Taf;
  - that Council residential care home residents would not be at a financial disadvantage through the implementation of any proposal; and
  - there would be no requirement for residents to move immediately from Council residential care homes. Residents would be able to remain in their current homes, until such a time as a suitable alternative placement became available.

### **Council residential care home – Proposed level of provision to be retained**

- 7.10 As referenced above, detailed modelling has been undertaken using the “More Choice, Greater Voice” forecast model, which is used to forecast demand for care home beds (and extra care housing beds) in Rhondda Cynon Taf and compare this to the existing provision.
- 7.11 This modelling exercise indicated that the demand for residential care home beds across Rhondda Cynon Taf, could be expected to fall to 676 by 2025, and the Council’s commitment to increase the provision of extra care will be key to shifting the balance away from institutional residential care. This could create a surplus of 106 residential care places and therefore allow some of the existing Council-owned care homes to be replaced due to projected residential care home surplus capacity by 2025.
- 7.12 An evaluation has been undertaken to determine the Council residential care homes that may no longer be required.
- 7.13 An evaluation matrix (attached at Appendix 5) was used which assessed each Council residential care home against the following criteria as follows:

#### **Building suitability**

- Current building compliance assessment

- Redevelopment potential of existing home to meet Care Inspectorate Wales new build standards

### **Geographical areas**

- Location
- Availability of internal residential provision in area
- Availability of alternative residential provision in area
- Availability of extra care housing provision in area

### **Current level of use**

- Current occupancy levels
- Current level of alignment with proposed future service

### **Current cost of placement**

- Actual Council cost per occupied bed per week

Each criteria attracted a score of up to 5 with a weighted average maximum score of 190, with the higher the score indicating that the residential care home was most fit for purpose to deliver the preferred future service model. The criteria are driven by location and the availability of accommodation with care provision in the geographical areas of Rhondda, Cynon and Taf. The outcome of the evaluation is summarised in the table below:

### **Summary of Council residential care home evaluation analysis**

<b>Care Home</b>	<b>Evaluation Summary Comments</b>	<b>Evaluation Score</b>	<b>Proposed Recommended Option</b>
Ystrad Fechan	<p>Home located towards top of Rhondda Fawr geographical area. Within 5 miles, there are 3 Council residential care homes providing 76 care beds and 5 Independent Care Homes providing 147 beds (including 43 residential beds). Planned new 60 bed extra care scheme to open on adjacent former Ysbyty George Thomas.</p> <p>Medium occupancy with some dedicated dementia capacity.</p> <p>Generally, the premises provides adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 45% reduction in bed capacity if developed to new build standards on the current footprint.</p>	110.00	Decommission when Treorchy extra care scheme is opened - estimated early 2023.

Care Home	Evaluation Summary Comments	Evaluation Score	Proposed Recommended Option
Pentre House	<p>Home located centrally in Rhondda Fawr geographical area. Within 5 miles, there are 3 Council residential care homes providing 71 care beds and 7 Independent Care Homes providing 210 beds (including 94 residential beds). Planned new extra care scheme to open within vicinity.</p> <p>Medium occupancy with all standard registered beds – largest Council home in Rhondda Fawr.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 45% reduction in bed capacity if developed to new build standards on the current footprint.</p>	117.00	Retain
Bronllwyn	<p>Home located centrally in Rhondda Fawr geographical area. Within 5 miles, there are 3 Council residential care homes providing 88 care beds and 8 Independent Care Homes providing 291 beds (including 131 residential beds). Planned new extra care scheme to open within vicinity.</p> <p>Lowest occupancy – just 12 standard registered beds. High actual costs of providing care (over £1300 per occupied bed). Considered an unviable and unsustainable option.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 41% reduction in bed capacity if developed to new build standards on the current footprint.</p>	86.00	Decommission home when suitable alternative placements are available in area – estimated Summer 2020.
Ferndale House	<p>Only care home (Council and independent sector) within Rhondda Fach. No Council care home within 5 miles – just 3 Independent care homes providing 135 beds (including 46 residential beds). No planned new extra care scheme to open within vicinity.</p> <p>Medium occupancy with some dedicated dementia capacity.</p> <p>The premises has been constructed in a tall and narrow configuration and provides very limited accommodation options, although generally is compliant with the relevant guidance at the time of first registration. Around 23% reduction in bed capacity if developed to new build standards on the current footprint.</p>	148.50	Retain

Care Home	Evaluation Summary Comments	Evaluation Score	Proposed Recommended Option
Dan-Y-Mynydd	<p>One of two Council care homes located within Porth area. Within 5 miles, there is 1 Council residential care homes providing 35 care beds and 6 Independent Care Homes providing 216 beds (including 103 residential beds). Planned new 60 bed extra care scheme to open on adjacent Bronwydd Office site.</p> <p>Medium/high occupancy and all dedicated dementia capacity.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 30% reduction in bed capacity if developed to new build standards on the current footprint.</p>	110.5	Decommission home when Porth extra care scheme is opened - estimated late 2022.
Clydach Court	<p>One of two Council care homes located within Porth area. Within 5 miles, there are 4 Council residential care homes providing 95 care beds and 7 Independent Care Homes providing 251 beds (including 111 residential beds). Planned new 60 bed extra care scheme to open within Porth vicinity.</p> <p>Medium/high occupancy and all dedicated dementia capacity.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 37% reduction in bed capacity if developed to new build standards on the current footprint.</p>	112.00	Retain
Tegfan	<p>One of two Council care homes located within North of Cynon Valley. Within 5 miles, there are no Council residential care homes and 6 Independent Care Homes providing 281 beds (including 102 residential beds). Planned new 40 bed extra care scheme to open in Aberaman.</p> <p>High occupancy with some dedicated dementia capacity.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 37% reduction in bed capacity if developed to new build standards on the current footprint.</p>	139.00	Retain

Care Home	Evaluation Summary Comments	Evaluation Score	Proposed Recommended Option
Troed-Y-Rhiw	<p>One of two Council care homes located within South of Cynon Valley. Within 5 miles, there are no Council residential care homes and 7 Independent Care Homes providing 266 beds (including 97 residential beds). Planned new 40 bed extra care scheme to open in Mountain Ash in future.</p> <p>Medium occupancy with some dedicated dementia capacity.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 43% reduction in bed capacity if developed to new build standards on the current footprint. .</p>	115.00	Retain
Cae Glas	<p>One of three Council care homes located in the East of Taf Ely area. Within 5 miles, there is one Council residential care homes providing 30 care beds and 6 Independent Care Homes providing 294 beds (including 147 residential beds). Planned new extra care scheme to open within Pontypridd area.</p> <p>Medium/high occupancy and all dedicated dementia capacity.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 43% reduction in bed capacity if developed to new build standards on the current footprint.</p>	125.00	Retain
Garth Olwg	<p>One of three Council care homes located in central Taf Ely. Within 5 miles, there are two Council residential care homes providing 75 care beds and 6 Independent Care Homes providing 294 beds (including 147 residential beds). Planned new extra care scheme to open within Pontypridd area.</p> <p>Medium occupancy and all standard capacity.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 30% reduction in bed capacity if developed to new build standards on the current footprint.</p>	106.00	Decommission home when Pontypridd extra care scheme is opened - estimated Summer 2021.

Care Home	Evaluation Summary Comments	Evaluation Score	Proposed Recommended Option
Parc Newydd	<p>One of three Council care homes located in the West of Taf Ely area. Within 5 miles, there is one Council residential care homes providing 30 care beds and 2 Independent Care Homes providing 56 beds (including 24 residential beds). Extra care scheme open in Talbot Green.</p> <p>Medium/high occupancy and all standard capacity.</p> <p>Generally, the premises provide adequate accommodation and is compliant with the relevant guidance at the time of first registration. Around 41% reduction in bed capacity if developed to CIW new build standards on the current footprint.</p>	125.00	Retain

7.14 Based on the outcome of the evaluation and results of the first consultation exercise, the following is therefore proposed:

#### **CARE HOMES PROPOSED TO BE RETAINED**

- Clydach Court Residential Care Home, Trealaw
- Ferndale House Residential Care Home, Ferndale
- Pentre House Residential Care Home, Pentre
- Tegfan Residential Care Home, Trecynon
- Troed Y Rhiw Residential Care Home, Mountain Ash
- Cae Glas Residential Care Home, Hawthorn
- Parc Newydd Residential Care Home, Talbot Green

#### **CARE HOMES PROPOSED TO BE DECOMMISSIONED**

- Bronllwyn Residential Care Home, Gelli
- Ystrad Fechan Residential Care Home, Treorchy
- Dan y Mynydd Residential Care Home, Porth
- Garth Olwg Residential Care Home, Church Village

It is also proposed that if any home(s) were decommissioned this would be done on a phased basis dependent on the prevalent circumstances at the time in relation to each home e.g. when alternative care placements become available or extra-care developments open. It is important to note that some residents may wish to relocate to another care home as other differing factors determine care home choice.



- 7.15 Should Cabinet determine to initiate a further consultation on a proposal to retain and/or decommission any of the Council's residential care homes it is recommended the Council continues to restrict admissions to all residential care homes, other than in exceptional circumstances where an alternative placement that can meet the assessed need is not available. This is in order to minimise any potential impact on residents until such time as Cabinet considers the results of the proposed consultation exercise and any decision(s) it may take in relation to the proposal.
- 7.16 Having due regard to the consultation, the Equality Impact Assessment and the supporting information included in this report, it is recommended that Cabinet initiate a further consultation on a proposed model of retaining the 7 care homes and decommission 4 care homes, as outlined in paragraph 7.14 above, with those homes proposed to be retained focussed on providing complex care, short term residential respite and nursing care. Standard residential care and nursing care would be commissioned from the external market.

## **8. PREFERRED OPTION FOR FUTURE SERVICE DELIVERY MODEL FOR THE COUNCIL'S DAY CARE SERVICES FOR OLDER PEOPLE**

- 8.1 At its meeting on 21<sup>st</sup> November 2018, Cabinet agreed to consult on the following preferred option for day care services:

**The Council undertakes a phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model**

- 8.2 The new service model would enable the transformation of the service to provide enhanced day service opportunities and to contribute to the development of a day service better able to meet the changing needs and aspirations of the older people of Rhondda Cynon Taf. In order to secure an appropriate range of both care and day opportunities, in line with differing preferences and needs, a continuum of provision is required. This would include care and support for the most vulnerable older people.
- 8.3 The proposed new service would allow the Council to provide specialist day centre provision for those with more complex care and support needs, ultimately providing better care for its residents because again it would be able to up skill our staff to concentrate on providing this specialist service in a way that it is currently more difficult to do because of the range of complex and non-complex needs.

8.4 It is proposed the new model of service should have the following key elements:



8.5 There is no reason to expect that a one-way journey remains the only trajectory or choice for older people. Flexible services which would enable a person to access a community hub and then move to universal services or vice versa should be enabled as part of the support planning process. However, in the development of the proposed new service model, it has been recognised that planned development and investment in universal service provision and in Community Hubs and extra care housing would help to better reflect the patterns of actual choice people are now making and create capacity to change.

8.6 The proposed new service model would:

- **Offer a purposeful, outcome focused and flexible service.** This means working out individual programmes with service users and agreeing the changes in the user's life which the service would promote. It also means the service having the capacity to support service users in different settings. In this way support follows the user into the situations where they need it.
- **Actively support service users in relation to day opportunities.** This is more than providing a service on a particular day. It is about helping users to work out arrangements in relation to day opportunities across their week, in line with their needs and preferences.
- **Support recovery and independence.** This would be a key feature of the service's overall approach. But it also means being able to provide a structured, time limited recovery and enablement service with an individual programme, goals and Care Manager and/or Therapist oversight. This would be the service normally offered first

to older people, unless this is not appropriate because of individual needs.

- **Engage with partners.** It is important to take advantage of opportunities for collaboration in relation to the care pathways which service users follow, more integrated service delivery, better use of buildings and improved access to services.
- **Provide support to carers.** As well as respite, this might be informal, ad hoc support, for example around day to day issues relating to the service user's care or through planned information sessions and groups.
- **Provide specialist services.** This is support for older people who are likely to have complex needs arising from long term conditions, including dementia. The day service may well provide one element in a more extensive care plan and/or meet needs relating to carer respite. As necessary long-term support can be provided.
- **Depend less on building based routines.** In order to achieve the flexibility to support service users in a wider range of settings staff would have to be deployed differently. This would mean moving away from the current fixed routine of that day's group of service users all coming in to the centre in the morning and going home together in the afternoon.
- **Fit well with the development of Self Directed Support.** The day service itself must be personalised and offer real choice, but it must also provide a supportive bridge to other Self Directed Support arrangements. In this context the potential role of an enablement service is being recognised in national guidance.

8.7 Officers have addressed each of the key themes collated from the consultation feedback and outlined possible mitigation, where required, as detailed in Section 5 above.

8.8 The development of the proposed new service model for older people day services represents a change in emphasis away from building based services, where the person is required to fit in with the services, towards a more personalised service that better responds to individual needs and outcomes.

8.9 For people who currently use the older people's day centres, there is a commitment that each person, with an assessed need, would continue to have the same level of service as they currently receive under the proposed new service model. This is important to stress as some people have interpreted the proposal around decommissioning as a service loss rather than a service change.

- 8.10 People with high level needs would, as now, be able to access specialist Council run day services. For other day centre users, Adult Services staff would work with them on an individual basis to identify alternative choices that would make for a stimulating and enjoyable day. Helping older people to remain independent and become involved in social activities in their own communities are key factors in improving a person's well-being and avoiding social isolation. In Rhondda Cynon Taf this has led to the development and investment in Community Hubs and Neighbourhood Networks that would start to provide a more comprehensive range of activities and services for older people across the County Borough.
- 8.11 Having due regard to the consultation, the Equality Impact Assessment and the supporting information included in this report, it is proposed that Cabinet:
- agrees to implement the preferred option for the Council's day services for older people as consulted upon; namely that the Council develops a new day services model and change programme as part of the planned programme of transformation for adult services.
  - agree to the Director of Adult Services establishing an Older People's Day Services Programme Steering Group to oversee the phased implementation of new service model.

## **9. EQUALITY AND DIVERSITY IMPLICATIONS**

- 9.1 Cabinet Members will be fully aware and mindful of the general equality duty introduced by the Equality Act 2010 and the specific public sector equality duties applicable to the Council as a local authority in Wales.
- 9.2 In accordance with the Equality Act, the Council (and consequently Cabinet) when exercising its functions has a general duty to have due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act;
  - advance equality of opportunity between people who share a protected characteristic and those who do not; and
  - foster good relations between people who share a protected characteristic and those who do not.
- 9.3 The duty covers the following eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

9.4 The Equality Act outlines that having due regard for advancing equality involves:

- removing or minimising disadvantages suffered by people due to their protected characteristics;
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people; or
- encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

9.5 In addition to the general duty the Council must:

- assess the likely impact of proposed policies and practices on its ability to comply with the general duty;
- assess the impact of any policy which is being reviewed and of any proposed revision;
- publish reports of the assessments where they show a substantial impact (or likely impact) on an authority's ability to meet the general duty; and
- monitor the impact of policies and practices on its ability to meet that duty.

9.6 It was acknowledged previously that proceeding with the preferred options for the overarching future service delivery model for the Council's residential care homes and day care services within Rhondda Cynon Taf, would clearly have an impact on existing and future residential care home residents and day service participants. Due to the nature of the people group, there would be a disproportionate impact on older people and people with a range of disabilities.

9.7 An Equality Impact Assessment (EIA), informed by the consultation feedback, for overarching preferred service model options for the Council's residential care homes and day care services has been completed and has informed the final recommendations set out in this report. A copy of the EIA is included at Appendix 2.

9.8 The key potential adverse impacts of the preferred options for the overarching future service delivery model for the Council's residential care homes and day care services on people with protected characteristics particularly older people and carers are set out in the EIA. Alongside these, possible mitigation has been put forward.

- 9.9 It is also acknowledged that if a further consultation process is initiated in relation to the proposals as recommended in Section 2 of this report, separate EIAs for each of the Council residential care homes evaluating the impact of the recommendations emerging from the consultation would be completed, informed by the consultation feedback, and included in a subsequent report to Cabinet prior to any decision being made on the proposals.

## **10. CONSULTATION**

- 10.1 At its meeting on 21<sup>st</sup> November 2018, Cabinet gave approval for a period of public consultation on the preferred options for the future service delivery model for the Council's residential care homes and day care services within Rhondda Cynon Taf.
- 10.2 The consultation took place over a period from 14<sup>th</sup> January 2019 to 8<sup>th</sup> April 2019. The aim of the consultation was to gather as many views as possible from interested stakeholders to inform the Council in its decision making as to the future model of residential and day services for older people in Rhondda Cynon Taf.
- 10.3 Detailed consultation reports are available at Appendix 1. A summary of the main themes that emerged in the consultation, including Officer responses, is set out in the main body of the report.
- 10.4 If Cabinet agree to initiate a consultation in relation to the recommendations outlined in section 2 above it is proposed that a 12 week consultation process is carried out, commencing on 30<sup>th</sup> September 2019 and ending 5p.m. 20<sup>th</sup> December 2019.

## **11. FINANCIAL IMPLICATIONS**

- 11.1 The proposals set out in this report have the primary focus on delivering improved quality of care and support outcomes for Rhondda Cynon Taf residents. Whilst the financial implications are a secondary consideration, the proposals for change should provide more cost effective solutions to the current arrangements and these would be explored post consultation and when Cabinet takes a final decision on a way forward.
- 11.2 Notwithstanding this, there is a growing demand for and pressure on adult social care services and any potential financial contribution these proposals would make to the Council's Medium Term Financial Plan would be used to maintain these essential care and support services.

## **12. LEGAL IMPLICATIONS AND LEGISLATION CONSIDERED**

- 12.1 There is a legal requirement to publicly consult and consult with staff affected by proposals resulting in changes to current and future provision of services.
- 12.2 Where consultation is undertaken it should be done when proposals are at a formative stage; give sufficient reasons for any proposal so that respondents can make an informed response, and allow adequate time for consideration and response. Cabinet would then be required to give consideration to the outcome of the consultation process prior to any decision(s) being made on any proposals.
- 12.3 Any future provision of services would need to be considered in accordance with the Social Services and Wellbeing (Wales) Act 2014. Local Authorities have a general duty under the Act to promote wellbeing. This duty applies when considering decisions in respect of an individual but also when considering broader strategic issues that do not relate to an individual. In doing so, the overall purpose is to produce a sustainable and diverse range of care and support services to deliver better, innovative and cost-effective services and support and promote the wellbeing of every person, and carer, with the need of care and support. The recommendations made in section 2 above and consideration of future options aims to deliver the highest standards of care and support, and is consistent with the above duty.
- 12.4 In addition, the Social Services and Wellbeing (Wales) Act 2014 and accompanying Part 4 Code of Practice sets out that where an Authority has carried out an assessment which has revealed that the person has needs for care and support then the local authority must decide if those needs meet the eligibility criteria, and if they do, it must meet those needs. The recommendations put forward in this report will allow the Council to ensure that going forward Rhondda Cynon Taf can meet all eligible needs.
- 12.5 Any employment issues that arise would need to be considered in conjunction with Human Resources, and in accordance with any relevant policies and legislative provisions.

## **13. LINKS TO CORPORATE AND NATIONAL PRIORITIES AND THE WELLBEING OF FUTURE GENERATIONS ACT**

- 13.1 This report supports two of the [Council's corporate priorities](#), namely:
- People - promoting independence and positive lives for everyone; and
  - Living within our means - where services are delivered efficiently to achieve value for money for the taxpayer.

- 13.2 The proposals outlined in this report are consistent with the priorities set out in the Statement of Commissioning Intent for Older People; Accommodation and Extra Care Strategy and Care Home Market Position Statement.
- 13.3 The proposals in this report would allow the Council to effectively meet the requirements of both the Social Services and Wellbeing (Wales) Act 2014 and Wellbeing of Future Generations (Wales) Act by providing a model of care that is sustainable for the future and effectively meets the needs of an ageing population with more complex needs.

#### **14. CONCLUSION**

- 14.1 Officers consider that doing nothing in respect of each proposal is not a viable option. Without exploring the potential for re-designing the way that adult care is provided, it will not be possible to meet people's changing expectations and increasing demand within the resources available. It is imperative, within the context of the Social Services and Wellbeing Act (Wales) 2014, that the Council continues to reduce reliance on traditional services such as residential home and day centre care and moves to a model focussing on preventative services, which promote choice, independence and wellbeing.
- 14.2 Officers consider that the recommendations put forward in this report are appropriate when taking into consideration all relevant factors and themes arising from the consultation process and EIA.
- 14.3 For the reasons outlined in this report it is therefore recommended that a further 12 week period of public, staff and resident consultation on the preferred option for the future of the Council's residential care homes be undertaken, namely that the Council retains the level of provision of residential care homes, as detailed below, focussed on complex needs, residential reablement and respite care.

#### **CARE HOMES PROPOSED TO BE RETAINED**

- Clydach Court Residential Care Home, Trealaw
- Ferndale House Residential Care Home, Ferndale
- Pentre House Residential Care Home, Pentre
- Tegfan Residential Care Home, Trecynon
- Troed Y Rhiw Residential Care Home, Mountain Ash
- Cae Glas Residential Care Home, Hawthorn
- Parc Newydd Residential Care Home, Talbot Green

#### **CARE HOMES PROPOSED TO BE DECOMMISSIONED**

- Bronllwyn Residential Care Home, Gelli
- Ystradfechan Residential Care Home, Treorchy
- Dan Y Mynydd Residential Care Home, Porth
- Garth Olwg Residential Care Home, Church Village



14.4 In terms of Day Services it is recommended that further work is undertaken to co-produce the new day services model and change programme as part of the planned programme of transformation for adult services. To support this the Director of Adult Services should establish an Older People's Day Services Programme Steering Group to develop and oversee the phased develop and implementation of the new service model.

**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**CABINET**

**11<sup>TH</sup> SEPTEMBER 2019**

**MODERNISATION OF RESIDENTIAL CARE AND DAY CARE FOR  
OLDER PEOPLE**

**REPORT OF THE GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES,  
IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER, COUNCILLOR  
GERAINT HOPKINS**

**Background Papers**

[Cabinet 18<sup>th</sup> February 2016](#)

[Cabinet 21<sup>st</sup> November 2017](#)

[Cabinet 21<sup>st</sup> November 2018](#)

[Overview and Scrutiny Committee 13<sup>th</sup> December 2018](#)

[Overview and Scrutiny Committee 22<sup>nd</sup> July 2019](#)

**Officer to contact: Neil Elliott, Director Adult Services. Tel. 01443 444603**

**APPENDIX 1**



**MODERNISATION OF RESIDENTIAL CARE AND DAY  
CARE FOR OLDER PEOPLE**

**AN ANALYSIS OF CONSULTATION BY  
RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**Practice Solutions Ltd**

Geoff Sherlock, Glenda George and Steve Milsom  
April 2019

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## 1. Introduction

- 1.1 This Report provides an initial analysis of findings from the consultation on Rhondda Cynon Taf County Borough Council's (the Council) proposals to modernise the residential care and day care services it provides itself to older people. This report covers the consultation undertaken between 14 January, and 8 April 2019 with care home residents and day care service users, relatives of both groups Council staff directly involved in service delivery and through a public consultation exercise.
- 1.2 The views expressed in this report directly represent the views of those attending the series of consultation meetings and responding to the consultation with the public.

## 2. Background and Rationale

2.1 The need to modernise and continually improve Adult Social Care Services is a published key priority for Rhondda Cynon Taf Council. A number of factors have influenced the development of this policy including:

- Welsh Government Policy – including the Social Services and Wellbeing (Wales) Act 2014 and Regulation and Inspection (Wales) Act 2016
- Cwm Taf Regional Plan 2018 to 2023 (specifically chapter 5)

2.2 The Council developed its Strategy to modernise accommodation options for older people and deliver extra care housing in Rhondda Cynon Taf which was approved by Cabinet in November 2016 and gave a commitment to review and reshape the care market to:

- Increase the options available for people needing accommodation with care and support; and
- Deliver a viable alternative for people who are able to remain independent with support.

2.3 An independent review of residential and day care services for older people was commissioned in 2018 and undertaken by Practice Solutions Ltd, Abercynon. In the light of the independent Report, the Council's Cabinet agreed at a meeting on 19 November 2018 that officers should, for Residential Care:

- Initiate a 12-week public, resident and staff consultation on future options for the Council's Residential Care Homes. The three options being considered by the Council and the subject of the consultation were:

**Option 1:**

Continue with existing arrangements

**Option 2:**

Phased closure of council Care Homes, with residents moving to Extra Care or the independent sector

**Option 3: (The Council's preferred option)**

Retain a level of provision of Residential Care Homes which are focussed on providing complex care and respite.

The level of provision retained would be based on a determination of the market

share and need required in each of the Rhondda Cynon and Taf geographical areas.

#### For Day Care Services

- Initiates a 12-week public and staff consultation on the options regarding the future of the Council's day service provisions for older people. The two options being considered by the Council and the subject of the consultation were

#### **Option 1:**

Continue with existing arrangements

#### **Option 2: Preferred Option**

Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model

### 3 Consultation Methodology

3.1 The Council's Research and Consultation Unit developed in liaison with Practice Solutions Ltd, a comprehensive methodology to implement the Cabinet decisions on a 12-week consultation on modernising residential care and day care services. Almost all of the meetings were attended by Senior members of Council staff including the Group Director and Director of Adult Services

3.2 The aim of the consultation was to gather as many views as possible from interested stakeholders to inform the Council in its decision making as to the future structure of residential and day services for Older people in Rhondda Cynon Taf. The consultation was planned to take place over a period from 14 January to 8 April 2019. The main features of the approach to consultation were;

- Letter and Information pack sent to a database of all Council Care Home Residents/relatives (11 homes)
- 5 Day Care centres (approx. 180 users) letter/information pack sent to all current users/families.
- Presentations and Question and Answer Sessions at all Council run Care homes and Day Centres for residents, day services users and families
- 7 events for consultation with staff, some attended by the Trade Union representative
- "Frequently Asked Questions" sheets available at events
- Information Pack also contains Questionnaire to be returned to Council
- Easy Read version of Information pack produced
- Consultation by the Council with a wide range of stakeholders
- Dedicated consultation email address and free post facility
- "Have Your Say" Public Consultation on Council's Web Site
  
- Public "Drop in" Events at 3 venues 2-8 PM
  
- Advocacy service promoted and available to all service users and their families

3.3 Practice Solutions Ltd, Abercynon, were commissioned to undertake an independent consultation with residential and day service staff, care home residents and their families and day centre users. These events were designed to provide more information about the proposals for change and give an opportunity for discussion and debate in group sessions. Members of the Council's Senior Adult Social Services Management Team - including the Group Director (Director of Social Services) and Director for Adult Services - attended the events to ensure the details of the proposed changes were reflected and queries answered directly. Details of the events held during the period from 14 January to 8 April 2019 including the numbers of people attending each event is set out below.

<b>Week</b>	<b>Date</b>	<b>Venue</b>	<b>No of Attendees</b>
Week 1 Staff	22nd Jan	Abercynon Leisure Centre	19
	23rd Jan	Ystrad Sports Centre	16
	24th Jan	Llantrisant Leisure Centre	19
	25th Jan	Sobell Sports Centre	15
Week 2	28th Jan	Parc Newydd	14
	29th Jan	Pentre House	18
	30th Jan	Tegfan	26
Week 3	4th Feb	Ystrad Fechan	20
	5th Feb	Bronllwyn	20
	6th Feb	Cae Glas	13
	7th Feb	Clydach Court	16
Week 4	12th Feb	Dan Y Mynydd	6
	13th Feb	Ferndale House	25
	14th Feb	Garth Olwg	19
Week 5 - Staff	19th Feb	Troed Y Rhiw	33
Week 6	25th Feb	Bronllwyn- staff	4
	26th Feb	Riverside-Pontypridd	20
	26th Feb	Tonyrefail	
	27th Feb	Ferndale	15
	27th Feb	Bronllwyn	30
	28th Feb	Trecynon	
	28th Feb	Ferndale - staff	3
Week 7 - Additional Dates - Staff	7th March	Ty Elai	2
Week 8- Additional Dates -Staff	11th March	Llantrisant Leisure Centre	0
	14th March	Aberdare	3
Public Consultation Events	All "drop in" 2- 8pm	Ystrad Leisure Centre	6
		Llantrisant Leisure Centre	8
		Aberdare Leisure Centre	6



## 4. Summary

4.1 This consultation on modernising care home and day care services run by the council has been completed over a 3-month period and covered all of the relevant Council settings in which care and support is currently provided. It has engaged a significant number of care home residents, day centre service users, families and staff members as well as members of the public – i.e. including those who are most directly interested in the changes proposed. It is clear that people feel passionately about the services they or their relative receive and the staff provide.

4.2 Whilst recognising the changing and ageing society in which we live and the need for services and facilities to be modernised for the future, there was a dominant response from all groups. It was telling the Council how very much they appreciated the care and support currently provided and that they wanted to maintain continuity and the least change as was possible. As could be expected, there was resistance to closure of facilities and a call for existing facilities to be improved where feasible.

4.3 A summary of the main themes that emerged in the consultation covers:

- a common theme across all the consultation events was that the quality of care and support provided and the contribution and commitment of staff was regarded very highly.
- whilst there was general recognition about the need to improve care facilities for the future, in each case – Care Home or Day Centre – no one wanted theirs to be de-commissioned.
- reassurance was sought regarding closing of any homes and more information about the process that would be followed to determine any future decision.
- the higher standards of environment and facilities provided by Extra Care were welcomed and advice was given on a range of practical issues about the operation of Extra Care, staffing, care and support provided, the living conditions, care provided and funding, costs etc. The offer of visits to an extra care facility was positively received. The statement that couples could be accommodated together was welcomed
- the determination of the location of care facilities for the future was seen as of critical importance and that residents still had access to a range of facilities in their locality to meet their changing needs so that family and friends could continue to visit or be involved. Residents and centre users wanted to continue to live in their chosen community and to “age in place”. Staff equally saw the importance of location in relation to care options, support services, transportation, resident/service user wellbeing, travel to work etc. Strong representations were made by residents, families and staff for Rhondda Fach to continue to have a facility in their community. It has to be said that this was true of all the Homes and Centres visited but was particularly emphasised in Rhondda Fach.

- clarity was sought about what the term “complex care” means in the consultation papers and requests for a more detailed explanation and transparency about how the definition would be used in determining individuals care needs.
- there were concerns about care being transferred to the private sector market as a result of the plans being consulted about. The view expressed by some attendees was that Council run care homes were much better than private care homes. The financial implications for individuals moving into a private care home were a worry for some i.e. more expensive potentially and uncertainty about fee levels.
- greater clarity was sought about how the Day Centres would focus on complex needs and compliment the role of the new Community Hubs. More information about how any change would be achieved was requested alongside details of the transitional arrangements for any service user/family who may be affected.
- A range of Human Resources issues were raised by staff on the implications of the proposed changes and there was a call for honesty and openness and more information from the Council regarding their jobs and conditions of service.
- It was recognised that more people with dementia would in the future need care and support both in the community and in residential care and that it was important to provide them with appropriate responses. A common theme both in care home and day centre consultations was the need to achieve a workable mix and arrangements with people who did and did not lack capacity and a community ethos developed in all locations.

## 5 Care Home Residents and their Relatives

5.1. Events were organised at each of the 11 Council run Care Homes for residents and their relatives. They were all well attended by both residents and relatives. Following a short presentation from Practice Solutions Ltd to set the scene an “open question and answer” session was undertaken on each occasion. The main themes that emerged in discussion were:

### Comments made by family members and residents

- Despite reassurances to the contrary, there were concerns that decisions have already been made on home closures, *“it is cut and dried, tell me this is not the case”*.
- Residents and relatives said that they needed reassurance regarding closing of any homes and the timescales involved and that the residents assessed need would be “honored” and that the need for residents to live under uncertainty would be mitigated.
- Concerns were raised about choice and who makes the final decision whether a move is needed – some relatives and residents were worried a decision would be taken out of their hands.
- Concerns were expressed about moving existing residents to new locations and the impact that would have, particularly those with dementia. Some people could have to move again to an environment they don’t know in a different district not near their homes. A common theme raised was that if anything needed to change then the change must be gradual taking into account residents needs and individual’s reaction to change. Some residents have moved in the last 3 years and it would be seen as unacceptable to move them again. *“I wouldn’t want to be alive if I had to move again”*
- Concerns were raised by relatives for the future employment of the staff at a number of events who regarded them and the care they gave highly.
- There was general recognition about the need to improve care homes for the future but in many cases the current arrangements were praised and residents and relatives did not want to see the particular care home closed. A repeated comment was that people and friendships made are more important than the buildings.

*I’m 99 in a day or two, don’t do anything to me.... Can I stay?*

*“Why make changes when they are all happy here, I’ve had a second chance of a life here”.*

*“I understand that things need to move forward, but my Mum would hate to leave here. This place is an absolute haven, staff are amazing here in the centre”.*

*“Care is wonderful, everything is well organised, can’t find fault with it”.*

*The staff are like family, a lot of people here haven't got a family who visit.*

*"The care my mother receives at the residential care home is superb. If it's not broke why try and fix it"*

*"We're all here because we've got a relative here. The staff are excellent, the residents worship the staff"*

*It would be lovely for this building to be modernised but at the heart of this is the staff. You feel like you're coming home because of the staff.*

- The "Butterfly" Dementia model of care was praised by relatives whose kin had dementia; it was seen as a positive and successful approach that could be replicated more widely.
- Some relatives were unclear as to why there was not enough demand for places in Council homes with an ageing population, publicity about "bed blocking" and increasing levels of dementia.
- Some residents might be assessed as not having complex needs but their families thought that extra care isn't the right place for them and that they'd be much happier in a residential home. For these people the only perceived options could be in the private sector.

*"A lot of older people will probably say that they would like to try and live more independently but realistically they won't be able to cope."*

- It was contended that if there are any closures planned in the future, relatives and residents must be part of any decision-making process and to be consulted again and appropriate information provided on the specifics of the proposals. The criteria being used for any closure must be made clearly known and understood.
- Concerns were raised by some relatives about the emphasis on the requirement for modern facilities having en suite facilities in every room.

*"Some residents would not want or could not use their own facilities unaided".*

- There were also comments supporting en suite facilities as protecting the resident's dignity rather being "wheeled down the corridor" to use the bathroom. Also, it was recognised that the next generation of residents would expect en suite facilities as the norm.
- Concerns were raised about the rationale for commencing a temporary restriction on placements into the Council homes and whether this would just exacerbate the problem of unused capacity. *Is this just a plan to run homes down by reducing numbers so they're not a viable option to keep open?* The explanation provided for this policy was generally accepted.

- The operation of the assessment panel that decides if a person needs to go into residential care was questioned by some. Examples were given where the process took too long or the rationale for the decision was unclear. The suggestion was made that financial issues for the Council were leading to fewer people entering care homes. There were also examples given of where this had worked well.
- Where specific cases and circumstances were raised, the presence of the Group Director and Director of Adult Services was helpful as conversations with those people were able to be had following the meetings.

### **Geographic Location**

- There was strong commenting on the need to look carefully at the geographic location of Extra Care Housing and any homes that would provide for people with complex care needs including dementia. It was felt important that residents still had access to facilities in their locality so that family and friends could continue to visit. There were strong views that each of the Valleys is a Community in its own right and with its own identity, and that any future decisions should reflect the needs of each of those communities.
- The case for including provision in the Rhondda Fach valley was made passionately. The locations chosen should not create longer journeys for families and staff, particularly where Public Transport was difficult.

### **Complex Care**

- There was uncertainty about what “complex care” means in the consultation papers and how that would be defined and affect the decision-making process as to what level of service would be provided to individual people and recognition that it would be a crucial factor in determining where they/their relative would be placed. There was explanation about how the definition would be used in determining individuals care needs. It was made clear that people need to see the complexities of the “professional narrative” expressed in plain language.

### **Concerns that this was about financial savings.**

- The impact of austerity and the pressures on Council budgets were well understood and this led a number of relatives to express concerns that despite the investment in Extra Care, that the potential decommissioning of Council run care homes was all about saving money. There were also worries expressed about transferring some people to Private Sector homes and the loss of control and possible higher fees that could mean for relatives.

### **Continuity of care.**

- There were concerns expressed about the continuity of care being disrupted where individuals needed to be transferred. Residents had built up strong relationships with and trusted care staff who supported them. This was seen as particularly relevant where a resident was assessed as not having complex care needs and where lower intensity of support might result. More explanation of the processes that would be put in place to manage continuity of care was requested

### **Concerns about private sector.**

- There were some concerns about care being transferred to the private market as a result of the plans being consulted about. The public image of private care homes and their alleged poor reputation for providing low quality care as well as their strong profit motives were all mentioned as reasons for retaining Council run homes. Examples were given of where this had been experienced and related issues such as poor care, smells, a lower level of staffing and short notice closures. There were worries that the private sector would “cherry pick” the residents who were easier to care for leaving less choice for those with more significant care needs. The financial implications for any individuals moving into a private care home need further explanation. The experience of Council run care homes was much better than private care homes.

### **Extra Care**

5.2 There was a generally positive response to the Council’s investment in 300 Extra Care beds and the higher standards of environment and facilities they provided. However, this was a new concept for many of the relatives and residents and a range of issues were raised about the operation of Extra Care, the living conditions, care provided and costs etc. The main common issues raised were:

- A number of relatives supported the development of extra care as an important alternative option for the current and next generation and praised the Council for looking ahead. It was the implications for their relatives in care homes now where most concerns were raised.
- More information about the concept of Extra Care and why it is beneficial was needed. Examples of where and why it has worked elsewhere in Wales, what were its limitations etc. was requested. The offer of visits to an extra care facility was positively received. The statement that couples could be accommodated together was welcomed.
- The location and the timescales for the extra care facilities being built and opened was seen as crucial information to publicise and in particular ensuring different parts of the Council area had an extra care facility within reasonable travelling distance. The lack of a plan to build a facility in Rhondda Fach was criticized – Porth was considered to be outside of the valley.

- The staffing arrangements generally for extra care was raised including numbers and grades and in particular the availability and terms and conditions of staff who were providing domiciliary care. The experience of private sector home care staff on minimum wage, with a high turnover of staff and no continuity for individuals receiving support was not wanted by relatives for Extra Care. The explanation that Council or Third Sector staff would provide care was generally well received.
- The regime in extra care facilities should be made clear including availability of communal dining, help with laundry, help alarm calls, staff on duty at night, managers in post, GP arrangements, decoration of flat, own furniture etc.
- The extent to which an individual needed to be independent to live in an extra care facility was questioned and how particular needs such as help with medication, early stage dementia etc. would be capable of being managed as well as the person safeguarded. Concern about pressure on residents to run their own households were voiced. *“My mother would not be safe in extra care, she can’t boil a kettle herself, and how can she be expected to cook for herself.”*
- The proposed partnership with the not for profit organisations for running extra care facilities and providing the in-house care was explained including what the benefits of this model are for residents but further information was requested by some respondents.
- It was suggested that there is potential for loneliness and isolation to exist in extra care homes where individuals could remain all day in their own flats. Measures and activities must be available to ensure a good quality of life and a community-based environment created and the “ethos” that existed in the care homes replicated.
- The anticipated age range and care needs of residents in extra care was a concern and how a balanced community of people would be created including how far people from the locality would be included
- The financial implications of moving into extra care for residents were a concern for some including the charging arrangements for home care, communal costs, own budget management etc. The rules on savings levels, income from pensions, benefits etc. and how that compared to care homes were explained

## Alternative Proposals

- The Council should Invest in the current homes in phased approach to up-grade them and to add in en-suites to avoid the upset of closing and changes for residents.

*“As the Council are investing £50m for extra care can’t a percentage of this be used for modernisation instead? Most already have good facilities here like laundry, hair salon. There’s not so much of a difference already to extra care”.*

- Unoccupied beds should be utilised more for respite care which is essential for carers and more provision is needed.
- Focus on a good geographical spread for homes providing complex care across the whole of the area and ensure that the level of care is appropriate and environment modernised.
- Re-develop existing care homes by making less bedrooms, but with en-suite and other improved facilities
- Make smaller extra care homes and keep the existing residential homes.
- Combine 2 extra care homes planned and make an investment in an existing home, and allow more residential care homes to stay open.



## 6 Residential Care Services – Staff

6.1. A total of 7 events were held for residential care staff at venues across the Council area to consult them on the proposals for modernising services. Following a short presentation from Practice Solutions Ltd to set the scene an “open question and answer” session was undertaken on each occasion. The main themes that emerged in discussion were:

### General Comments from staff

- Despite reassurances to the contrary, a consensus amongst some staff had formed that the decisions about the future of the care homes had already been taken. The consultation process had led to feelings of anxiety and uncertainty for staff regarding their residents. It was unsettling time for everyone. Managers time has, quite rightly, been taken up reassuring residents, family members.
- Whilst staff generally agreed that the buildings aren't fit for purpose, many wanted to keep their residential home open and for them to be modernised.

*“We are talking about the current generation that are being looked after, but we need to be concerned that they are being overlooked while planning for the future”.*

- Option 2 and 3 were seen by staff member as options that will mean closures for some or all Residential homes and they were concerned to have firm information about the timelines for decisions, particularly where a home closure was involved.
- There was some appreciation that it may not be financially viable to refurbish all existing Residential homes and that the homes needed to operate on a sound resource basis and within the Councils budgets. However, the feasibility of modernising homes with en-suite facilities and a smaller number of bedrooms should be examined.
- There was some agreement that society's expectations of a care home are changing and higher quality of facilities are sought but a common comment was that the current cohort of residents are generally content with the homes (their home) and for example, en-suite facilities were not a high priority for them.

*“They (the residents) want to stay local and don't like change, these (care homes) have been their own homes for so long”.*

- Staff were in agreement that there is capacity in the market in the area but that quality of life and care was important to residents and needed to be assured if privately run homes were substituted for Council homes.

## Potential Residential Care Home Closures

- There were concerns expressed that the temporary halt to new entrants introduced by the Council meant that homes are being earmarked for closure and that the numbers of residents would reduce so the homes are no longer financially or operationally viable. Staff in Ferndale House in particular were worried that the home would close and this had been fueled by rumors on social media. This was very upsetting for staff and families and the community.
- It was considered essential that residents in all homes were given a meaningful choice if their home was to be closed and that the timescales for decommissioning homes should be made widely available. It would not be possible to place most current residents back into their own home as many had already sold them and in any case, they were unable to look after themselves.
- It was seen as important that plans for the transition for residents were drawn up that minimised the levels of disruption and managed the emotional impacts for them. There should be assurances given that married couples will be allowed to stay together
- The need for Residential homes providing care for those with complex and specialist care needs will always be required and there must always be a provision available including some run by the Council. There should be clear criteria drawn up for deciding the number, location and facilities required for care home retained by the Council under option 3.
- Managers found themselves in a difficult position to provide an opinion on a way forward as they are there to support their own home but know that the homes and services do need modernising.

## Geographical locations of proposed facilities

- The proposed sites for the 5 new Extra Care housing complex have been identified (Mountain Ash, Porth, Aberaman, Treorchy and Pontypridd) however there are other suitable sites which should be considered. Staff from Rhondda Fach made strong representations that a facility either care home or extra care should be available in their valley e.g. The Rest Assured factory site in Pontygwaith. The residents in Ferndale House want to stay in their valley where they have strong links with the community.
- Concerns from staff were expressed about any re-location of residents that may be needed and the logistics of a move causing upset to vulnerable older people. Residents had already moved from their own home – some also had a care home move as well - and any future moves should be minimised so that a “double move” was not necessary.
- The location of any facilities – extra care or care home – needed careful and balanced consideration. A sufficiency of nursing, complex care, extra care and day care was needed in each sub area of the Council area Relatives of residents are

getting older and expecting them to travel longer distances should be avoided. Not everyone can drive and some relatives were dependent on public transport. Many members of staff also live local to the site of their care home and walk to work; having to travel would cut into their personal time and increase expenses.

- Care homes work closely with a range of local stakeholders such as local pharmacists, GP surgeries, dentists etc. and re-location would require availability of these support services reasonably near at hand.

### **Complex care and Respite**

- Whilst the role of assessment was well understood, there was a call for clarification on the general criteria that would be utilised to determine whether an individual had complex care needs or not. Explanation was provided that this included for example, people who are bed bound, and/or i. have dementia, ii. where manual handling was needed, iii. require feeding or iv. have complex medication regimes. The opinion was voiced that many of the current residents would fall into this category
- The predicted increase in the numbers of people with Dementia must be taken into account in determining the provision of Council run care homes for complex care needs, as well as levels of frailty. In particular the numbers of people with a Learning Disability surviving longer than their parents and needing complex care had to be taken into account.
- The Butterfly model had been successfully introduced in a few homes and should be implemented more widely. It was claimed to be easier to put into practice in the case of dementia, but the frail and very elderly find it more difficult

### **Independence of people receiving care**

- There was recognition that in some homes, services and support are making people too dependent and de-skilling them, whereas in the future the aim should be to make people independent whether in a care home or extra care. There is a need to future proof what is delivered and for the culture to be changed over time.

### **Human Resource issues**

- Staff raised a number of questions about their own employment by the Council as a result of services being modernised:
  - What are the shift patterns of staff in extra care? Would all the shifts on offer be 12-hour shifts?
  - Would those who currently have contracts have them transferred to work in extra care?
  - Would the current staff employed by RCT have the first option to go and work at the extra care facilities?
  - Would the extra care staff be employees of RCT?
  - What are the staffing arrangements for the extra care in Aberaman?
  - Are the current employees guaranteed to keep their jobs?
  - Will the current employed staff have options around redundancy?

- Will current hours be reduced due to the reduction in residents and the current 'block' of residents entering the care homes?
  - What would happen to staff members if their place of work closes?
  - Would any the proposed extra care homes be staffed by current RCT Care employees?
  - Would staff be offered different roles within care facilities in the future if wanted
- In general terms there was concern for their future employment and income and a call for honesty and openness and more information from the Council regarding their jobs and conditions of service and for the involvement of Trade Union representation to continue.

### **Extra Care**

*"It's not just about the care - it's about the facility as well - it's positive that the concept (Extra Care) is looking to improve the lives of people but it's an area of uncertainty for many (staff and residents)"*

### **Timescales**

- There was a need for greater clarity and as much certainty as possible about the timescales for developing and opening Extra Care housing facilities and any decisions about which care homes might close as a result. Information at an early stage to counter "rumors" was essential.

### **Private/Third sector**

- There was a need for greater clarity from reading the consultation papers as to what private sector involvement there would be in the development proposals. There was a lack of appreciation about the scope and nature of third sector "not for profit" organisations and how they differed from private care companies.
- Further details about how the Extra Care development is being funded between the Council and the Third Sector was requested, as well as information about how each would be involved in managing, staffing and running services.

### **Financial Concerns for Extra Care**

- Residents and their families needed to know what the costs and financial implications are for moving to Extra Care accommodation. This included charging for domiciliary care, rental, utility and other accommodation costs and how these interacted with the benefits system. Comparisons with the current costs and charging arrangements would be helpful for residents in different situations/categories of funding their care. Money management skills may be an issue for some residents.

## Staffing

- It was seen as important that the extra care facilities are run by experienced care staff and that a quality service is provided at least to the excellent standard currently provided by Residential Care staff. The right staffing levels and management regime was central to achieving that.

## Concerns for Residents

- It is good that staff, residents and their families have the opportunity to visit an Extra Care facility before any decision impacting on them are made. Discussions with the staff and residents at the Ty Heulog site would be advantageous. This needed to be arranged fairly soon to allay any unnecessary fears.
- There needed to be clear information made available about the process and timing for resident's care and other needs to be assessed and suitability judgements made in respect of placement in extra care or complex care. Individuals needed to be offered meaningful choice.
- There were concerns that Extra Care would not be suitable for a number of current residents *"Some residents cannot do basic tasks, open doors for themselves, cook a meal on their own, they would not be able to walk (unaided) to the facilities' or restaurant"*
- Staff felt that Extra Care facilities would need to ensure plans were in place to avoid isolation and loneliness – residents staying in their flats – and to build a "homely" and inclusive culture that existed in the care homes and where resident's confidence and condition were improved.

## Extra Care Services and Facilities

- Staff said they needed a better understanding about the concept of Extra Care and its benefits and examples of how it has worked elsewhere to the benefit of people receiving care and support.
- Further information was requested about the services and facilities that would be available in the Extra care housing facilities:
  - What are the additional facilities above that currently provided in Council care homes?
  - Would there be a carer on hand to help people to the toilet?
  - Will extra care provide for people with learning disabilities or dementia?
  - What level of disability do those who are currently in extra care have?
  - Does extra care provide respite?
  - What are the care needs of those going into extra care and is there an age limit to qualify?
  - Are there people already waiting to go into the proposed facilities
  - Did any of the residents in Ty Heulog move there from a residential care home?

- What would be the availability of primary care services – doctors, nurses, physios etc.

### **Positives - Extra Care Housing**

- The facilities and quality of environment offered by Extra Care was seen as very positive and the move forward to meet the changing expectations of older people welcomed. *“I would be happy to see my own parents in an Extra Care Facility”*
- Extra Care is capable of more than care homes and these facilities encourage independence and socialisation but it is important that to get right the mix of age and care needs of residents. These new facilities should also be operated alongside and complimentary to other accommodation and care provision.
- The inclusion of respite and family rooms for those travelling from distance was welcomed. There was a need to get the local community “on board” with the development of Extra Care through awareness raising.

## 7 Summary of Day Care Services Consultation

7.1 Two events were organised at each of the Council Day Centres, one for service users and relatives and separate meetings for staff. They were both well attended. Following a short presentation from Practice Solutions Ltd to set the scene an “open question and answer” session was undertaken on each occasion. The main themes that emerged in discussion were

### Day Centre Service Users and their Families

#### Future of Day Centres

- In each case strong concerns were raised about the possible closure of Day Centres and the detrimental effects that would have for the people cared for and for the staff. Greater clarity was needed about how the Day Centres would focus on complex needs and compliment the role of the new Community Hubs. More information about how any change would be achieved was requested alongside details of the transitional arrangements for any service user/family who may be affected.

*“if it closed, dad says he’d become so withdrawn he wouldn’t want to live”*

#### Value of the Day Centres

- The Day Centres are seen as valuable assets that provide much needed care and support. For the majority of people this is the only way to meet others, socialise and get the support they need. The centres are relied upon to enable people to be able to continue to live at home. There should be investment in the existing facilities to make them even better.
- Friendships have been formed at the Centres that would not be possible to maintain if the service was withdrawn. Some people had been helped to mix with others and to socialise by the staff and this had made a significant difference to their lives. The relationships that staff had built up with the Centre users was exceptional and critical to the high standards of care.
- Families also relied on the Day Centres for care and support to be provided to their relative so that employment could continue and wages earned. Examples were given of families welcoming the day centre support, which provided part of the mix of care their relative received alongside family (unpaid) care and paid domiciliary care. This enriched their relatives lives but also allowed them to contribute to society through working or volunteering. The Centres often provided that essential ingredient in the management (“juggling”) of their relatives care that made the arrangements acceptable.

*“What most of us want for our family members with memory issues is continuity; it’s what they get here. They like to continue to go to the same place, change can be very upsetting for them*

- The Day Centres are also seen as providing a preventative service as they help maintain independence and avoid the need for placement in a care home for some. It was seen as a false economy to reduce these services as people would decline and they would end up needing a higher level of and more expensive care and support. For people with dementia or memory loss the Centres were often the only familiar places they enjoyed and were irreplaceable.
- The Tonyrefail Day Centre was already providing exceptional care and support which matched the type of service being aspired to. With more investment it could be further improved and become a centre of excellence.

### **Accessing Day Centre services/ assessments**

- Concerns were raised about restrictions on gaining access to Day Centre support only through full assessments by a social worker and decision by a Panel. This was contrasted with the statement in the consultation document about usage of Day Centres declining; this was due to Council reducing capacity for financial reasons, it was alleged, rather than any under use by residents and their families.
- Better communications and clearer information about the criteria for access to a Day Centre and for support was needed in a modernised day service that included Community Hubs. Visits to the facilities before placement started was requested by some service users/families. A more timely and responsive process involving fewer people and a key social worker was requested.

### **Dementia**

- Concerns were raised that Day Centres would in future focus on those with more complex needs including dementia. If a higher number of places were dedicated to people with dementia, families wondered how that would work on a practical basis mixing with other people who had capacity but had physical care needs.
- The question was raised about looking after people with other conditions e.g. neurological conditions, learning disability, brain injuries etc. and whether they could also be provided with care and support at the Day Centres.

### **Loneliness and isolation**

- The Day Centres were seen as providing one solution to combating isolation and loneliness and help to get through difficult experiences in people's lives. The staff were praised for their role in providing this emotional support as well as encouragement to participate in activities. They also played an important role in rehabilitation "getting people back on their feet" in life when they first come into a Day Centre and assessing and planning to meet a range of complex problems.



## **Staff**

- Extremely positive comments were made about the quality of the staff, their dedication and the high standard of the care and support as well as the food provided.

## **Transportation and Location**

- The transportation to the current and future day centre facilities was seen as vitally important. For those with physical disabilities it was often the only means of getting to the Centre. Whilst some people used Public Transport, this was problematic and something of a struggle for those using walking aids. Taxis were used by some but that depended on levels of income as it was expensive.
- The location of the Day Centres was seen as an issue to get right for the future. If facilities were not in reasonable travelling distance, it would be difficult for the families to travel if reliant on public transport. For service users travelling a substantial distance from their homes to the centre by Centre mini bus would be uncomfortable and eat into their time at the day centre.

## **General Questions**

- Intergenerational programmes with children in the facilities to work alongside older people to undertake activities would be beneficial for both groups and help develop community ethos at the Centres.
- The consultation will reveal different opinions from people who have a stake in the homes and centres at the moment as opposed to those thinking of the future, the Council needs to take a balanced response.
- The statement that no decisions had been taken was viewed with some skepticism and opinions that phased de-commissioning means closure.

## Day Centre Staff

7.2 The main themes raised in events for Day Centre Staff were:

### Community Hubs

- There were rumors and uncertainty about the function and operation of the new Community Hubs and how they would fit in with Day Centres who are looking after older people with more complex needs. Further information and discussion with staff were requested. *“I don’t think that staff members can visualise what it’s all going to look like”.*
- The timetable for deciding the location and opening of the new Community Hubs and details of staffing arrangements, impact on the role and number/location of Day Centres, jobs and conditions of service etc. all needed to be made clear. The consequences for the future provision for their clients attending the Day Centres was a priority concern for staff because of their level of need and vulnerability and how they do not cope well with change.

*“The people who visit Bronllwyn, although they have a choice of where to sit, they sit in the same seat, a new person will come in and ask if they are sat in someone’s seat. Familiarity is a comfort to them.”*

- Community Hubs are important but are not suitable for Service Users that come into the Day Centres who have more complex needs which change. Disability transport was also essential for Day Centre users.

### Dementia

- With an increase of people with Dementia in Society and needing Day Care, staff wanted to know how far they would need to become experts in the condition and what training and skills development they would receive. The Butterfly Project was mentioned as an approach they had heard about and some staff had experience with.

### Modernisation

- As a staff group there was recognition that things needed to change and day services should be modernised. There was a positive response to the proposals for new Extra Care housing facilities and those who had visited Talbot Green had been impressed with it.

*“if my mother ever had to go into care it’s the type of place, I would like her to go”*

- The new facilities would be welcomed if they can offer more space and more choice of activities. Currently staff in some centres were restricted on activities for example there was not enough room for carpet bowls

## **Location**

- The importance of the location of Day Centres, Extra Care and Community Hubs in the future was a critical issue for staff. Issues around transport and logistics of providing day care were influenced by the location of the Day Centre.
- There was strong concern expressed about the situation in the Rhondda Fach where the Day Centre was attached to the Residential Home and there were no alternatives for older people available in the Valley. Rumors persisted about the closure of the care home and day centre despite statements by the Council that no decisions had been taken. Because staff live locally and could walk into work there was a guarantee of continuity of service and good links with the local community.

## **Assessment and Care Management**

- It was suggested that the Assessment and Care Management for people using Day Centres needed to be revisited. The need to offer more flexibility in what was provided to meet the “What Matters to me” requirement was evident, for example when additional days/support were required. The need to go back for Panel agreement for minor changes in the care plan was felt to be unnecessary and caused delays.
- Pre assessment had been introduced into the day centres successfully to assess when clients should come into the centre and the support needed but greater clarity was required on conducting the review processes i.e. not over the telephone.
- Day centres were still not regulated by Care Inspectorate Wales and this was considered detrimental.

## **Flexibility of Day Centres**

- A more flexible approach to opening times for Day Centres was needed in the future e.g. 9am – 10 pm and on weekend and for respite services. This would increase demand for Day Centre support particularly from Carers of people with complex needs. This was supported by a detailed written submission from the Trade Union during the consultation period.
- Intergenerational programmes operated in some Day Centres with great benefits and should be built on across the Council area e.g. young people showing older people how to use iPad.

## **General Comments**

- Concern that the Council had already made their decision despite reassurance to the contrary
- Specific rumor is that one of the day centres would be closing in July
- A need to consider that the Valley communities are different
- Lots of Day centres had closed in the past – conflicting with consultation which appeared to be putting community services back in place

## Public Consultation

8.1 The Public Consultation period ran for 12 weeks from the 14<sup>th</sup> January to the 8th April 2019 and was undertaken by the Council's Consultation Unit. The questionnaire was designed by the Consultation Unit in liaison with Practice Solutions Ltd and members of senior Adult Social Services staff. It was promoted online and through social media and a paper copy was sent to all of the key stakeholders, including, residents, service users, relatives and staff. Paper copies were also available at the events in the homes and day centres, as well as the public events and on request through a dedicated contact number. A freepost address was also provided. A dedicated email address was set up. 372 responses to the Residential Services questionnaire were received and 125 responses to the Day Care Services questionnaire were received as follows.

8.2 For Care Homes, 33.5% of respondents to the questionnaire were members of the public, 26.9% were relatives of the residents, 24.2% were staff and 8.5% were residents. For Day Care, 26% of respondents were users of the service, with 38.4% of respondents being relatives, 16.8% members of the public and 8.8% staff.

8.3 Written responses were received in addition to the questionnaire responses and discussions at the various meetings. For residential care there were 19 responses and 9 for Day Care. A comprehensive analysis of the questionnaire and written responses received has been produced by the Council's Consultation Unit and is available at Appendix 3 (i). The Executive Summary of the Report is set out below.

### **Residential Care**

#### **Preferred Option 3: Retain a level of provision of Residential Care Homes which are focussed on providing complex care and respite.**

- 47.3% of respondents agreed with the Council's preferred option to retain a level of provision of residential care homes which are focused on providing complex care and respite. Only 34.9% disagreed with the Council's preferred option and the others unsure.
- Members of the public were more likely to agree with the preferred option 3 than other respondents, with 56.7% of the public in agreement. 39.5% of staff respondents were in agreement, with a fairly high 29.1 % unsure. 44.2% of relatives agreed with the preferred option, with 40% disagreeing.

The comments received on the preferred option 3 can be summarised under a number of key themes;

- **Geographical Location (n =15)** - There was concern about the geographical provision of residential care and that the Council must ensure that there are sufficient places in local areas across RCT.
- **Rhondda Fach (n=30)** - Although there were comments in relation to specific homes and areas, this theme was most prevalent for the Rhondda Fach area, where a number of comments were made highlighting the need for provision in this area.
- **Support for Option 3 (n=62)** - There were a number of comments in support of the Councils preferred option.
- **Concerns about impact of change on residents (n=38)** - concerns about the impact change could have on current residents.
- **Disagree – No changes to current model (n=28)** - These comments largely focused on the current care provided to relatives and residents own satisfaction with the homes.
- **Concerns over private sector / Extra Care (n=36)** - concerns over the level of care provided by extra care facilities. There were also a number of comments concerning the level of care provided by the Private Sector.
- **Recognition change is needed – Re-invest in current homes (n=21)** - a change is needed. However, these focused-on reinvesting in the current homes in RCT and suggested that the provision should be extended
- **Need more information (n=20)** - Some respondents suggested that there was a lack of information provided that made it difficult to make a decision.
- **Praise for current homes (n=17)** - Throughout this section there were comments made praising the care and service provided by the councils' current residential homes and the staff that work there.

**Respondents were asked what impact option 3 would have upon themselves or their family if it was to go ahead.**

- **Impact on Resident (n=100) – Impact on Relative (n=52)** - There were concerns that they would find it difficult to cope with change and this could have a negative impact on their health and well-being. Alongside this, there were concerns about the impact the proposals could have on relatives
- **Impact to Staff (n=52)** - The prospect of potential job losses was highlighted as an area of concern for staff with effects on their financial circumstances.

**Option 1 – Continue Existing arrangements – Do Nothing**

- 46.5% of respondents stated that they agreed that this should be the preferred option.
- **Change is needed (n=64)** - agreement that there needed to be a change to the current system. There was a recognition that to do nothing would not benefit future generations and showed agreement for the preferred option
- **Change needed – Modernise current homes (n=44)** - often caveated with the preference that the homes would not be closed.
- **No change is needed (n=46)** - the current homes were suitable as they were and were meeting the needs of current residents.
- **No Change - Don't like change / Disruption (n=23)** - potential disruption any changes to the current provision may lead to and the effect this would have on residents and their families.
- **No change- Care is good (n=27)** - Coupled with the above theme, there were a number of comments made giving praise to the high level of care

**Option 2 – Phased decommissioning of all the Council's care homes as part of planned programme of transformation in line with the implementation of the Council's extra care development programme and Cwm Taf care home market position.**

- 82.9% of respondents said that this should not have been the preferred option.
- **Disagreement with Option 2 (n=78)** - there was a need for some level of council run residential care homes to remain as an alternative to private sector homes.
- **Disruption to residents (n=62)** - Similar to the proposals with Option 3, there were a number of comments made opposing option 2 based on the potential disruption any closures or move would have on current residents.
- **Concerns about Private Sector (n=29)** - There were also a number of comments made concerning the level of care provided by the Private Sector.

**Respondents were given the opportunity to provide any other comments or provide alternative proposals or suggestions.**

- **Modernise current buildings (n=20)** - the current residential care homes should be modernised.
- **Modernise current buildings- Rhondda Fach suggestions (n=29)** - There were a number of suggestions for a new build home to be built on land identified in Pontygwaith as well as other sites identified as suitable.
- **Agreement with proposal- Change is needed (n=23)** - In favor of modernization of facilities and the provision of choice to residents.
- **Disagreement with proposals (n=26)** - There were comments made against the preferred option.
- **Concerns about staff / jobs (n=7)** - Once again there were further comments made regarding the future of jobs within residential homes.

**Day Care Services**

**Preferred Option: Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model.**

- 53% of respondents disagreed with the preferred option.
- **Disruption for service users (n=22)** - Current attendees of the centres commented how they are satisfied with the current service and it meets their needs
- **Need more information (n=14)** - There were concerns that the level of detail regarding the preferred option was not sufficient
- **Praise for current Day Centres (n=14)** - In general there was praise for the services provided, the staff and the level of care received.
- **Agree with proposal (n=10)** - There was some support for the preferred option in comments that stated the proposals could open up more opportunities to people within the community to access services.
- **Agree with change – Day Centres to remain open (n=12)** - in support of a change to modernise the current system however they were opposed to closing the day centres
- **Disagree with proposal (n=9)** - the service is of benefit to users currently and uncertainty over the proposed benefits of any changes to the system.

**Respondents were asked what impact option 2 would have upon themselves or their family if it was to go ahead.**

- **Impact on service user (n=52)** - potential impact on the service user would be detrimental to their health and well-being.
- **Impact on relatives (n=28)** - The respite that is afforded to relatives whilst family members attend the day centre was evidently an important factor and comments indicated that this was a vital service in ensuring they were able to continue with their caring responsibilities at home.
- **No Impact (n=12)** - the proposals would have minimal or no impact
- **More information needed (n=9)** - Some respondents felt that the proposals did not provide enough information to be able to make a judgement on the options.
- **Impact to Staff (n=7)** - possible impact and changes would have on staff.

**Option 1 - Alternative Options – Continue Existing Arrangements – Do Nothing**

- Respondents were asked if option 1 should have been the preferred option. 48.3% of people agreed and 36.4% disagreed with the proposal to do nothing.
- **Agree- No need to change (n=35)** - the service is currently meeting the needs of its users and therefore no change is required.
- **Disagree – Change needed (without closing day centres) (n=22)** - There were suggestions made to modernise the current day centres and amend opening hours

This report was produced for the Council by:

Practice Solutions Ltd

Abercynon

April 2019





# **The Modernisation of Residential Care and Day Care services for older people Consultation**

## **An Analysis of the questionnaire & written responses**

*April 2019*



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# EXECUTIVE SUMMARY

- This section provides a summary of the main findings.
- The report presents the findings of a consultation on proposals to modernise Rhondda Cynon Taf residential care and day care services for older people. The report covers the questionnaire responses that were received online or in paper format, as well as any other written submissions.
- The consultation period ran for 12 weeks from the 14<sup>th</sup> January to 8<sup>th</sup> April.
- 372 responses to the Residential Services questionnaire were received and 125 responses to the Day Care Services questionnaire were received.

## Residential Care

- 47.3% of respondents agreed with the Council's preferred option to retain a level of provision of residential care homes which are focused on providing complex care and respite. Only 34.9% disagreed with the Council's preferred option and the others unsure.
- Members of the public were more likely to agree with the preferred option 3 than other respondents, with 56.7% of the public in agreement. 39.5% of staff respondents were in agreement, with a fairly high 29.1 % unsure. 44.2% of relatives agreed with the preferred option, with 40% disagreeing.

## The comments received on option 3 (the preferred option) can be summarised under a number of key themes, as follows;

- **Geographical Location (n =15)** - There was concern about the geographical provision of residential care and that the Council must ensure that there are sufficient places in local areas across RCT.
- **Rhondda Fach (n=30)** - Although there were comments in relation to specific homes and areas, this theme was most prevalent for the Rhondda Fach area, where a number of comments were made highlighting the need for provision in this area.
- **Support for Option 3 (n=62)** - There were a number of comments in support of the Council's preferred option.
- **Concerns about impact of change on residents (n=38)** - concerns about the impact change could have on current residents.

- **Disagree – No changes to current model (n=28)** - These comments largely focused on the current care provided to relatives and residents own satisfaction with the homes.
- **Concerns over private sector / Extra Care (n=36)** - concerns over the level of care provided by extra care facilities. There were also a number of comments concerning the level of care provided by the Private Sector.
- **Recognition change is needed – Re-invest in current homes (n=21)** - a change is needed. However, these focused on reinvesting in the current homes in RCT and suggested that the provision should be extended
- **Need more information (n=20)** - Some respondents suggested that there was a lack of information provided that made it difficult to make a decision.
- **Praise for current homes (n=17)** - Throughout this section there were comments made praising the care and service provided by the councils' current residential homes and the staff that work there.

**Respondents were asked what impact option 3 would have upon themselves or their family if it was to go ahead.**

- **Impact on Resident (n=100) – Impact on Relative (n=52)** - There were concerns that they would find it difficult to cope with change and this could have a negative impact on their health and well-being. Alongside this, there were concerns about the impact the proposals could have on relatives
- **Impact to Staff (n=52)** - The prospect of potential job losses was highlighted as an area of concern for staff with effects on their financial circumstances.

**Option 1 – Continue Existing arrangements – Do Nothing**

46.5% of respondents stated that they agreed that this should be the preferred option. The comments received on this option can be summarised into the following key themes:

- **Change is needed (n=64)** - agreement that there needed to be a change to the current system. There was a recognition that to do nothing would not benefit future generations and showed agreement for the preferred option
- **Change needed – Modernise current homes (n=44)** - often caveated with the preference that the homes would not be closed.
- **No change is needed (n=46)** - the current homes were suitable as they were and meeting the needs of current residents.
- **No Change - Don't like change / Disruption (n=23)** - potential disruption any changes to the current provision may lead to and the effect this would have on residents and their families.

- **No change- Care is good (n=27)** - Coupled with the above theme, there were a number of comments made giving praise to the high level of care.

**Option 2 – Phased decommissioning of all the Council's care homes as part of planned programme of transformation in line with the implementation of the Council's extra care development programme and Cwm Taf care home market position.**

- 82.9% of respondents said that this should not have been the preferred option.
- **Disagreement with Option 2 (n=78)** - there was a need for some level of council run residential care homes to remain as an alternative to private sector homes.
- **Disruption to residents (n=62)** - Similar to the proposals with Option 3, there were a number of comments made opposing option 2 based on the potential disruption any closures or move would have on current residents.
- **Concerns about Private Sector (n=29)** - There were also a number of comments made concerning the level of care provided by the Private Sector.

**Respondents were given the opportunity to provide any other comments or provide alternative proposals or suggestions.**

- **Modernise current buildings (n=20)** - the current residential care homes should be modernised.
- **Modernise current buildings- Rhondda Fach suggestions (n=29)** - There were a number of suggestions for a new build home to be built on land identified in Pontygwaith as well as other sites identified as suitable.
- **Agreement with proposal- Change is needed (n=23)** - In favour of modernization of facilities and the provision of choice to residents.
- **Disagreement with proposals (n=26)** - There were comments made against the preferred option.
- **Disruption for Residents (n=25)** – Moving residents would cause distress and upheaval.
- **Concerns about staff / jobs (n=7)** - Once again there were further comments made regarding the future of jobs within residential homes.

**Day Care Services**

**Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model.**

- 53% of respondents disagreed with the preferred option.
- **Disruption for service users (n=22)** - Current attendees of the centres commented how they are satisfied with the current service and it meets their needs

- **Need more information (n=14)** - There were concerns that the level of detail regarding the preferred option was not sufficient
- **Praise for current Day Centres (n=14)** - In general there was praise for the services provided, the staff and the level of care received.
- **Agree with proposal (n=10)** - There was some support for the preferred option in comments that stated the proposals could open up more opportunities to people within the community to access services.
- **Agree with change – Day Centres to remain open (n=12)** - In support of a change to modernise the current system however they were opposed to closing the day centres
- **Disagree with proposal (n=9)** - The service is of benefit to users currently and uncertainty over the proposed benefits of any changes to the system.

**Respondents were asked what impact option 2 would have upon themselves or their family if it was to go ahead.**

- **Impact on service user (n=52)** - Potential impact on the service user would be detrimental to their health and well-being.
- **Impact on relatives (n=28)** - The respite that is afforded to relatives whilst family members attend the day centre was evidently an important factor and comments indicated that this was a vital service in ensuring they were able to continue with their caring responsibilities at home.
- **No Impact (n=12)** - The proposals would have minimal or no impact
- **More information needed (n=9)** - Some respondents felt that the proposals did not provide enough information to be able to make a judgement on the options.
- **Impact to Staff (n=7)** - Possible impact and changes would have on staff.

**Option 1 - Alternative Options – Continue Existing Arrangements – Do Nothing**

- Respondents were asked if option 1 should have been the preferred option. 48.3% of people agreed and 36.4% disagreed with the proposal to do nothing.
- **Agree- No need to change (n=35)** - the service is currently meeting the needs of its users and therefore no change is required.
- **Disagree – Change needed (without closing day centres) (n=22)** - There were suggestions made to modernise the current day centres and amend opening hours.

## 1. INTRODUCTION

- 1.1 This report presents the findings of a consultation on proposals to modernise Rhondda Cynon Taf residential care and day care services for older people. The report covers the questionnaire responses that were received online or in paper format, as well as any other written submissions.
- 1.2 Section 2 outlines a brief background to the reasons for the consultation.
- 1.3 Section 3 provides a brief methodology.
- 1.4 Section 4 presents the findings for the residential care proposals.
- 1.5 Section 5 presents for the findings for the day care services proposals.

## 2. BACKGROUND

- 2.1 An independent review of residential and day care services for older people was commissioned in 2018 and undertaken by Practice Solutions Ltd, Abercynon. In the light of the independent Report, the Council's Cabinet agreed at a meeting on 19 November 2018 that officers should, for Residential Care;

- Initiate a 12-week public, resident and staff consultation on future options for the Council's Residential Care Homes. The three options being considered by the Council and the subject of the consultation were:

**Option 1:**

Continue with existing arrangements

**Option 2:**

Phased closure of council Care Homes, with residents moving to Extra Care or the independent sector

**Option 3: (The Council's preferred option)**

Retain a level of provision of Residential Care Homes which are focussed on providing complex care and respite.

- 2.2 For Day Care Services;

- Initiates a 12-week public and staff consultation on the options regarding the future of the Council's day service provisions for older people. The two options being considered by the Council and the subject of the consultation were:

**Option 1:**

Continue with existing arrangements

**Option 2: Preferred Option**

A Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model

### **3. METHODOLOGY**

- 3.1 The consultation period ran for 12 weeks from the 14th January to the 8th April 2019.
- 3.2 The full consultation methodology is outlined in the main report (Practice Solutions).
- 3.3 The questionnaire was designed by the consultation team in liaison with Practice Solutions and senior Adult services staff.
- 3.4 The questionnaire was promoted online and through social media and a paper copy was sent to all of the key stakeholders, including, residents, service users, relatives and staff. Paper copies were also available at the events in the homes and day centres, as well as the public events and on request through a dedicated contact number. A freepost address was also provided.
- 3.5 A dedicated email address was set up and all written submissions were welcomed and are included in this report where relevant.
- 3.6 372 responses to the questionnaire were received to the residential care questionnaire and 125 responses were received for the day care services questionnaire. The results are outlined in this report. All of the written responses have been shared with Cabinet Members and Senior Managers to inform decision making.

### **4. RESIDENTIAL CARE**

#### **QUESTIONNAIRE RESULTS**

- 4.1 33.5% of respondents to the questionnaire were members of the public, 26.9% were relatives of the residents and 24.2% were staff.



Break % Respondents	
<b>Base</b>	<b>364</b>
<b>Q1 Are you a:</b>	
Resident of a residential care home	8.5%
Relative/Partner/Friend of a resident in a Council run residential care home	26.9%
Advocate for a resident of a Council run residential care home	1.1%
Member of the general public	33.5%
Staff member	24.2%
Other (please state)	5.8%

*Note: If totals do not equate to 100%, throughout the report, this is due to rounding.*

4.2 Respondents were asked which residential care home their views related to. The table below shows that 24% of questionnaires received were providing general comments about the proposals, with Ferndale House (67 responses) and Troed y Rhiw (57 responses) receiving the most comments specific to their homes.

Counts Break % Respondents	
<b>Base</b>	<b>366</b>
Parc Newydd, Talbot Green	42 11.5%
Pentre House, Pentre	24 6.6%
Tegfan, Aberdare	18 4.9%
Ystrad Fechan, Treorchy	11 3.0%
Bronllwyn, Gelli	1 0.3%
Cae Glas, Hawthorn	12 3.3%
Clydach Court, Trealaw	13 3.6%

Dan Y Mynydd, Porth	9 2.5%
Ferndale House, Ferndale	67 18.3%
Garth Olwg, Church Village	24 6.6%
Troed Y Rhiw, Mountain Ash	57 15.6%
No - these are general comments	88 24.0%

### Recommended option 3 – The preferred option

- 4.3 The Councils recommended option was for the Council to retain a level of provision of residential care homes which are focused on providing complex care and respite.
- 4.4 47.3% of respondents agreed with the Council's preferred option to retain a level of provision of residential care homes which are focused on providing complex care and respite. Only 34.9% disagreed with the Council's preferred option and the others unsure.

Counts Break % Respondents	
<b>Base</b>	<b>364</b>
<b>Q3 Do you agree with option 3?</b>	
<b>Yes</b>	172 47.3%
<b>No</b>	127 34.9%
<b>Don't Know</b>	65 17.9%

- 4.5 The table below shows that members of the public were more likely to agree with the preferred option 3 than other respondents, with 56.7% of the public in agreement. 39.5% of staff respondents were in agreement, with a fairly high 29.1 % unsure. 44.2% of relatives agreed with the preferred option, with 40% disagreeing.

Counts Analysis % Respondents	Q3 Do you agree with option 3?		
	Yes	No	Don't Know
<b>Q1 Are you a:</b>			
Resident of a residential care home	9 30.0%	12 40.0%	9 30.0%
Relative/Partner/Friend of a resident in a Council run residential care home	<b>42</b> <b>44.2%</b>	38 40.0%	15 15.8%
Advocate for a resident of a Council run residential care home	1 25.0%	1 25.0%	2 50.0%
Member of the general public	<b>68</b> <b>56.7%</b>	41 34.2%	11 9.2%
Staff member	<b>34</b> <b>39.5%</b>	27 31.4%	25 29.1%
Other (please state)	14 66.7%	5 23.8%	2 9.5%

4.6 The table below shows the levels of agreement (numbers of responses) split by each residential care home. The numbers are fairly low at this level, so caution should be used in interpreting the data.

Counts Respondents	Total	Q3 Do you agree with option 3?		
		Yes	No	Don't Know
<b>Base</b>	<b>358</b>	<b>169</b>	<b>125</b>	<b>64</b>
Parc Newydd, Talbot Green	42	15	20	7
Pentre House, Pentre	23	8	7	8
Tegfan, Aberdare	17	8	4	5
Ystrad Fechan, Treorchy	11	7	4	-
Bronllwyn, Gelli	1	-	1	-
Cae Glas, Hawthorn	11	6	1	4
Clydach Court, Trealaw	13	5	6	2
Dan Y Mynydd, Porth	9	7	1	1
Ferndale House, Ferndale	64	20	20	24
Garth Olwg, Church Village	23	13	9	1

Troed Y Rhiw, Mountain Ash	57	23	27	7
No - these are general comments	87	57	25	5

4.7 The comments received on option 3 can be summarised under a number of key themes, as follows;

Number	Theme	Detail	Number of comments
1	Geography / Location	Location of homes is important- equal share all over RCT.	15
1.a	Location – Rhondda Fach	Concern that Rhondda Fach could lose only care home if Ferndale House closed.	30
2	Re-build / re-invest in current homes	Investment should be made to current homes to re-build or renovate to ensure as little change as possible to residents.	21
3	Disagree – No Changes to current model	The system is working fine currently – why change this.	28
4	Support Option 3	Agreement that option 3 is a sensible approach to cover needs.	62
5	Concerns about impact of change on residents	Any change / move would have a negative effect on resident and concerns how big this impact could be.	38
6	Praise for current homes	Current care homes and staff provide excellent care.	17
7	Concerns over private sector/ Extra Care	Local authority care is better than Private sector / Extra care won't meet needs	36
8	Need more information on option 3	Concerns that 'complex needs' isn't defined and how this will impact on future service users.	20
10	Other	Miscellaneous Comments	25

### **Geographical Location (n =15)**

- 4.8 There was concern about the geographical provision of residential care and that the Council must ensure that there are sufficient places in local areas across RCT. The location of homes in relation to transport access was also a concern with comments indicating a reliance on public transport for staff and visitors to the homes.

Some comments included:

*“There is a need for complex care and respite to be provided locally in places that are easy to access on public transport.”*

*“I think it’s important to analyse provision across RCT in order to ensure any revision to the current model clearly demonstrates a fair & reasonable geographic distribution of homes & families”.*

*“This should be at a provision that allows all family members to be able to visit without undue financial increase and should be ease of access i.e on transport routes for those who have to use public transport.”*

*“I feel at Parc Newydd we provide a very high level of care to residents and respite with very good geographical location to local shops and amenities, bus routes and near to general hospital which benefits residents, family, friends and staff.”*

### **Rhondda Fach (n=30)**

- 4.9 Although there were comments in relation to specific homes and areas, this theme was most prevalent for the Rhondda Fach area, where a number of comments were made highlighting the need for provision in this area. There were concerns that the area does not have adequate alternative provisions and travel to other areas would not be suitable.

Some comments included:

*“Ferndale House is the only provider in the Upper Rhondda Fach for residential, respite and people with dementia. Closing Ferndale House will not only affect the residents and their families but will hit the community hard. I agree that investment is needed but Pontygwaith and Maerdy have yet again being treated as unimportant.”*

*“Closing Ferndale House would have a devastating blow to Ferndale as a community.”*

*“What about Maerdy to Porth there will be no residential or day centre!”*

*“Continued provision in Rhondda Fach i.e Ferndale as we are poorly served regarding vital services”.*

### **Support Option 3 (n=62)**

- 4.10 There were a number of comments in support of the Council's preferred option. Some of the comments suggested that there needed to be a change to the current model and the proposed option would provide more choice to suit needs.

Some comments included:

*“This option enables the Council to meet its obligations to those people who most need high standards of Care and Respite”.*

*“I agree to the council's decision to actually improve the service of care provided as our homes at present have few or very little en-suite facilities and for what the clients pay I think this is now a necessity”.*

*“I think it is vital that the council retain some control of the residential homes especially for the more complex cases.”*

*“I think that option 3 is a considered option as long as there would be homes available for people to enter if their needs required them a place of safety.”*

*“Believe this is the most realistic option despite the review suggesting that the council provided no residential facilities. Extra care housing is a reliable evidence based model for provision of service as the individual requires more care. Ideally most would wish to remain in their own homes, which means there needs to be investment in community provision and electronic or virtual solutions too.”*

### **Concerns about impact of change on residents (n=38)**

- 4.11 Alongside the comments in support of change to the current system were concerns about the impact change could have on current residents. There was a concern that any change or move would have a negative effect on residents in homes currently. Whilst some comments state that if managed correctly this could be minimized, others felt that this would be too much change for the residents to cope with.

Some comments included:

*“My mother is 94 this year and has settled into Garth Olwg very well. The staff are wonderful and all the residents appear very happy. To move all these old people would cause a lot of upset and confusion to many residents.”*

*“I want as little change and upset for my mother as possible, dementia sufferers need simplicity and the same things to maintain their wellbeing and changes will not help her at all.”*

*“Providing there is no disruption to the existing residents whilst maintaining the same care as provided by the staff at this present time.”*

*“My mother has dementia which is slowly taking away her memory. Any changes to her surroundings will cause a lot of anxiety and confusion. She currently refers to her room as her home. I strongly feel that changes to her surroundings and routines (and with changes in staff) would not benefit Mum in any way.”*

#### **Disagree – No changes to current model (n=28)**

- 4.12 Another theme emerging in this section was the idea that ‘if it’s not broke, don’t fix it’. These comments largely focused on the current care provided to relatives and residents own satisfaction with the homes. The comments highlight a feeling that the system is working adequately for these relatives and residents and that any changes to this would have a negative effect. The comments largely disagreed with any change.

Some comments included:

*“Why change anything that is working as well for the community.”*

*“I am happy where I am, everything I want is here for me. I have my room as I want it, I’m very happy where I am. I’m 91 years old I don’t want the hassle and move about, I’m settled. If I was younger it would be different but a big move would be hard. Not for me – I wouldn’t settle nowhere else.”*

*“I would prefer option 1, maintaining status quo. This will cause the least disruption to all residents and their families.”*

*“Why change something that works”.*

#### **Concerns over private sector / Extra Care (n=36)**

- 4.13 A number of comments were made regarding the Extra Care facilities discussed as part of the proposals. There were concerns over the level of care provided by these facilities and whether needs would sufficiently be met. Levels of isolation and well-being were also highlighted as an area for concern with Extra Care. There were also a number of comments concerning the level of care provided by the Private Sector and therefore in support of the Council retaining residential homes.

Some comments included:

*“It is important that councils keep control of homes – for the safety of residents. Too many private firms have had problems with care.”*

*“Private run homes in general do not have a good reputation. This covers staffing levels and 24/7 qualified supervision qualified training by independent certified individual’s staff salary levels and turnover as well as inspection.”*

*“I can see that Extra Care in a modern accommodation will provide an alternative to a care home and allow residents to be independent, but not everyone will be able to be independent.”*

*“Working at the home our residents are cared for in a warm friendly environment, this is what they need at their time of life. Extra care does not work like this, a lot of people living in Extra care are isolated, it’s quite sad.”*

*“Extra care are large, cold buildings with no atmosphere. I know people living in Ty Heulog not suitable for everyone.”*

#### **Recognition change is needed – Re-invest in current homes (n=21)**

- 4.14 There were a number of comments that acknowledged that a change is needed to the current system. However, these focused on reinvesting in the current homes in RCT and suggested that the provision should be extended further.



Some comments included:

*“Care homes could be refurbished and residents kept where they are, it could be done bit by bit avoiding much disruption.”*

*“I believe existing residential homes should be adapted to encompass special needs – more staff and specialized training, plus extension of units on existing sites. Homes already available are geographically well places for local residents and families.”*

*“All existing homes should be upgraded and kept open. Extra care facilities should be built as planned as demand will increase in the next few years.”*

*“With a growing aging population, RCT should be maintaining its existing facilities and seeking to further extend the current level of provision.”*

#### **Need more information (n=20)**

- 4.15 Some respondents suggested that there was a lack of information provided that made it difficult to make a decision. Comments included questions regarding specific details outlined in the proposal and required further detail on the consequences of the proposals before they felt able to make a decision on their preference. There were also a number of requests to define complex care.

Some comments included:

*“Would need a lot more information before my decision is made.”*

*“One option was to do nothing; another to decommission all. This claims to be a middle ground but it’s entirely unclear as to what would happen. Will some homes close? If so, which ones? Will newer homes be built to meet current standards? How can you expect people to provide their opinion when the options are so vague?”*

*“This option does not give any actual details of what will determine complex needs. All residents have different needs, not details of the costs of providing newer facilities no details of where the funding is coming from. “*

*“There is not enough information to make an informed decision. Who will pay for the care of individuals who will be looked after by the*

*external market? What would the criteria be? Any who would make the decision?"*

*"We are being asked to make an informed choice with very little information!"*

#### **Praise for current homes (n=17)**

- 4.16 Throughout this section there were comments made praising the care and service provided by the councils' current residential homes and the staff that work there.

Some comments included:

*"Ferndale house is the only home in Rhondda Fach, excellent reputation and loyal staff. Rebuild in Pontygwaith on the old rest assured land."*

*"Keep Garth Olwg care home open, for clients and their families who need respite care and continue with the excellent reputation that we pride ourselves on, when it comes to supporting families and clients with the help and care they deserve."*

*"My mother-in-law was a resident at Bronwydd, followed by a private nursing home and the difference between both was huge. Well done to council run establishments."*

*"Cae Glas is a wonderful care home – please do not even consider closing it – staff are amazing. My mother is safe and happy."*

*"Pentre House HFE is exactly that a well run established home that provides all the care and attention that the residents of our home require. Pentre House is situated in a beautiful area and all the residents are extremely happy here".*

- 4.17 Respondents were asked **what impact option 3 would have upon themselves or their family if it was to go ahead**. The following main themes emerged.

Number	Theme	Detail	Number of comments
11	Impact on Resident	Impact on their emotional and mental health as well as to their medical health. Unnecessary upset as they are happy where they are.	100
12	Impact to community	Loss of community ethos, services in area. Rhondda Fach – no alternatives in area.	14
13	Impact on Relative	Location of home may mean extra travel making visiting difficult. Extra care responsibilities adding burden to relatives and extra stress.	52
14	Staff	Job cuts leading to added financial strain / stress Travelling to work adding extra time / burden.	52
15	Positive / No direct impact	Minimal or no impact at present but potential for impact as become older and may need to access service.	51
16	Other	Miscellaneous Comments	32

#### **Impact on Resident (n=100) / Impact on Relative (n=52)**

- 4.18 One of the most common themes that emerged in this section was the impact that the proposals could have on the residents of the homes. There were concerns that they would find it difficult to cope with change and this could have a negative impact on their health and well-being. Alongside this, there were concerns about the impact the proposals could have on relatives. Possible home closures could mean increased travel time to visit relatives, extra caring responsibilities leading to added stress, concern for the well-being and safety of their relative outside of a residential home environment.

*“I don’t think my mother would deal with the change. It would also be more difficult for family to visit as regular as we do.”*

*“I feel this will impact on families and service user’s emotional wellbeing as they may not be able to live within the locality of their*

*family, they may not receive the respite as required due to lack of resources and availability within the service.”*

*“The proposed consolidation of the care homes would have significant detrimental effects on my family with both parents reaching old age along with my in laws, the ever decreasing options of good high quality care provision in residential care will obviously limit their and my options when the time comes for them to access appropriate care”.*

*“I truly believe that my mother would not survive the upheaval. She is settled and happy where she is, the care she receives is next to none. I have never met such a homely place and the staff are wonderful and completely dedicated. My mother has dementia and is extremely well looked after. Dementia patients seem to have less consideration for their wellbeing”.*

*“It would cause undue worry and stress as the current arrangements suit my mother. She is comfortable and familiar in her surroundings. She would not cope physically or emotionally with another arrangement. It would have a detrimental effect on us all.”*

#### **Impact to the Community – Rhondda Fach (n=14)**

- 4.19 There were a number of comments made in relation to the impact the closure of Ferndale House would have on the communities in the Rhondda Fach area. The negative impact of moving residents from their local communities was highlighted through a number of comments as well as the suggestion that the local economy may also be impacted.

*“.....the impact on the community spirit where people who shop up Ferndale pop in for chats and the school children come weekly to do activities as they are all in walking distance. Staff are all in walking distance i.e walk to work in the snow to pull together as a good team to make sure they are there to give the care they need.”*

*“My home is in Rhondda Fach, to move me to another valley would be heart breaking please build a home in Rhondda Fach, that’s where I’m from. If I go somewhere else it would be a big impact on my family.”*

*“I do not live in Ferndale but I would not visit Ferndale or surrounding areas therefore local businesses would suffer.”*

## Impact to Staff (n=52)

- 4.20 There were a number of comments that indicated varying impacts to members of staff in residential care homes. The prospect of potential job losses was highlighted as an area of concern for staff with effects on their financial circumstances. There were also comments made regarding the uncertainty of the future with further information required regarding job security.

*“On a personal level, if this proposal was to go ahead it would have a very negative impact on my family as I fear I may well find myself unemployed, and with three teenagers going through university and college at the moment it is a very concerning time for my family.”*

*“If the care home I work in was closed this would have a massive impact on my financial situation and especially if I were to lose my job. This is obviously causing worry and stress to myself.”*

*“Obviously we cannot recommend as we are going into the unknown the impact on myself as an employee is yet unknown as we haven’t been told what is happening with our homes which ones will close.”*

- 4.21 Additionally there were comments from staff indicating that potential changes to the location of their jobs could have an impact on their home life.

*“If home was to close I may need to be out of the house longer as I may need to travel further for work.”*

*“If my home closes & I’m relocated to another home, I will be away from my family for longer each day.”*

*“I have concerns about travelling to and from a new place of work (further distance) with a young family at home to consider. I find the whole situation very stressful having been through this before at Maesffynon”.*

- 4.22 However, there were also comments made by staff members indicating that should the decision be made to close homes they would welcome the opportunity to take early retirement or voluntary redundancy.

*“I have already expressed an interest in taking early retirement as I am now 64 years old. Therefore the impact on my family if I was able to*

*finish would be advantageous. Also this would make room for those who want to continue in this employment”.*

*“I would be only too happy to ensure our elderly are cared for at the standard of what’s needed and would apply for redundancy.”*

*“As I am 56 I would like to be offered EVR as I have a long service with RCTCBC.”*

### **Positive / No Direct Impact (n= 51)**

- 4.23 In contrast, there were also comments made indicating that the proposals would have a positive impact or no direct impact. There was also the suggestion that although there would be no impact at present, this was due to not requiring residential services for a family member or themselves.

*“It would not impact directly on myself or my family.”*

*“I would like to think there will be good care available for me in the future as I am getting older. No immediate impact.”*

*“Not directly at this time but may in the future, and I hope it’s positive”.*

*“With my parents in mind (age 65+), in their later years I know they would still prefer to maintain a level of independence and would only move into a care home should their needs absolutely need it. This would give far more flexibility in their care and give them what they actually want/need.”*

*“The option you are choosing might suit my family in years to come”.*

### **Option 1 – Continue Existing arrangements – Do Nothing**

- 4.24 Respondents were asked if they thought that option 1 should be the preferred option. 46.5 % stated that they agreed that this should be the preferred option.

Counts Break % Respondents	
<b>Base</b>	<b>342</b>
<b>Q6 Do you think this should have been the preferred option?</b>	
<b>Yes</b>	159 46.5%
<b>No</b>	130 38.0%
<b>Don't Know</b>	53 15.5%

4.25 The table below shows that residents and relatives are more likely to agree with the option to do nothing, with members of the public having similar numbers who agree and disagree. More staff disagree with this option than agree.

Counts Analysis % Respondents	Total	Q6 Do you think this should have been the preferred option?		
		Yes	No	Don't Know
<b>Base</b>	<b>337</b>	<b>157</b> 46.6%	<b>129</b> 38.3%	<b>51</b> 15.1%
<b>Q1 Are you a:</b>				
<b>Resident of a residential care home</b>	<b>26</b>	21 80.8%	1 3.8%	4 15.4%
<b>Relative/Partner/Friend of a resident in a Council run residential care home</b>	<b>90</b>	50 55.6%	25 27.8%	15 16.7%
<b>Advocate for a resident of a Council run residential care home</b>	<b>4</b>	1 25.0%	2 50.0%	1 25.0%
<b>Member of the general public</b>	<b>117</b>	52 44.4%	52 44.4%	13 11.1%
<b>Staff member</b>	<b>79</b>	28 35.4%	35 44.3%	16 20.3%
<b>Other (please state)</b>	<b>21</b>	5 23.8%	14 66.7%	2 9.5%

4.26 The table below shows the levels of agreement with do nothing (numbers of responses) split by each residential care home. The numbers are fairly low at this level, so caution should be used in interpreting the data.

Counts Respondents	Total	Q6 Do you think this should have been the preferred option?		
		Yes	No	Don't Know
Base	338	157	129	52
Q2 Do your views relate to any residential care home in p...				
Parc Newydd, Talbot Green	41	22	15	4
Pentre House, Pentre	21	9	8	4
Tegfan, Aberdare	16	11	3	2
Ystrad Fechan, Treorchy	11	4	3	4
Bronllwyn, Gelli	1	1	-	-
Cae Glas, Hawthorn	11	3	7	1
Clydach Court, Trealaw	13	8	3	2
Dan Y Mynydd, Porth	9	1	6	2
Ferndale House, Ferndale	56	23	16	17
Garth Olwg, Church Village	19	14	4	1
Troed Y Rhiw, Mountain Ash	55	32	14	9
No - these are general comments	85	29	50	6

4.27 The themes emerging in the comments in this section for the option to do nothing can be grouped as below:



Number	Theme	Detail	Number of comments
17	Change is needed	Some form of change is needed. Homes need upgrading and a change to the system balanced with the need to maintain levels of care. Alternatives to closing all homes suggested.	64
17a	Change is needed – Reinvest in current homes	Recognition that change to model is needed but not closure – reinvest in current homes	44
18	No Change is needed	Homes are suitable as they are	46
19	Don't like change / disruption	Older people don't like change, particularly those with dementia. Concerns the disruption will cause harm.	23
20	Care is good	Care in the homes is good, no change.	27
21	Other	Miscellaneous Comments	36

### **Change is needed (n=64)**

- 4.28 The comments in support of option 1 showed a high number of people were in agreement that there needed to be a change to the current system. There was a recognition that to do nothing would not benefit future generations and showed agreement for the preferred option  
Some comments included:

*“Every care environment needs to evolve as long as it does not lose its safety, compassion and affordability.”*

*“The current model is already very out dated... residential care uptake is down, and the number of voids is unsustainable. People generally wish to remain in their own home and have services provided. Extra care housing gives this option in a reasonable form. If residential care is not an attractive option now, it certainly won't be as my generation grows older”.*

*“Getting older and living longer means that every ones care needs will always differ and would probably need to be based on person centered care regarding each of our individual problems as we get older and on*

*a personal level I must agree that I would want my own bathroom and space as I get older and I'm sure even on holiday there aren't many of us that wish to share a bathroom in this day and age. Not even on holiday".*

#### **Change needed – Modernise current homes (n=44)**

- 4.29 However this was often caveated with the preference that the homes would not be closed. The level of care being maintained was a concern and alternatives to closing all homes were suggested.

*"I think existing arrangements need to be looked at and wouldn't suggest doing nothing at all but don't agree with the closing of residential homes across RCT they should be upgraded and better use of resources / shared resources with other service areas."*

*"Modernisation of existing facilities would be essential, if they were all retained, prove too costly to be viable and not be suitable for future generations, whose expectations could not be met in the homes as they are configured at present, with facilities which were designed decades ago".*

*"Due to the deteriorating condition of many care homes I recognise the need to improve facilities. However I have serious reservation about the model of care that is being proposed and whether it will meet the needs of care users."*

*"Perhaps the allocated money should be spent on updating existing care homes wherever possible".*

*"Modernisation of the 11 buildings would have been my preferred option".*

#### **No change is needed (n=46)**

- 4.30 A theme that also emerged in the comments for this question was that the current homes were suitable as they were and were meeting the needs of current residents.

*"Happy with current provision. Moving my father would upset him and me."*

*"I want to keep things as they are – do nothing. As I find it suitable for me where I am."*

*“This is an excellent home and if things are not broken don’t fix them. We as a family appreciate there must be changes but this is a lovely home and to move these residents would be worrying”*

*“Why can’t the home stay as it is? I don’t want an en-suite, by having the toilet out of my room makes me walk. I have a commode in the night I could never be able to live on my own I need staff to help me.”*

#### **No Change - Don’t like change / Disruption (n=23)**

- 4.31 There were some comments made regarding the potential disruption any changes to the current provision may lead to and the effect this would have on residents and their families. This was seen as a factor for favouring the option to keep the homes and service as they currently are.

*“Some residents have already been uprooted from Maesffynon to Tegfan. Another move would be very unfair for them, especially to a different type of care.”*

*“All residents are happy and do not want to go elsewhere, surely this is understandable. Would you like it if you were told that you can’t live here anymore and imagine the stress, not just upon the resident but families too”.*

*“I fail to see how this would benefit residents if they have to move from any home they already reside in. Such upheaval would be detrimental to their health and wellbeing.”*

#### **No change- Care is good (n=27)**

- 4.32 Coupled with the above theme, there were a number of comments made giving praise to the high level of care provided currently by the residential homes.

*“As far as my own experience extends I can say that I have been very satisfied by the treatment and help I have received from existing staff at Garth Olwg”.*

*“Tegfan residential home have provided a high level of care to my mother....My mother has complex needs; mental health & physical needs which the staff at Tegfan have successfully managed with support from the mental health team and GP.”*

*“Ferndale House provides excellent care for its residents”.*

*“Treodyrhiw is an excellent home with the appropriate units for different needs. Staff are the most caring I’ve come across.”*

**Option 2 – Phased decommissioning of all the Council's care homes as part of planned programme of transformation in line with the implementation of the Council's extra care development programme and Cwm Taf care home market position.**

- 4.33 Respondents were asked if option 2 should have been the preferred option. The overwhelming majority, 82.9% of respondents said that this should not have been the preferred option.

Counts	
Break %	
Respondents	
Base	339
Q8 Do you think this should have been the preferred option?	
Yes	25 7.4%
No	281 82.9%
Don't Know	33 9.7%

- 4.34 The comments in relation to option 2 can be grouped under the following themes;

Number	Theme	Detail	Number of comments
23	Concerns about Private Sector Homes	Private sector homes are run as businesses for profit, not the same standard as LA.	29
24	Extra care concerns	Extra care model has some issues that need to be addressed, cannot provide same levels of care.	14
25	Disagreement with option 2	Council should retain homes	78

26	Agreement- if managed	Providing the moves for residents is managed and in an acceptable timescale	9
27	Disruption to residents	Residents are happy and should not be moved. Potential to cause upset and distress.	62
28	Other	Miscellaneous Comments	28

### **Disagreement with Option 2 (n=78)**

- 4.35 A theme emerged in the comments section that mirrored the high number of people opposed to Option 2. The comments suggested that there was a need for some level of council run residential care homes to remain as an alternative to private sector homes.

*“Seems an unreasonable all or nothing approach.”*

*“Closing all Council homes would seem a bit drastic. It makes sense to keep some in-house provision for those with the most complex needs, with extra care providing more opportunities for others”*

*“Need to provide alternatives. Not everyone will want same”.*

*“Closing all 11 residential care homes would be the worst option and the most harmful to residents, families and friends.”*

### **Disruption to residents (n=62)**

- 4.36 Similar to the proposals with Option 3, there were a number of comments made opposing option 2 based on the potential disruption any closures or move would have on current residents. A negative impact to their health and well-being were highlighted as being areas of concern for this option.

*“Disruption to residents caused by moving/upheaval. Low standards in care & services in independent/private care homes locally.”*

*“Residents are too old to be moved about.”*

*“It wouldn’t benefit the residents of these care homes as the upheaval in their later lives and their happiness and continuity would greatly affect them”.*

#### **Concerns about Private Sector (n=29)**

- 4.37 There were also a number of comments made concerning the level of care provided by the Private Sector. It emerged that there were concerns that the cost of private care coupled with the perceived lower standard of care made this option unviable for many.

*“How can a private company provide care cheaper with profit the main concern?”*

*“Have doubts about current standards in private sector due to funding issues and recruitment of suitable staff. Most have no qualifications or monitoring systems in place.”*

*“Absolutely not. To give care options solely to the private sector would have huge implications.”*

*“I strongly feel that there must be council provision for care. I have experienced care in the private sector and like any commercial organization the bottom line is profit”.*

#### **Extra Care concerns (n=14)**

- 4.38 Alongside concerns about the level of care provided in Private sector homes were a number of comments regarding Extra Care facilities. These comments suggested that there were concerns regarding the ability of these facilities to provide the same level of care as a residential home. A number of questions were also raised in these comments regarding Extra Care facilities including the location, cost and availability to all.

*“Extra care housing may look good on paper but is it what will suit everyone I doubt this very much. People will just end up waiting longer in hospital for a placement.”*

*“Extra care homes are fine if people can manage but what about clients that top out of extra care and do not qualify for complex care – where would these people go?”*

### Agreement – If managed (n=9)

- 4.39 There were a small number of comments in favour of this option with the caveat that any changes for residents must be managed effectively to minimise the disruption.

*“If I think that the clients who live at Clydach Court will be happy and settled in new accommodation and that this will be an easy transition and in the long term benefits our clients’ health and well-being then I have no issue at all.”*

*“It would have to be a slow decommissioning – you cannot usurp people out of their homes and upset their visiting families. But as you say, the homes that they are in are not fit for purpose.”*

*“Independently run homes are usually much better staffed with better facilities due to funding”.*

- 4.40 Respondents were given the opportunity to provide **any other comments** or provide **alternative proposals or suggestions**.

Number	Theme	Detail	Number of comments
29	Agree with proposal – change needed	Agreement that change is needed, suggestions for changes to service model	23
30	Modernise current buildings	Buildings could be modernised without moving residents	20
30a	Re-build home in Rhondda Fach	Provision in Rhondda Fach needed – alternative sites suggested	29
31	Disruption for residents	Moving residents would cause distress and upheaval could be damaging to health and well-being.	25
32	Disagreement with proposals	Council should continue as is.	26
33	Staff	Concerns about what this means for staff	7
34	Other	Miscellaneous Comments	37

### Modernise current buildings (n=20)

- 4.41 A common theme in the comments was the suggestion that the current residential care homes should be modernized. This was suggested as a way of ensuring residents at the homes would have minimal disruption and maintaining their health and wellbeing at their current levels.

*“At Ystrad Fechan we are set in vast grounds, plenty of room to build on if necessary”*

*If however this for our clients that live at Clydach Court, the home could maybe be down sized and modernized with the least of disruption and it’s in our clients best interests maybe modernize if this is an option and is feasible and of course cost effective.”*

*“Current homes should be modernised appropriately and retained. The older population with needs requiring placements in care homes is only going to increase in years to come”.*

*“I believe that Troedyrhiw home could be adapted with en-suite and provide a service for individuals with Dementia due to its size and lay out being all on one level.”*

#### **Modernise current buildings- Rhondda Fach suggestions (n=29)**

- 4.42 Coupled with the suggestion to modernise current buildings, a theme emerged in the comments particularly relating to the area of Rhondda Fach. There were a number of suggestions for a new build home to be built on land identified in Pontygwaith as well as other potential sites being identified as suitable. These comments recognised the need for change but a reluctance for the home to be closed losing provision in this area.

*“There are many sites throughout the Rhondda Fach that could be considered for development such as the former Rest Assured land in Pontygwaith. It is essential that there is residential care provision in the Rhondda Fach, not only for current residents and their families but for future residents and their families too.”*

*“..... There are plots of land available. The old Maerdy Secondary School, Main road Maerdy. The old school. Station road Ferndale, in principle many people will benefit option 3 but not dementia patients or people with severe physical difficulties.....“*



*“Look at the land in Maerdy, Ferndale, Tylorstown and Pontygwaith. Keep the Rhondda Fach alive. Please please invest in us”.*

#### **Agreement with proposal- Change is needed (n=23)**

- 4.43 There were a number of comments made that supported the idea of change to the current system. These comments were in favour of modernisation of facilities and the provision of choice to residents.

*“I would like to see investment in residential care to modernise facilities each locally of the authority should continue to offer residential support and this could be at a reduced scale for more personal service. Complex physical needs, functional mental health and dementia care, specialist dementia care alongside extra care.”*

*“Extra care facilities could provide staffed units for respite provision. Residential care homes should be upgraded and adequately staffed at certain times of the day to meet the needs of the people that live in them. People should have the choice of where they want to live.”*

*“I would like to see money well spent on residential care and to modernise facilities.”*

#### **Disruption for residents (n=25)**

- 4.44 Once more, there were a number of comments in this section highlighting the negative impact the disruption could have on residents. Comments from residents indicated they would not welcome the idea of moving and the change could be detrimental to their health. Relatives were also concerned at the potential disruption and disagreed that any changes to the system should impact on the current residents.

*“These elderly people have worked all their lives. Surely at their age they should not be moved around like pieces of furniture. Outrageous.”*

*“I am not in favour of the preferred proposal. I feel too many lives will be impacted at a negative level on a large scale”.*

*“I am only concerned about my relative, not the future of the service. I want to know that she will stay where she is happy and comfortable, not moved to somewhere she will be confused. That is no way to treat the elderly. We will all be that person one day.”*

#### **Disagreement with proposals (n=26)**

- 4.45 There were comments made against the preferred option. These emphasized the importance of the levels of care current residents and relatives of the residential homes receive. This was shown in the comments that praised the individual homes and the standards they hold. There were also comments that highlighted the impact that relatives feel when caring for relatives.

*“General feelings are very negative about the councils’ proposal from families I have spoken with. People are aware of councils funding problems but this is seen as not putting the welfare of existing care home residents first. Many of the homes scheduled to close are older but function well and have been maintained to a good standard. They don’t need to close, charge more in the current homes to keep them open.”*

*“My father is a resident at Tegfan Aberdare, he has made it clear to me that he is happy and settled in Tegfan and does not want to move.”*

*“I think too much money is being spent on other things that is not important. Shutting the care homes is not the answer. These care homes are their homes I was hoping to come into Parc Newydd myself in years to come. I have been to visit relatives and friends in other homes but to me Parc Newydd is the best.”*

*“People are being encouraged to stay in their own homes as long as possible but at what cost to the unseen carers (family/friends etc) who provide long hours of care often to the detriment of their physical and mental health. I was the sole carer for my mother for 7 years and frankly the level of stress was enormous. It severely impacted my physical and mental health.”*

#### **Concerns about staff / jobs (n=7)**

- 4.46 Once again there were further comments made regarding the future of jobs within residential homes and concerns regarding the effect of home closures on current staff. There were also a number of comments from staff stating that although they have concerns for their own jobs, the level of care provided to residents was of the utmost importance.

*“Listen to the staff who are providing the care in these residential homes. Ask them what improvements they’d like to see as they are the experts”.*

*“Would jobs also be lost if you are closing homes?”*

*“Personally I will say ‘what will be will be’. There is nothing anyone can do to fight your decisions, I just feel saddened that so many people will be put out of work and most important that all the elderly residents are going to be disrupted which may cause a lot of problems for them.”*

*“Although all staff are concerned for their jobs at this time we are all working together to keep a happy home for residents their families and each other.”*

### Equalities Impact

- 4.47 Under the Equality Act 2010 and the Public Sector Equality Duties, the Council has a legal duty to look at how its decisions impact on people because they may have particular characteristics. The full set of results will be used to inform the Equality impact Assessment.

Respondents reported the following impacts;

#### Age – Residents

*“Age - no where to live when I get old and need extra care”*

*“Age as I am part of the generation which will be directly affected by These proposals.”*

*“Due to my age and the length of time I have lived here I think if I had to move the upheaval would kill me.”*

*“Given my age any reorganisation could impact on my care in the future”*

#### Age -Staff

*“Age. I am in the bracket that would benefit from redundancy.”*

*“As a single male living alone I would not be in a position to accept any type of redundancy offer, I am too young to receive any kind of VER offer so I would urge the council to ensure reduction of the workforce that comes as a result of implementing these changes, council offers redundancy as voluntary only”*

*"It may give me the opportunity to take early retirement. At 64 I now feel I would benefit from this."*

*"Obviously my age is a major worry I'm not yet retirement age and where do I stand if these changes are put in place"*

### Disability

*"Age / disability. I am registered blind so any change of surroundings"*

*"Being a parent of a 19yr old vulnerable adult or in the future if I myself needed to go into a care home I would like to remain in my area where I was born and bred and why should that choice be taken away from anybody. As a carer it is all about the vulnerable adults preferences and choices, if they want to remain in the Rhondda Upper Fach. Please don't forget about our individuals now who are happy and content at Ferndale House."*

*"Registered as disabled myself. Ferndale is easy for me to visit my mother, elsewhere would be a complete nightmare. It would mean less visiting time, more buses to catch, people to rely on as now I can visit anytime and I even take my dog to see his Nan, which they all love. You would not only isolate the residents but it impacts on visitors alike."*

### Mental Health/Relationships

*"upsets and confuses me."*

*"The proposal Option 3 and Option 2 will have a significant affect on my relationship. The stress and anxiety caused by disrupting and moving my father will be extremely traumatic to my whole family as well as my father. It will severely affect my mental health and my relationships."*

### Relationship Status

*"Age, disability, relationship status for my husband and I would be pertinent if we need to use additional care as we age. My disabled husband will have different needs from me - would we be separated?"*

- 4.48 Under the Welsh Language measure 2011 and the Welsh Language Standards, the Council has a duty to look at how its decisions impact the Welsh language. Respondents were asked how they felt the proposal could impact opportunities for people to use and promote the

Welsh language and if in any way it treats the Welsh language less favourably than the English Language.

The following are a selection of comments made;

### Positive

*“Staff are receiving basic welsh skills to enhance the level of support they can offer individuals who speak welsh; this enhances communication with fluent welsh speakers also; a service must be able to meet the communication and preferred language choice of its users.”*

*“Not sure, but more people shall meet each other”.*

*“My husband is a Welsh speaker, he is able to use his birth language at the day centre with other attendees and staff.”*

*“In welsh society today, nearly all forms and paperwork are given in both welsh and English. I fail to see how the proposal could, or need to, have any negative affects.”*

*“I speak fluently Welsh but don't use the language regularly but do feel positive about bringing the language back. It is our first language and it should be used. I do speak occasionally in Welsh to the service users.”*

*“Staff could have options to learn Welsh while on duty to help with residents and their families that prefer to use as their first speaking language.”*

### No Impact

*“Continue as normal”*

*“do not see how these proposals could impact on the usage of the Welsh Language.”*

*“Not at all! Have never heard a word of Welsh at the Day Centre”*

*“I hope that by these changes it would not affect the Welsh language in any way at all. I support the use of the Welsh language in its entirety.”*

*“Has no effect on the welsh language”*

*“I feel the proposals would have little or no (positive or negative) effect on the welsh language”*

*"I feel it would have no negative impact for people to use Welsh language and at present the Welsh language is promoted in RCT"*

### Negative

*"Might have negative effect if insufficient staff members speak Welsh"*

*"As the elderly use Welsh more than younger persons, if the provisions are cut it could result in them being more isolated."*

*"No services, no social interaction, no enhancing well-being- no need to promote the Welsh Language".*

*"Pupils and staff of the local Welsh school visit Ferndale House on a weekly basis promoting the Welsh language and giving Welsh speaking residents the opportunity to continue using the language. Closing this home would prevent these visits."*

*"Privatising Tegfan will have a negative effect on the local community, the welsh language and colloquialisms that are common to local area"*

### Should not make a difference

*"Treat every person as an individual and every need should be met."*

*"I am not interested in how it effects the language, just so long as everyone gets the care they require, that would automatically include ones language preference whether it be English, Welsh or Martian"*

*"It shouldn't make any difference - if the council continues with its work around the Welsh language - we should be able to provide services for individuals in the welsh language as and when required. Or any other language as requested by the citizen."*

*"As long as people are kind and caring I don't think people mind which language you use."*

*"It may be an unpopular answer but as the vast majority of people of all ages speak English as their first language in RCT even those who speak Welsh at home there should be no negative impact."*

### Not important/Money should be spent elsewhere

*"Save money by dropping the welsh language option & spend it on our elderly"*

*"I think forcing the welsh language on us is a total waste of paper, signage & money."*

*“Even though I am a Welsh speaker we spend too much money in duplicating everything to Welsh at high cost pandering to the few.”*

*“I recognise that there is a legal obligation. I deplore that as a rampant prejudice, which interferes with much more important matters of ethical principle.”*

*“Not relevant. The Welsh language is promoted by government but is not used in public in RCT”*

*“Don't Know- it's about providing care not about languages that matters.”*

*“I am a Welsh speaker but we are wasting money to pander to the whims of a few”*

## Other Responses – Residential Care

- 4.49 A number of written responses were received in addition to the questionnaire responses and discussions at the various meetings. A summary of the responses are shown in the table below. The full responses have been shared with Cabinet Members and Senior Managers to inform decision making.

<b>Organisations</b>	<b>Summary</b>
Cwm Taf Morgannwg University Health Board	<p>Cwm Taf Morgannwg UHB welcomes the proposal to modernise residential care and day care services for older people in Rhondda Cynon Taff, within the context of our shared partnership aspirations.</p> <p>We acknowledge that the demand for <u>standard residential care</u> home places (as opposed to nursing home care) has decreased as more people choose to stay living in their own homes with appropriate support, or live in more modern accommodation offerings such as Extra Care facilities. As noted in the consultation, despite the good care provided, the current council owned residential facilities do not offer an environment conducive to the wellbeing and personal dignity of the residents. We would therefore agree that option 1 – continue with existing arrangements – is not viable and fails to address the current and future needs and preferences of our ageing</p>

	<p>population.</p> <p>Of the two remaining options we would support the preferred option 3: Reasons;</p> <ul style="list-style-type: none"> <li>• We feel it is important to retain the choice of local authority residential care for our older people, alongside a range of other appropriate options, as long as the environments are updated to meet current regulatory requirements and quality care is provided in accordance with best practice, such as the Dementia Care Matters Butterfly model</li> <li>• The proposed focus on providing complex care is welcomed in order to ensure appropriate care environments for older people with multiple co-morbidities including those with dementia. We would stress the importance of involving the health board in discussions about bed numbers required for this growing and complex client group, to ensure that provision meets projected demand.</li> <li>• Opportunity for integrated working with health services is afforded more with local authority run facilities</li> <li>• Respite bed provision will also be extremely important to support carers sustain their crucial role in enabling the person they care for to remain living at home.</li> <li>• The health board has welcomed the opportunity to be involved in discussions around the development of extra-care type facilities and we are keen to explore potential benefits of co-location with health facilities and the ability to run some community based health and third sector services from or near to LA facilities.</li> <li>• Whilst minimising new admissions to the council's residential care homes during the consultation process seems sensible to avoid a disruptive impact on residents, we would wish to ensure that this does not lead to delayed transfer of care for clients for whom local authority residential care would be the best option.</li> </ul>
GMB and Unite Trade Unions	<ul style="list-style-type: none"> <li>• Support for status quo. The trade unions and their members believe that with the creation of 6 extra care facilities already agreed this would be difficult.</li> </ul>



	<ul style="list-style-type: none"> <li>• Agree that there needs to be an RCT owned home as the Council would be at the mercy of the private sector.</li> <li>• Option 2 is not an option</li> <li>• See benefits of extra care facilities, but believe that the same can be done to existing care homes, which will need investment to bring them up to standard.</li> <li>• Where the extra care homes have been built there are gaps in provision on a geographical area. A list is provided.</li> <li>• Concern of privatisation via the back door.</li> <li>• Concerns with suitability of extra care facilities for dementia care.</li> </ul>
Age Connects Morgannwg	<p>The charity accepts that the option of doing nothing is not a realistic option in the changing world as older people look to greater independence and integration into the wider community up to an older age, and as needs change with the increase in demands for dementia services for example. We agree with the overall key principles that underpin this strategy. However, questions remain about how this strategy will be implemented and how it will affect service users and future/potential service users.</p> <ul style="list-style-type: none"> <li>• Age Connects Morgannwg welcomes the Local Authority's decision to retain local authority Residential Care Homes. The Board recognises that service users feel safe with local authority homes, have trust in them and value the high level of care given in these homes.</li> <li>• We are aware that local authority homes need up-dating to meet modern expectations, but we are also aware of comments from current users such as "I don't care how many toilets they have as long as the quality of care is good". Will the authority therefore be investing in staff training to ensure quality of care is of the highest possible standard, including in the private sector?</li> <li>• We would seek more information on whether this strategy is also being considered alongside transport strategies. These valleys remain relatively low in car ownership and cost of travel as well as ease of availability of public transport remain problematic for many families.</li> <li>• While understanding the needs of third</li> </ul>

	<p>sector/private residential and nursing care homes to retain levels of occupancy, the Board has commented on the need to ensure choice remains a central principle of service users' decision making when moving home. This choice can be severely limited by the 'top-up' required by the private sector homes. Is the 'top-up' being considered for discussion as part of this strategy?</p> <ul style="list-style-type: none"> <li>• Use of beds in Residential Homes for respite and re-ablement purposes is welcomed, however, we would query how this will operate – will beds be ring-fenced? And how will re-ablement staffing be implemented to ensure safe and appropriate packages?</li> <li>• There is limited reference to the Health Service joint working in relation to this strategy and we would be interested to learn what, if any, joint commissioning proposals are to be considered.</li> </ul>
<p>Save Care Homes And Centres (SCHAC) – RCT</p>	<p>RCT, recognises that the expected rise in the proportion of older people in the county will result in increased demands on its care services. The Council, as do all residential care providers, face legal requirements to improve the quality of accommodation in homes, such as the provision of facilities in all rooms. RCT faces financial pressures as a result of the cumulative effects of austerity cuts passed down from the UK government via the Welsh Assembly. The Council is also committed to trying to ensure that priority is given to domiciled care whilst at the same time trying to provide for the range of adult needs, particularly those who are aging.</p> <p>These demands and aims are fundamentally in contradiction to an extent that we do not accept it is possible to make financial savings - cuts - whilst at the same time improve service provision as is claimed in <a href="#">this RCT Cabinet proposal</a> 4.2 "...need to deliver care services more efficiently to maximise the benefits and manage cost pressures." and 4.12 "... replace high cost residential services with extra care housing and deliver more effective services with better outcomes for residents."</p>

The provision of 'extra care' sheltered housing is welcome as an additional option to the range of care available for adults in RCT. However, we do not believe that it is in anyway an acceptable or satisfactory substitute for the service provided by the county's current 11 residential homes and five day care centres. RCT proposes to close most of these thus undermining the claim that the 'modernising' proposals will result in a 'better outcome' for residents.

A 'better outcome' for residents can only be achieved by retaining, investing and improving the existing provision, as well as the 'extra care' sheltered housing to avoiding forcing those who need residential care into private provision. We believe that the proposal is primarily aimed at making a contribution to the £13m that RCT aim to save over two to three years.

**Our reasons for our opposition to your proposal are as follows:**

- Making savings is a key driver  
*RCT should be honest about these cost pressures and open the books in relation to the efficiency savings they are seeking by the proposed changes to residential care and day centres. It is clear from our calculations that the potential savings are significant and without this openness there is a real risk that the consultation will not be adequate to meet legal requirements.*
- RCT residential care provides people with a home and should be prioritised  
*We would advocate a fourth option in addition the three recommended by the consultants: invest in extra care as well as keep and refurbish RCT's current residential care homes.*
- Immediately remove the restriction on admissions to RCT residential care homes

	<p><i>We call upon RCT to remove the 6.14 restriction immediately.</i></p> <p><i>Note: See also response to Day Care element</i></p>
Taffs Well & Nantgarw Community Council	<p>The Community Council voted unanimously to support option 3 (the preferred option).</p> <p>The Community Council fully supported the proposals to promote independence and allow elderly people to remain in their own homes for as long as possible as long as the arrangements are subject to regular review and risk assessments of the individuals concerned and their surroundings.</p>
RCT OPAG (Older Persons Advisory Group)	<p>OPAG members realise there is some need for change but would strongly oppose any decision to have no local authority care homes in RCT. Members feel they would have better service from a local authority run home rather than one which is privately funded.</p> <p>Similarly, with Day Care Centres, we would not wish to see all these centres close to the detriment of the service users.</p>
Future Generations Commissioner for Wales	<p>It is important that well-being objectives (of both public bodies and public service boards), the well-being assessments and plans, the statutory goals and the sustainable development principle (including the 5 ways of working) are considered throughout the process.</p>
Friends of Ferndale House Petition (326 signatures)	<p>On behalf of the signatories below who have considered the following and decided to sign this petition concerning the possible closure of Ferndale house;</p> <ul style="list-style-type: none"> <li>• It is a family-like home</li> <li>• It is part of the community</li> <li>• The staff cannot be bettered in their care of residents</li> <li>• The care provided is outstanding</li> <li>• We can see the need for modernisation</li> <li>• A refurb. Home is needed between the Maerdy and Tylorstown catchment area</li> <li>• Suitable plots are available for a new build</li> <li>• Ferndale House has acknowledged support</li> </ul>

	<p>from the whole community</p> <ul style="list-style-type: none"> <li>• The consultation meeting was well attended by families and staff.</li> </ul>
<b>Individual</b>	<b>Main themes</b>
Resident	<p>Feels strongly that the homes should remain within the community, so friends and relatives are able to visit regularly.</p> <p>These homes should remain in public care for the public good.</p>
Resident	<p>Support for Clydach Court.</p> <p>Relative very happy and settled at this home.</p>
Resident letter via MP Chris Bryant	Concern over the future of Ferndale House
Resident	Support for Troed y Rhiw Home.
Resident	<p>Concerns over proposed closure of care homes.</p> <p>Concerns related to private care providers, lack of staff commitment, delayed discharges and standard of care in private homes</p>
Resident	Critique of Cabinet report and FAQ consultation document
Cllr. Pauline Jarman (Mountain Ash East)	<p>Support for the retention of Troedyrhiw Home in any future model of care that the Council may adopt.</p> <p>There is no doubt that the Extracare Housing referred to in the consultation document will be an attractive option for some people. I am not averse to it being one of the options available to our older citizens to enable them to retain supported independent living but they must be given other choices.</p> <p>Everyone I have spoken to has spoken very highly of the level of care delivered at Troedyrhiw Home and are absolutely resolute in their view that it should feature in the Council's future plans.</p> <p>The Council is very aware of the fragility of the private sector in relation to care services, including</p>

	<p>Residential care. The Council will recall one home in the County closed its doors not too long ago.</p> <p>My constituents believe that the Council run Troedyrhiw Home offers dignity, not only to the Residents but to the staff. Their terms and conditions of service are far in advance of the private sector, with appropriate sickness and pension schemes as well as better pay. They contribute to the local economy by buying locally. Losing these jobs would be a great loss to the community should Troedyrhiw Home be closed by the Council.</p> <p>The demographics of this area shows a massive growth in our elderly population and residential care is going to be the first choice of many of my constituents. I want them to continue to live in Troedyrhiw Home and I hope the Council will acknowledge the wisdom of giving them that opportunity</p>
Cllr. Phil Howe	<p>In respect of Ferndale Care Home I wish to vote for option 1 – Keep things as they are until a new purpose building is built. If this is closed we will be the only valley without care. Public transport is not the best and family will find it extremely difficult to visit loved ones.</p>
Cllr. Maureen Weaver and Cllr. Shelley Rees-Owen (Pentre Ward)	<p>Support for Pentre House.</p> <p>Pentre House plays a part in the community and the facility aids the residents who live there.</p> <p>Every resident we spoke to were happy at Pentre House</p> <p>As Councillors of the Pentre Ward, we can only speak for our community, and we ask that you take on board when making your deliberations Pentre as a whole, and what they have lost over the past 7 years, and that Pentre House remains part of the Pentre community.</p>
Staff letter – Garth Olwg	<p>Support for the retention of Garth Olwg.</p> <p>Residential homes are still a major priority in the community, with experienced staff.</p> <p>The Extra care option doesn't suit the needs of people with complex needs. RCT should</p>

	modernise the existing buildings.
Letter from residents at Tegfan (16 signatures)	Thanks for the meeting that took place and support for Tegfan.  Praise for staff and the importance of Dementia Care.

## 5. DAY CARE SERVICES

### QUESTIONNAIRE RESULTS

- 5.1 26% of respondents to the day care services questionnaire were user of the service, with 38.4% of respondents being relatives.

Counts Break % Respondents	
<b>Base</b>	<b>125</b>
<b>Q1 Are you a:</b>	
Day care user	33 26.4%
Relative/Partner/Friend of a day care user	48 38.4%
Advocate for a day care user	- -
Member of the general public	21 16.8%
Staff member	11 8.8%
Other (please state)	12 9.6%

- 5.2 Respondents were asked which day centre their views related to, as shown in the table below.

Counts Break % Respondents	
<b>Base</b>	<b>123</b>
Trecynon Day Centre, Aberdare	20 16.3%
Riverside Day Centre, Pontypridd	12 9.8%
Bronllwyn Day Centre, Gelli	25 20.3%
Ferndale House Day Centre, Ferndale	10 8.1%
Tonyrefail Day Centre, Tonyrefail	26 21.1%
No - these are general comments	30 24.4%



**Option 2 – The preferred option - Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model.**

5.3 53% of respondents disagreed with the preferred option.

Counts Break % Respondents	
<b>Base</b>	<b>118</b>
<b>Q3 Do you agree with option 2?</b>	
<b>Yes</b>	31 26.3%
<b>No</b>	63 53.4%
<b>Don't Know</b>	24 20.3%

5.4 The table below shows that the general public are more likely to agree with the proposal than the service users or their relatives. (although numbers are low).

Counts Analysis % Respondents	Total	Q3 Do you agree with option 2?		
		Yes	No	Don't Know
<b>Base</b>	<b>118</b>	<b>31</b> <b>26.3%</b>	<b>63</b> <b>53.4%</b>	<b>24</b> <b>20.3%</b>
<b>Q1 Are you a:</b>				
<b>Day care user</b>	<b>31</b>	11 35.5%	17 54.8%	3 9.7%
<b>Relative/Partner/Friend of a day care user</b>	<b>45</b>	5 11.1%	28 62.2%	12 26.7%
<b>Advocate for a day care user</b>	-	-	-	-
<b>Member of the general public</b>	<b>20</b>	10 50.0%	4 20.0%	6 30.0%
<b>Staff member</b>	<b>10</b>	-	8 80.0%	2 20.0%
<b>Other (please state)</b>	<b>12</b>	5 41.7%	6 50.0%	1 8.3%

5.5 The comments on option 2 can be summarised under a number of key themes.

Number	Theme	Detail	Number of comments
1	Concerns about assessment process	Questions over the assessment process and the impact this could have. Concerns about the process itself.	5
2	Disruption for service user	Change would be difficult for service users to cope with, would affect their health and well-being.	22
3	Need more information	Not enough detail in proposal to answer all questions to make a decision.	14
4	Agree with proposal	Proposal will benefit service users	10
5	Agree with proposal of change – but Day Centres to remain open	Change is needed and could open up opportunities for users but don't want to close / decommission centres.	12
6	Disagree with proposal	Proposal will have a negative effect on service users and provision should continue as present.	9
7	Other		6
8	Praise for current day centres	Care received is good and meets needs	14

### Disruption for service users (n=22)

5.6 There was concern that the proposals would have a negative effect on current service users. Current attendees of the centres commented how they are satisfied with the current service and it meets their needs. It provides users and relatives an opportunity for respite and socialisation. There were also comments made indicating that for many current attendees the idea of change would be difficult to cope with and would affect them adversely.

*“My wife is totally wheelchair bound she loves going to the centre, mixing with disabled people and older people. She loves the activities that go on she would greatly miss it if it would close.”*

*“I am concerned about how you propose to replace my visits to the day centre and how the deficit will affect my social well-being.”*

*“My mother has alzheimers with vascular dementia and attends Tonyrefail Day Centre twice a week and she loves it. She’s got friends there and would really miss this. The staff are also excellent. Mum isn’t good with change as she gets confused and likes routine. The two days a week at the centre allows us freedom to do what we need to do knowing Mum is being looked after.”*

*“I am happy with the way the service is at the moment. I do not want it to change as I have had a severe stroke and can’t cope with change. I like the activities that go on at Bronllwyn and the food is lovely. I tried meals on wheels a while ago and they were rubbish and so wouldn’t want to go back to those.”*

*“The reason I do not agree with option 2 is because the elderly people of RCT rely on these services and should not have them removed.”*

#### **Need more information (n=14)**

- 5.7 There were a number of comments made regarding the information provided on the proposals. There were concerns that the level of detail regarding the preferred option was not sufficient and raised questions about the future plans for the service and the alternatives available.

*“A lot of words but you say nothing we need details. ‘People with non-complex needs would have their needs met in other ways’. What?! Tell us what ways. Do you even have a plan? It’s not included here.”*

*“‘Supported as necessary’ Please elaborate. Too vague. I’m afraid this proposal would leave people isolated.”*

*“The option is very vague in the wording. Specific examples of intended support for those currently attending day centres need to be addressed coherently.”*

*“It’s not clear what option 2 is. The language used is very confusing”.*

#### **Praise for current Day Centres (n=14)**

- 5.8 In general there was praise for the services provided, the staff and the level of care received currently at the day centres. There were

comments made by both relatives and staff outlining the benefits that current attendees experience as a result of attending a day centre.

*“Day services provides individuals with social interaction, stimulation, inclusion and well-being. Day services take care of the personal care needs individuals cannot receive at home. Day service is an essential service taking care of the needs of vulnerable individuals in society”.*

*“Day centres are an important part of the community enabling people to meet with others in the same position and socialise with their peers.”*

*“It would be such a shame for this building and service to be discontinued as it is such a valuable asset to the older people who attend it. My mother looks forward to meeting up with her friends at the centre and the staff are brilliant.”*

#### **Agree with proposal (n=10)**

- 5.9 There was some support for the preferred option in comments that stated the proposals could open up more opportunities to people within the community to access services. They also identified the need for a change to the current system and were in favour of services being available through Community Hubs and Extra Care.

*“I think our RCT Council ideas of having local Community Hubs serving all our area are a good idea.”*

*“It is about time that we entered the modern world and offered a more dignified form of day care where needs are better assessed and not everyone lumped together. Mental health and physical/medical support needs can be vastly different.”*

*“I think this would be a step forward and be a great benefit to the elderly people who use this service.”*

*“Enhancing opportunities will increase the changes of more people attending the day centres”.*

#### **Agree with change – Day Centres to remain open (n=12)**

- 5.10 There were also a number of comments that were in support of a change to modernise the current system however they were opposed

to closing the day centres as part of this process and with no change to the level of care and support provided.

*“I would only agree with this preferred option if the service provided doesn’t reduce the amount of care being delivered to my mother who suffers with dementia.”*

*“I don’t believe you need to decommission day services but I do think they need to change. Care isn’t a 9-5, it takes over peoples’ lives 24/7. I think day services should expand and be more flexible, opening evenings and weekends. This will give individuals, families and carers much needed respite to prevent families breaking down and going into crisis.”*

*“I agree that day services need to change but not close. Day centres offer a fantastic service to individuals who need it. These individuals cannot access normal facilities but when they are here we have all the hoists aids and bathing facilities that they require.”*

#### **Disagree with proposal (n=9)**

- 5.11 Another theme that emerged in this section were comments objecting to the preferred option. There were comments indicating that the service is of benefit to users currently and uncertainty over the proposed benefits of any changes to the system.

*“There are always proposals assuring to make ‘better’ and when it’s completed it’s not better at all so no change needed.”*

*“I think it is appalling that RCT are even considering closing down day centres. They have been a lifeline to many elderly people over many years. Day centres have helped to keep many vulnerable people out of care homes for quite a few years so it is shocking that this care and support is at risk.”*

*“This does not cater for all client’s needs. Carers’ coming into home do not meet social/family needs in most of cases of those attending day care centres”.*

*“I want to continue to receive the provision currently provided i.e collection from my home by the carers who look after me at the centre for a full day out of the house”.*

## Concerns about assessment process (n=5)

- 5.12 There were also questions raised regarding the assessment process referenced in the proposals and the impact this could have. There were concerns that re-assessment may mean losing access to the service or whether the process of re-assessment will be suitable in assessing needs.

*“Provided the current users of Day centres and their carers have a proper face to face assessment of their needs.”*

*“Who is completing the assessments and are they on an individual basis”.*

*“I am unsure as to how it would affect me. If clients are to be assessed would I still be eligible to attend the day centre?”*

*“Assessment must be by an independent person. Not on the RCT payroll.”*

- 5.13 Respondents were asked what **impact option 2 would have upon themselves or their family if it was to go ahead**. The following main themes emerged.

Number	Theme	Detail	Number of comments
9	Impact on service user	Impact on emotional and well-being. Socialising at centres is important and enjoyment of attending.	52
10	Positive Impact – dependant on factors	Provision of transport, same level of activities, no extra cost to users.	6
11	Impact on relatives	Extra care responsibilities, loss of respite, safety concerns.	28
12	No impact	No present impact but potential for future if access to service required.	12
13	More information needed	Not enough detail in proposals, further questions raised. Location / assessment process and cost all areas of concern.	9

14	Staff	Impact on jobs, family life and service provided to clients.	7
15	Other		4

### **Impact on service user (n=52)**

- 5.14 There were a number of comments made that indicated that the potential impact on the service user would be detrimental to their health and well-being. Socialisation was a factor in this section with many stating that without access to the day centres they would be lonely and currently enjoy their time spent at the centre.

*“Two visits a week to a Day Centre have been a great help in encouraging my reluctant relative to integrate with others and has given me respite.”*

*“We as a family are all working so my Mum only sees her carers through the day apart from her visits to the day centre where she meets up with friends she’s made so this would make a big difference to how my mum keeps her life as enjoyable as possible”.*

*“Without getting out to the day centre I would see no one, and my husband (carer) would have no time to himself”.*

*“I visit Tonyrefail day centre on a Monday, Wednesday and Friday weekly. The benefits of these visits are uncalculatable to myself and my family. I have a very small family, am widowed and at 88 have survived all of my friends. Without visiting the day centre my fear is that I will become socially isolated which will of course have a detrimental effect on my health.”*

### **Impact on relatives (n=28)**

- 5.15 Alongside comments detailing the potential impacts to current service users, there were a number of comments indicating that there would also be a negative impact to their relatives. The respite that is afforded to relatives whilst family members attend the day centre was evidently an important factor and comments indicated that this was a vital service in ensuring they were able to continue with their caring responsibilities at home.

*“My Wife would lose 2 days a week at the Day Centre. I am also infirm and would lose 2 days respite as I am my Wife’s carer.”*

*“At the moment a day at the day care centre enables me to have some independence and for my husband (carer) to have some time on his own. I feat that the recommended proposal would not allow this”.*

*“Some main carers are able to sleep whilst their loved one is at day centre, to enable them to care for them through the night. Withdrawing some higher level need day centres will result in an influx of social admissions due to carer crisis.”*

**No Impact (n=12)**

- 5.16 A number of comments indicated that the proposals would have minimal or no impact upon them. These comments were usually supported by the fact that they have had no cause to access the service at present but stated there may be impact in the future. However, further details about the nature of the impact were not provided.

*“This idea does not affect my family.”*

*“Not at present but it may help me in a few years’ time (hopefully not)”.*

*“Dependant where these centres will be. At the moment my family have no need of this service. “*

*“At present no impact but family members are getting older and it may have an affect in the future”.*

**More information needed (n=9)**

- 5.17 Some respondents felt that the proposals did not provide enough information to be able to make a judgement on the options. There were further questions raised regarding the assessment process, costs, location and facilities that would be able to be accessed.

*“I do not know without further detailed information however my mother enjoys and looks forward to her day centre visits because this is how she continues contact with like-minded friends”.*

*“We don’t know where the new facilities would be. Change is always an issue with dementia.”*

*“What would the fate of the present attendees who are assessed as unworthy of a place under the new arrangements? I do hope they will not just be ‘abandoned’.”*

*“I cannot tell from the proposals whether or not a similar service would be offered.”*

*“The new day centre, would it provide hot meals, shower facilities with help, exercise if able, books and activities?”*



### **Impact to Staff (n=7)**

- 5.18 There were also concerns from staff members and current service users regarding the possible impact and changes would have on staff. Current staff members stated the uncertainty over job security was a worrying time alongside the financial implications this would have on their lives. However, their concerns were equally for the level of care and the impact on the service users themselves. There was praise from current service users for the high level of care provided currently by staff.

*“The impact would be not only on myself but on the wonderful staff that we have, welsh crafts and other people who come to sell items which we need, also chiropodist.”*

*“If day centres were to close I would possibly lose my job or be redeployed. I’m more concerned about the impact on the well-being of the individuals who attend.”*

*“Very stressful, anxious not knowing if my job is safe or if my current role will change and how. Would I have to retrain or reapply for my post. Very upsetting for both”.*

*“Losing my job would have a devastating effect on me and my family”.*

### **Positive Impact – Dependant on factors (n=6)**

- 5.19 There were some comments made that stated the preferred option had the potential to have a positive impact however there were usually factors dependant on this. The provision of transport to a facility was an area of concern as well as there being activities offered. Any cost implications were also cited as a factor that would depend on whether the changes would have a positive impact or not.

*“My mother who attends Tonyrefail day centre has been diagnosed with the onset of dementia and is also physically unable to walk unaided, therefore I feel that she and others like her would benefit greatly from any improvements in the service suggested in option 2.”*

*“As long as transport is provided it should increase standards. Transport is key, I have several friends who cannot get to the village, library, community halls, church because they can’t afford taxis. Very few organisations (I haven’t found any) supply drivers for a reduced fee. Having a facility which would provide drivers to run the elderly where they needed to go and pick them up later, at a reduced price is essential for elderly independence.”*

*“Hopefully, if still eligible to attend, there would be increased variety of activities on offer. However, in the interim would support still be offered?”*

*“Hopefully it would improve my social life and health with these services available on the day I use the centre”.*

**Option 1 - Alternative Options – Continue Existing Arrangements – Do Nothing**

5.20 Respondents were asked if option 1 should have been the preferred option. 48.3% of people agreed and 36.4% disagreed with the proposal to do nothing.

Counts Break % Respondents	
Base	118
Q6 Do you think this should have been the preferred option?	
Yes	57 48.3%
No	43 36.4%
Don't Know	18 15.3%

5.21 The table below shows that the general public are less likely to agree with the proposal to do nothing than the service users or their relatives. (although numbers are low).

Counts Analysis % Respondents	Total	Q6 Do you think this should have been the preferred option?		
		Yes	No	Don't Know
Base	118	57 48.3%	43 36.4%	18 15.3%
Q1 Are you a:				
Day care user	30	21 70.0%	7 23.3%	2 6.7%
Relative/Partner/Friend of a day care user	46	28 60.9%	8 17.4%	10 21.7%
Advocate for a day care user	-	-	-	-
Member of the general public	21	2 9.5%	14 66.7%	5 23.8%
Staff member	10	2 20.0%	7 70.0%	1 10.0%
Other (please state)	11	4 36.4%	7 63.6%	-

5.22 The comments on option 1 (do Nothing) can be summarised under a number of key themes.

Number	Theme	Detail	Number of comments
16	Agree – No need to change	Service is meeting needs currently and provides good care- why change.	35
17	Disagree- Change needed but not to close centres	Service requires some change to modernise but closing is not the answer. Should refurbish/modernise current services and buildings	22
18	Disagree – Change is needed	There needs to be change to current service	10
19	Need more information	Questions raised for further detail to make decision	6
20	Other		15

#### **Agree- No need to change (n=35)**

5.23 A theme that emerged in this section was that the service is currently meeting the needs of its users and therefore no change is required. The comments indicated that service users and their relatives are happy with the level of care provided and there were concerns that the same level could not be matched if the preferred option were introduced.

*“If it works leave it alone, which it does.”*

*“My mother and all the elderly people that go to Tonyrefail Centre enjoy it there and don’t want change. Don’t you think you’ve taken enough off the elderly already? This is the only socialising and entertainment my mother gets. Shame on you. We are paying more council tax and getting less for it”.*

*“Too many services have been removed, libraries, paddling pools etc. with no substitution. I fear that your preferred option will result in a similar fashion”.*

*“This is what works for us at the moment. It’s working so why change it? He feels safe there. To change to somewhere else would confuse him. He enjoys the company and staff are brilliant. I have known some most of their lives, grew up around them and know the person they are which means a lot. If he is happy I can be happy”.*

### **Disagree – Change needed (without closing day centres) (n=22)**

- 5.24 There were comments made that supported the notion of change within the day service structure but were opposed to the closure of day centres potentially affecting the service provided. There were suggestions made to modernise the current day centres and amend opening hours to accommodate the needs of service users and their families.”

*“I appreciate that to do nothing would further strain the council services, but surely the closure of the day centres is a backward step and introducing local ‘hubs’ would take us back to the old day centres in the local town which closed many years ago. Ask yourself does this make fiscal and wellbeing of older people’s sense. I think not.*

*“I recognise that changes have to be made but I question the need to close all 5 of the day centres.”*

*“I think you should focus on the day centres first by extending the hours from earlier in the morning until late evening, that way it will help the individuals and their families to live an easier life.”*

### **Disagree- Change needed (agree with proposals) n=10**

- 5.25 There were a number of people whose comments in this section evidenced their support of the preferred option. The idea to ‘do nothing’ was acknowledged as not viable and these comments agreed that a change would be needed to enable the service to better meet the needs of individuals in the future.

*“The current model is not financially viable and leaves centres open and not used to the full potential.”*

*“The need is declining and another model and expectations required.”*

*“There will always be an ‘optimum’ cost for the amount of expense versus quality of care but to do nothing I feel would be to opt out of the responsibility of doing the best for our community and the people who need us.”*

### **Need more information (n=6)**

There were some comments made that stated that they would require more information. Questions were raised regarding the future delivery of the service and what this would mean day to day for current service users.

*“The council have indicated that status quo is not sustainable, but in my opinion not enough information is available to make a choice on the*

way forward. It is not clear how closing the day centres would affect individuals day to day.”

“The document gives little indication to the kind of provision I would receive or the timescale of the proposed decommissioning of the day centre. I don’t really understand what I would be saying ‘yes’ to”.

“There obviously has to be an improvement plan in the current economic situation. The costs have been suggested as £50M. There must be some practical plans in place to have made this assessment. Are we then able to view any hard plans showing the hub location and the staffing programme to facilitate these?”

5.26 Respondents were given the opportunity to provide **any other comments or provide alternative proposals or suggestions.**

Number	Theme	Detail	Number of comments
21	Current service needs to be modernised	Service needs to change (hours/days) but don't want to lose day centres / activities / food or transport.	21
22	Agree with proposal	Proposed option would benefit service users	3
23	Disagree with proposal	Preferred option would not be good for service users. The service is providing good care and meeting needs – no change needed	16
24	More information needed	Questions raised requiring further information	10
25	Staff	Impact on staff, level of care provided by staff is good don't want to lose	5
26	Other		10

**Needs to be modernised (n=21)**

5.27 In this section the most common theme that emerged was comments agreeing that there needed to be some change to the current service delivery model. These comments also made suggestions for the type of change they would be happy to see. These included changes to the opening hours, opening the service up to be more accessible to people and changes to the restrictions on services provided by staff (e.g. administration of medication).

*"I would like to see flexible day service provision. Evenings. Weekends. Direct payment being used for the families to arrange their own respite care".*

*"Use the day centres more by stopping the cut backs on users attendance".*

*"Alternative proposal has been put forward to open longer, accommodate more individuals and utilize the centres better. We should also be allowed to administer medication as this stops individuals attending".*

*"It appears to me that the day centres are not being used 100% as it is sometimes a difficult task to access the service.....Make them easier to be accessible and I am positive that you would get full attendance and capacity most days. People are prepared to pay for services if you make them easier to access."*

#### **Disagree with proposal (n=16)**

- 5.28 In this section, there were comments disagreeing with the proposals preferred option. These comments largely centered on the negative impact that closing day centres would have on current service users and their relatives. Some comments also stated that the preferred options proposals would not fully meet their needs in the future.

*"Both my and my husband's health is deteriorating and it is vital the existing support continues – any diminishing of the service would cause great problems in us both."*

*"Please reconsider and keep the day centres open. They are a lifeline to so many people."*

*"Using your preferred option would have a negative impact on a group of very vulnerable people. 'Bottom line' should not be allowed to taking care of older and less advantaged persons."*

*"I believe that having a place for members of our community who are amongst our most vulnerable is essential. In my opinion a viable alternative has not been provided."*

### **More information needed (n=10)**

- 5.29 Some people felt that the proposals did not clearly outline the exact details of what the future service could offer them and there were concerns regarding the same levels of care and activities provided. Some comments stated that without this information a balanced judgement could not be made on the proposals.

*“I would urge you to consider the effect closing the day centres will have on people like myself who depend on them so heavily. Your proposal is unclear, deliberately so I feel, and quite frankly has caused me some level of anxiety of the thought of day centres closing without a definitive accessible alternative”.*

*“I would need to know what sort of activities you would provide if option 2 goes ahead.”*

*“My main comment is that there needs to be clear explanation of what complex needs are and what are non-complex needs to give public clear demarcation and difference in services offered, so that there is less risk for confusion and differences in opinion.”*

### **Impact to Staff / Staffing levels (n=5)**

“Some comments in this section also concerned the staffing at day centres. They highlighted their praise for the staff and showed concern for the future job security if day centres were to close. Suggestions were also made for improvements to the service by allowing for more activities to take place with increased staffing levels.”

*“What would happen to Day Centre staff? Is this the way to treat good staff?”*

*“I would like there to be more staff working at the centre so they have more time and not be so busy. They are lovely to me but they are rushed with so many people to see to. We used to go for days out but not for a long time now. I enjoyed the outings but I can't stand for a long time and we need enough staff to go out.”*

### **Equalities Impact**

- 5.30 Under the Equality Act 2010 and the Public Sector Equality Duties, the Council has a legal duty to look at how its decisions impact on people

because they may have particular characteristics. The full set of results will be used to inform the Equality impact Assessment.

Respondents reported the following impacts;

#### Age – Service User

*“Age and disability, my husband is now 79 and is unable to get about too well, his head tells him he can but his legs tell him a different story.”*

*“age- too old to travel too far. Health- unable to travel too far and confused by change.”*

*“Age. Should my relative need to move away from a secure environment to obtain day care then my travel plans and arrangements may become more onerous.”*

*“Age: I find change difficult. I have long term friendships with both fellow users and staff. They are familiar, the building is familiar (I was brought up in Blaenllechau). All this makes me feel safe.”*

*“My Mother is 91years old and has memory problems, which impacts upon her daily living. She can become withdrawn and day care twice a week helps her to socialise.”*

#### Age - Staff

*“At my age I think I would find it hard to compete with younger individuals for care work in an outside industry.”*

*“At my age I would find it difficult to find another job”*

*“These proposals affect me because of my age and gender, as a woman of working age, I wish to continue with my career. Depletion of day services restricts my working life and devalues my main role as a carer by denying me respite care.”*

#### Disability

*“I feel that the preferred proposal discriminates against me because of My Disability”*

*“Big impact because of my disability. I would like to have as normal a life as possible and the day centre enables this to be possible.”*



*“Disability - change in location/journey may lead to more confusion than Currently”*

*“Disability- my husband has limited mobility and this causes strain on our relationship and daily living. The day care centre help provide respite and support we both need.”*

*“I am housebound and my health is deteriorating. I find it increasingly difficult to care for my husband - the two days a week he currently attends Day Care to assist with his dementia problems give me great relief. I would find it almost impossible to care for my husband seven days a week.”*

*“I am the main carer for my disabled son and he has built up relationships with people that would be broken if this centre was closed and he would have to go to a larger day service where his day time activities may not be as many varied or individualised”.*

#### Mental Health

*“Due to my age, disability and consequent infirmity I am apprehensive about how this proposal will affect my social wellbeing and health both mental and physical.”*

#### Religion/Belief

*“For my religious beliefs to continue to be accepted and appreciated by speaking at Easter and Christmas and giving grace.”*

- 5.31 Under the Welsh Language measure 2011 and the Welsh Language Standards, the Council has a duty to look at how its decisions impact the Welsh language. The analysis of this question was combined with the results of the Residential questionnaires and can be found at the end of section 4.

#### Other Responses – Day Care

- 5.32 A number of written responses were received in addition to the questionnaire responses and discussions at the various meetings. A summary of the responses is shown in the table below. The full responses have been shared with Cabinet Members and Senior Managers to inform decision making.

Organisations	Summary
GMB and Unite Trade Unions	<p>We and are members agree there needs to be changes to secure this service. There is a document supporting this (see below response).</p> <p>The building that we use will need some investment, but they are not in dire straits and are very workable.</p> <p>The opening and operational hours should be looked at, longer in the day to allow families flexibility with working.</p> <p>The plans for the Pontypridd Extra care Facility are not adequate in terms of size and functionality.</p> <p>Both unions believe that the service should be looked at, but separately from the Extra Care facilities</p>
GMB Rep in Tonyrefail Day Centre	<p>The full report outlines proposed changes to the service model for day care services for the elderly, making services more people centred and meeting the needs and expectations for carers, families and individuals who access the service.</p> <p>Conclusion;  In Discussions with individuals accessing the service it was identified that day care was falling short of meeting the needs of individuals whose families had home and work life commitments. The plan calls for the extended hours of day services to include evenings and weekends to better meet the needs of individuals. The plan calls for better holistic partnership working to facilitate the change and empower individuals through involvement leading to wellbeing (McLeod, 2018). Gathering Evidence and collating information will ensure that the new model is fit for purpose and satisfies the needs of the individuals, families and carers who access it.</p> <p><b>Criteria.</b>  Complex need that cannot be met in the community will be such as;</p> <ul style="list-style-type: none"> <li>• Onset dementia, Alzheimer's at too early a stage to warrant an EMI setting but warrants the need of an assessed needs centre.</li> <li>• Individuals needing personal care assistance,</li> </ul>

	<p>hoisting, assisted bathing or specialist equipment.</p> <ul style="list-style-type: none"> <li>• Unmet needs out in the community.</li> <li>• Parkinson's, stroke where individuals may need more than one carer to meet their needs.</li> <li>• Mental health issues i.e. Anxiety, Schizophrenia, depression and social isolation.</li> </ul> <p>Individuals will be assessed by assessor care managers, social workers or health professionals and referred to day services when needs cannot be met in the community and a specialist building along with specialist equipment is required to meet the needs of individuals and promote wellbeing.</p> <p>Recommendations;</p> <ul style="list-style-type: none"> <li>• Reducing the day centre buildings from five down to two, one to cover the Rhondda and Taf Ely areas and one to cover the Cynon Valley Taf Ely areas, the Tonyrefail building is already large enough to accommodate this change.</li> <li>• Better communication between partner services for more efficient cross collaboration (Learning to Collaborate: Lessons in Effective Partnership Working in Health and Social Care) Will identify the individuals who will benefit from access to fully trained staff teams and specialist buildings.</li> <li>• More streamlined and efficient work rotas to ensure service needs are met to a higher standard</li> <li>• Better utilization of resources already at the service's disposal</li> <li>• More person centred planning of risk assessments and care plans to ensure they are an even better fit for purpose</li> <li>• Better Training and development for staff</li> <li>• More flexibility in the service for the needs of individuals to better take into account outside influences such as home life commitments.</li> </ul>
<p>Cwm Taf Morgannwg University Health Board</p>	<p>Cwm Taf Morgannwg UHB welcomes the proposal to modernise residential care and day care services for older people in Rhondda Cynon Taff, within the context of our shared partnership aspirations.</p> <p>We acknowledge that traditional day care services have dwindled in popularity as older people have become more active and are engaging in alternative activities and settings. The current model and some</p>

of the physical environments are no longer conducive to the needs of all our older people. We would therefore agree that option 1 – continue existing arrangements – is no longer viable.

We would therefore support the preferred option 2. Our reasons for supporting this option and our provisos are as follows:

- We agree that investment in Community Hubs and universal services would better reflect the choices many of our older people are already making and support inclusion within local communities. It is important that such facilities are flexible to accommodate a continuum of needs, and are accessible for those with disabilities, dementia and their carers.
- We agree with the proposal that with the above universal/community offerings in place, the local authority should focus its day care services on specialist services for people with complex needs including dementia.
- For the people currently accessing day services it is essential that the transition to the new service model is as seamless as possible minimising any negative impact and continues to meet their individual needs.
- Carers often rely on day care services for respite and therefore carer engagement must be central to the development of the new service model. Innovative and flexible ideas for respite provision should be considered that meet the needs of the carer as well as the person cared for, in line with the Older People's Commissioner for Wales report "Rethinking Respite".
- It would be helpful to know what current users of day care services and their carers would like a new service model to look like, as well as the views of people who have opted not to engage with current services, to ensure that the new service model is developed co-productively.
- To maximise the effectiveness of the various levels of day services, opportunities to integrate the input of health, third sector services and other agencies should also be considered.
- Whilst the focus of these services is for older people, opportunities for intergenerational activities should also be maximised.
-

<p>Age Connects Morgannwg</p>	<p>The charity accepts that the option of doing nothing is not a realistic option in the changing world as older people look to greater independence and integration into the wider community up to an older age, and as needs change with the increase in demands for dementia services for example. We agree with the overall key principles that underpin this strategy. However, questions remain about how this strategy will be implemented and how it will affect service users and future/potential service users.</p> <ul style="list-style-type: none"> <li>• While the general direction of provision for day care, again following the key principles of the strategy is to be welcomed, the Board of Age Connects is concerned to ensure that the availability of community services is both sustainable and adequately supported.</li> <li>• The consultation document makes numerous reference to and places a great deal of emphasis on the need to ‘signpost’ potential service users to other forms of care and support. Assumptions cannot be made about the community’s ability to take on these additional roles and responsibilities – especially on a long term basis. Unpaid carers are already under significant pressure and investment in/funding of third sector organisations is either insufficient or has been withdrawn.</li> <li>• There is no clarity in documents seen to date regarding eligibility criteria.</li> <li>• Community Hubs may be appropriate for a range of people including service users with a dementia, especially where there is a facility such as a dementia-friendly café. However the Board is anxious to be clear what support would be provided for any service user referred to its facility e.g. at Cynon Linc.</li> <li>• The Board is aware that the health service in this area is also currently reviewing its day care provision and would ask if this work is being undertaken separately from – or in conjunction with – this local authority strategy.</li> <li>• The Welsh Assembly Government is keen to promote Joint Commissioning of services.</li> <li>• Offering a wider variety and choice of options to enable people to remain living in their communities is to be welcomed but this, in the experience of Age Connects Morgannwg, requires proper and adequate investment.</li> </ul>
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	Preventative services can become the poor relation when resources are squeezed.
Save Care Homes And Centres (SCHAC) - RCT	<p>Other than the closure of day centres based in residential care homes it is not at all clear what is being proposed, thus making a response difficult.</p> <p>First, it appears that all current users of day centres will have their care needs reassessed and this could mean people being excluded from their current provision.</p> <p>Second, again (7.7 and 7.8) the term ‘complex needs’ is being used without reference to any clear definition. In these two paragraphs it is proposed that RCT withdraws day care for those not having these needs. It is then not at all clear what happens to people who are assessed to have day care needs but not complex needs.</p> <p>Third, (7.9) talks in generalities about a ‘flexible service’ enabling a person to move between a community hub or universal service as required without being clear about what any of these terms mean. The proposal then goes on in similar abstract terms to describe the benefits and aims of a service model that it is difficult to envisage in the first place. Franz Kafka couldn’t have done a better job.</p> <p><i>We propose that RCT think through again what they are proposing in relation to day centres, provide details of organisational structures, aims, strategies and a detailed operational plan then issue a new statement and start the consultations again.</i></p> <p><i>Note: See also response to Residential Care element</i></p>
RCT OPAG (Older Persons Advisory Group)	<p>OPAG members realise there is some need for change but would strongly oppose any decision to have no local authority care homes in RCT. Members feel they would have better service from a local authority run home rather than one which is privately funded.</p> <p>Similarly, with Day Care Centres, we would not wish</p>

	to see all these centres close to the detriment of the service users.
Future Generations Commissioner for Wales	It is important that well-being objectives (of both public bodies and public service boards), the well-being assessments and plans, the statutory goals and the sustainable development principle (including the 5 ways of working) are considered throughout the process.
<b>Individual</b>	<b>Main themes</b>
Staff letter – Trecynon Day Centre	Support for Trecynon Day Centre, accessible location and ample parking on site, as well as various equipment.  Suggestion to increase opening times and arrange programmed activity sessions.
Staff letter – Riverside Day Centre	Day centres good opportunity for people with complex needs. There are some people who use day centres who could attend other places in the community with some support, such as the Hubs.  Keep some Day Centres open for complex needs. Don't agree with the staff from Tonyrefail centre (see response above). I don't think any centre is more appropriate than any other.

REPORT TO EXECUTIVE TEAM (OR EQUIVALENT) OF:

COMMUNITY CARE, RHONDDA CYNON TAF COUNTY BOROUGH  
COUNCIL, ELDERLY DAY SERVICES.

FROM: DALE VYE

REPORT ON: CHANGES TO OPENING TIMES OF DAY CENTERS.

Dale Vye



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## 1. Introduction

This report will outline proposed changes to the service model of Day Services for the elderly, making service more people centred and meeting the needs and expectations of carers, families and individuals who access the service. The driver for this report is the Social Services and Wellbeing Act (Wales) 2014.

In discussion with some individuals accessing the service they identified that current opening hours do not meet their needs and this has influenced the report. A more flexible approach is needed to take into account home and work life commitments of individual's families and carers.

Changes allow person centred planning around individuals in order to provide an improved service, promoting social interaction, inclusion and participation. (Preventing loneliness and social isolation among older people).

The report will identify how staff and management can work together to support these changes. This will include staff training, changing work patterns and practices in order to facilitate this. (Bowers, 2011).

Implementing change will allow staff teams, buildings and equipment which are our greatest assets to be utilised to their full potential. Allowing better access to more individuals through partnership working, making services more cost effective and flexible.

Making changes can better meet the needs of individuals, carer's and families in line with legislation and will with partnership working allow RCT support at home services or ILF providers utilize the equipment at centre's . (The Regulated Services (Service Providers and Responsible Individuals) (Wales) Amendment Regulations 2019

## 1.1 Background: the motivation to change practice

The motivator for change is driven by the Modernisation of Residential Care and day care for older people report to cabinet 21st November 2018. This report is influenced by the social services and wellbeing Act (Wales) 2014 identifying the need to change.

Day services need to modernise in order to better meet the needs of individuals accessing the service, keep up to date and fit for purpose.

At present day services have a limited time of opening (10 am - 3:30pm) Monday to Friday and this limits the support it can provide. On discussion with Individuals living at home with families or carers who work shift patterns it identified the need for a more flexible service over seven days a week that is centred on the individual's home lives.

The proposed changes promote the rights and decisions of individuals (Code of Professional Practice section 1). Allow plans to be person centred on individuals and better assist families and carers who have home and work life commitments. (Dementia, social services and the NHS.)

Implementing these changes will allow day services to better utilise staff teams, buildings and resources. Modernising and taking a more flexible approach to service delivery will enable the service to "Work in collaboration with colleagues as part of a team to ensure the delivery of high quality care to service users and their families." (Code of Conduct for Healthcare support workers in Wales).

The framework day service need to follow to implement the change is (The Regulated Services (Service Providers and Responsible Individuals) (Wales) Amendment Regulations 2019 3.). There are five key principles of the amendment.

Responsiveness to the reforms introduced by the social services and

wellbeing Act (Wales) 2014.

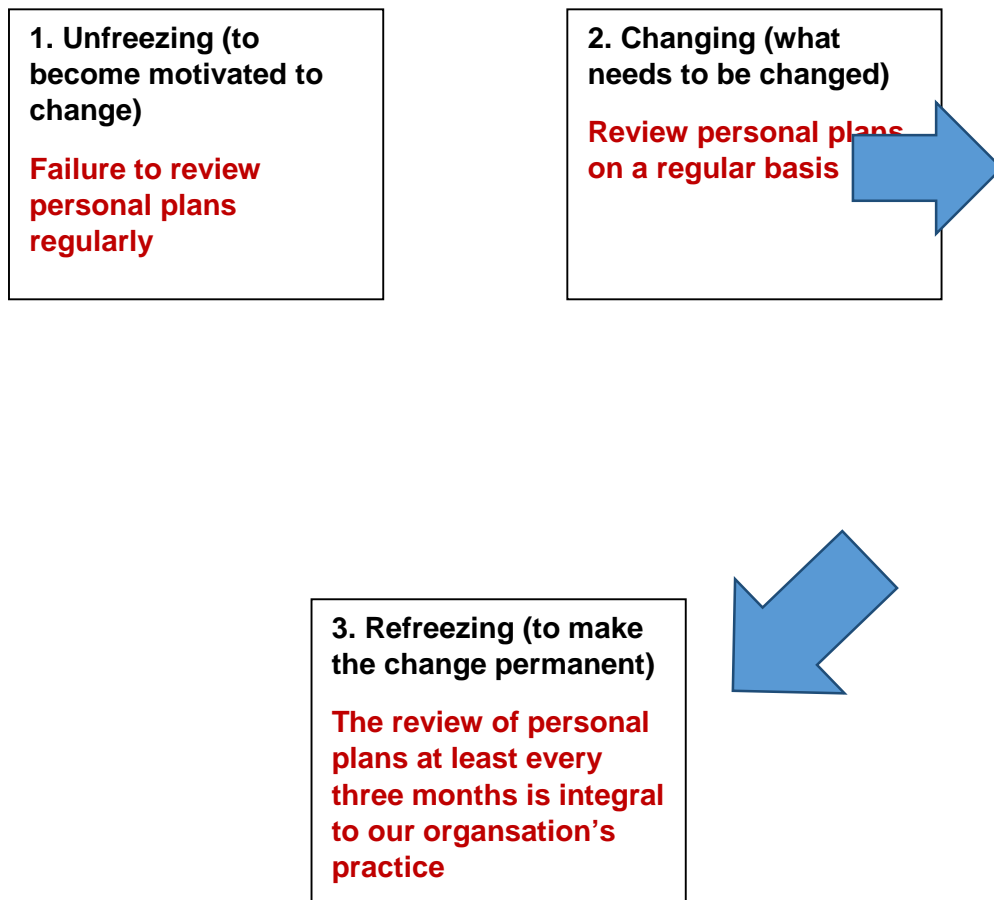
- ensuring citizens are at the heart of care and support
- developing a coherent and consistent Welsh approach
- tackling provider failure
- Responsiveness to new models of service and any emerging concerns over the quality of care and support services.

### **Benefits to the individuals**

- Day Centre times that better meet the needs of individuals, families and carers.
- reduced cost in homecare packages
- Allow families and carers who work full time a weekend respite break
- Access to fully equipped bathing facilities that may not be available at home reducing cost to social services in having to adapt homes in order to supply these facilities.
- Reducing stress at home and avoiding respite over weekends because of the work commitments of carer's working shift patterns.
- Access to fully equipped buildings with bathing, hoisting facilities and changing beds to be utilized by partner agencies in case of breakdown in individual's homes or issues encountered out in the community.

## 1.2 Application of Lewin's (1951) model of change: summary of the change to practice

Applying Lewin's model of change (1951) to the need to introduce a clear record keeping system in relation to the review of personal plans



### 1. Unfreezing (to become motivated to change)

Implementing change and changing the mind-set of staff is imperative to meeting individual's personal goals and providing them with a unique person centred service.

- Staff will need to be made aware of how the changes will benefit both the

individual and staff to assist in providing a safe modern up to date service.

- At this stage good staff communication is essential (The social care Manager 24). Management will need to conduct regular team meetings, supervisions and appraisals.
- Individuals, carers, families and other professionals will need to be involved enabling us to move on to the next stage.

## **2. Changing (what needs to be changed)**

### **Review personal plans on a regular basis**

- Staff working patterns including hours will need to be altered to better meet the needs of individuals.
- Staff will have to be supported throughout to reinforce the benefit of change and to show the benefit to individuals, cares and families.
- Other professionals involved in the planning of the individuals care packages need to be kept up to date with the changes so that support at home and transport can be changed to suit the individual's needs.
- Staff will need to update and amend care plans with individuals to include any changes.
- Transport plans and risk assessments will need to be set up to support the change.

### **3. Refreezing (to make the change permanent)**

- Regular reviews with individuals including advocates or other professionals to ensure the new model of service meets their needs.
- Staff supervision, team meetings and appraisal to identify any issues they are encountering with the changes. (Stoltenberg & Delworth 1987)
- Timescales will be drawn up and both management and staff will work together towards addressing issues related to the change.
- Reinforcing to all involved the benefits of the change, acting on any feedback and working together in a partnership to ensure that the change is permanent.

## 2. **Evidence – enriched practice**

Developing Evidence Enriched Practice (DEEP) will allow day service to bring together a wide range of professionals and evidence, enabling us to promote meaningful relationships between care providers and individuals accessing services. Evidence enriched practice promotes a better understanding of individuals, their needs and values (Blood Imogen, 2013).

The Joseph Rowntree Foundation carried out research to look at how evidence can enrich practice. The evidence from the “*A Better Life*” programme was encapsulated in seven challenges.

To:

- develop more positive images about old age – no ‘them and us’;
- see the person behind the label or diagnosis;
- ensure that all support is founded in and reflects meaningful and rewarding relationships;
- focus on the strengths of older people and create opportunities for them to give as well as receive;
- treat older people as equal citizens, with rights and responsibilities;
- listen and respond to what older people say;
- develop innovative ways of supporting older people, and improve existing services which can

Include addressing ordinary things that mean a lot.

Having an understanding of DEEP facilitates a partnership when drawing up care packages as it collates all available information and allows care plans to be holistically centred on the individual, taking into account the biological, social



and psychological factors that lead to wellbeing (Engel, 1977).

Evidence enriched practice can allow service providers to take a human rights approach to providing services to individuals and this includes the right to a family life (Human Rights Act 1998 article 8).

Correct use of DEEP can help avoid a one size fits all management style. (addas.org). Gathering evidence and partnership working are advised when designing care plans together with individuals. Taking this approach when setting up services ensures plans are drafted in a person centred way.

Reviewing service with Mrs. P it was identified that there were issues regarding her having to get up early in the morning, as she stated "I am not a morning person" and when she returned home from centre as her daughter worked afternoon shifts and was still at work.

Mrs. P and her grandchildren argued about Television programmes. Mrs. P stated her son in law was struggling to cope and she wishes she could watch her programmes at centre and go home later when her daughter was home as this would empower her to take the pressure off her son in law, lead to harmony at home and wellbeing for Mrs. P.

Unfortunately with the structure in place at the moment we could not accommodate the times that were needed. This resulted in the family being in crisis and Mrs. P going into a residential home.

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### **3. Implementation: key issues to be considered**

#### **Key issue 1 – anticipated implication of the change to practice for an individual or individuals accessing and using the organisation’s services**

An anticipated implication to the change is improved wellbeing (Measuring wellbeing). Individuals should observe greater power and choice over the way day care is delivered, which should promote social interaction and reduce the risk of social isolation leading to wellbeing (Loneliness in older people – NHS).

Individuals who access day centre can be fully involved in the planning of the way their service is put together from onset. When the referral is made the individual will be contacted to discuss service allowing them to express their wants and needs or choose to involve other professionals or advocates to speak on their behalf (Older People’s Access to Independent Advocacy in Wales).

Day services will work with individuals to put together a plan that will make the way that the team provides support unique. Individuals will have the freedom to choose which days they attend and the hours that suit their needs enabling them to support family or carers with work commitments.

Individuals care needs do not stop because it is the evening or weekend and day service need to change the way it is provided to take this into account. Allowing individuals to choose when and how their service is delivered (Know your rights, older people’s commissioner for Wales).

**Key issue 2 – any identified challenges to the change to practice (e.g. resources, time, resistance or conflict)**

Staff may be a challenge in the change and it will be vital that managers work closely with the team to promote desire and drive for the change. Managers should encourage staff members to have input into how the new model of service should be delivered and treat them as valued partners when working out how shift patterns will be drawn up and service delivery is carried out. (Power point presentation Theoretical approaches on humility and leadership).

Managers may need to involve human resources and trade unions in discussions in order to provide information of what needs to change and why it needs to change. Following policies and procedures will be vital to avoiding conflict during this stage of the change (RCT Managing Change Policy).

Recourses may be another challenge as day services will be open longer hours and accessed by more individuals with different needs we may need extra aids or equipment. The service will need to work in partnership with other professionals to ensure that the resources and equipment are available to facilitate the changes.

Transportation may be a barrier and Managers will need to involve social workers, care managers and RCT community care transport division when planning routes times and delivery of transport to and from centre.

- **Key issue 3 – Need to undertake a risk assessment**

The changes identified in the report will need to be risk assessed in order for the safety of both individuals accessing service and staff. Safety will need to be at the forefront of any changes and managers will have to be vigilant in drafting and monitoring new risk assessments to ensure they are fit for purpose.

Partner staff using day centre equipment will carry out the same checks as day centre staff and plans will need to be put in place to ensure this is adhered to. Risk assessments and safe systems of work will need to put in place to ensure the maintenance of the safety of both individuals and staff. Plans can be generic be to individual tasks, these plans will apply to outside providers as well as day centre staff. (Risk assessment – HSE).

Managers need to ensure appropriate plans are put in place to minimise risks. All risk assessments should be signed by appropriate staff and stored away safely. Although the dynamics of the centres will not change managers need extra vigilant in ensuring the parameter lighting is checked on a regular basis and so individuals can be evacuated safely in the event of a fire.

#### 4. **Conclusion**

In Discussions with individuals accessing the service it was identified that day care was falling short of meeting the needs of individuals whose families had home and work life commitments.

The plan calls for the extended hours of day services to include evenings and weekends to better meet the needs of individuals. The plan calls for better holistic partnership working to facilitate the change and empower individuals through involvement leading to wellbeing (McLeod, 2018).

Gathering Evidence and collating information will ensure that the new model is fit for purpose and satisfies the needs of the individuals, families and carers who access it.

Criteria.

Complex need that cannot be met in the community will be such as

- Onset dementia, Alzheimer's at too early a stage to warrant an EMI setting but warrants the need of an assessed needs centre.
- Individuals needing personal care assistance, hoisting, assisted bathing or specialist equipment.
- Unmet needs out in the community.
- Parkinson's, stroke where individuals may need more than one carer to meet their needs.
- Mental health issues i.e. Anxiety, Schizophrenia, depression and social isolation.

Individuals will be assessed by assessor care managers, social workers or health professionals and referred to day services when needs cannot be met in the community and a specialist building along with specialist equipment is required to meet the needs of individuals and promote wellbeing.

## 5. Recommendation or recommendations

Based on this report, some recommendations to improve based on the subjects discussed include:

- Reducing the day centre buildings from five down to two, one to cover the Rhondda and Taf Ely areas and one to cover the Cynon Valley Taf Ely areas, the Tonyrefail building is already large enough to accommodate this change.
- Better communication between partner services for more efficient cross collaboration (Learning to Collaborate: Lessons in Effective Partnership Working in Health and Social Care) Will identify the individuals who will benefit from access to fully trained staff teams and specialist buildings.
- More streamlined and efficient work rotas to ensure service needs are met to a higher standard
- Better utilization of resources already at the service's disposal
- More person centred planning of risk assessments and care plans to ensure they are an even better fit for purpose
- Better Training and development for staff
- More flexibility in the service for the needs of individuals to better take into account outside influences such as home life commitments.

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## **EQUALITY IMPACT ASSESSMENT – MODERNISATION OF RESIDENTIAL AND DAY CARE SERVICES**

### **1. INTRODUCTION**

The Equality Act 2010 places a General Duty on public bodies, which includes a statutory requirement to undertake Equality Impact Assessments (EIAs). Under the Public Sector Equality Duty (PSED), in carrying out their public functions public bodies are required to give due regard (i.e. give appropriate weight) to the need to:

- Eliminate unlawful discrimination harassment and victimisation;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not;
- Foster good relations between people who share a relevant protected characteristic and those who do not.

In proposing changes to community services, Local Authorities should have particular regard to Principle 18 of the United Nations Principles for Older Persons, (part of the LA duties under the Social Services and Well-being (Wales) Act 2014) which states that older people should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution to society.

This full EIA addresses the requirement under the Equality Act 2010 to publish an assessment of impact in order to be transparent and accountable i.e. the Council's consideration of the effects that their decisions, policies or services have on people on the basis of the defined 'protected characteristics'. Whilst deprivation does not constitute a 'protected characteristic' it is relevant because people from protected groups are more likely to experience it and because there are such high levels of deprivation in our local communities, which are among the most deprived in Wales.

The need for the collection of evidence to support decisions and for engagement mean that the most effective and efficient impact assessment is conducted as an integral part of policy development and service re-design, with the assessment being commenced at the outset. These will help to eliminate discrimination, tackle inequality, develop a better understanding of the community, and target resources effectively. The Duty to undertake EIAs is in the context of these Council proposals, there in particular to support older people who may face 'double' or 'multiple' discrimination on the grounds of age and for example disability or sexual orientation or ethnicity.

## 2. THE CONTEXT - RESIDENTIAL AND DAY CARE MODERNISATION

The expectations of legislation, regulators, society and most importantly service users themselves, as to what is demanded from residential care and day care has changed over the last decade and will shift significantly further in the next few years to come. Accommodation has to meet higher standards and offer dignity and privacy including en-suite facilities that we all expect in our lives now. Also, the experience of life in a home or day services must be more shaped to improve our well-being and quality of life and our own preferred outcomes as well as engage us and offer more choice and control in decisions affecting us.

In determining its strategy and policies for Adult Social Services the Council has decided to review its residential and day services (including day centres) alongside its housing and care support to examine the options to best meet the needs and well-being of its older population now and in the future within its available and planned resources. The Council developed its Strategy to modernise accommodation options for older people and deliver extra care housing places in Rhondda Cynon Taf which was approved by Cabinet in November 2016 and gave a commitment to review and reshape the care market to:

- Increase the options available for people needing accommodation with care and support; and
- Deliver a viable alternative for people who are able to remain independent with support.

Alongside development of early intervention and prevention and care and support services in local communities, the Cabinet agreed in September 2017, a £50m investment plan to develop, in total, 300 extra care beds across the Council's area to deliver modern accommodation options for older people. The Council are implementing these plans with an Extra Care facility opened in Llantrisant, 2 others being built in Aberaman and Pontypridd and plans progressing for 3 other facilities in strategic locations at Porth, Treorchy and Mountain Ash.

An independent review of residential and day care services for older people was commissioned in 2018 and undertaken by Practice Solutions Ltd, Abercynon, in order to determine future opportunities for service delivery in line with the Council's strategy for accommodation for older people and provision of extra care. The main findings of the review were to recommend the following preferred options:

- Phased decommissioning of all the Council's care homes as part of planned programme of transformation in line with the implementation of the Council's extra care development programme and Cwm Taf care home market position.

- Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model.

The rationale for these conclusions included the declining use of the Council's care homes with available unfilled places increasing and impacting on the cost efficiency of homes. Significantly, whilst the standard of care in Council run homes was regarded highly, there was an obvious deficit observed against the published benchmarks for the environment in care homes because of the outdated accommodation currently in use. The telling example of this is the lack of availability of en-suite facilities in nearly all rooms. In respect of Day Services, the evidence from the review strongly supported the findings of the draft Council Day Services Strategy which calls for: "a greater need for flexible, more inclusive provision and more efficient means of delivering services in the community for eligible service users and carers".

In the light of the independent review, the Council's Cabinet agreed at a meeting on 21 November 2018 that officers should:

- initiate a 12-week public, resident and staff consultation on the future service delivery model for the Council's Residential Care Homes and specifically on their proposed alternative preferred option that the Council retains a level of provision of Residential Care Homes which are focused on providing complex care and respite. The level of provision retained would be based on a determination of the market share and need required in each of the Rhondda, Cynon and Taf geographical areas;
- on commencement of the consultation process a policy to restrict admissions to the Council's internal Residential Care Homes, was introduced, other than in exceptional circumstances where an appropriate alternative placement that can meet the assessed need is not available. This is in order to minimise any potential impact on service users until such time as the Cabinet considers the results of the consultation exercise and any decision it may take in relation to the proposal;
- initiates a 12-week public and staff consultation on the options regarding the future of the Council's day service provisions for older people and specifically on the proposed preferred option, of a phased decommissioning of the Council's day services as part of a planned programme of transformation in line with a proposed new service model.

### **3. RESIDENTIAL CARE PROPOSALS**

The Council's agreed policies are leading to service models for the delivery of care for older people which have an emphasis on supporting older people to remain at home longer. There will, however, remain a need for specialist residential and nursing care provision for those

individuals whose needs require this level of support, for example, people with dementia as part of the overall spectrum of support necessary to support the needs of our community.

Implementation of the Council's Strategy to modernise accommodation options for older people is expected to result in further reductions in care home admissions (currently the highest proportionately in Wales) as a key objective of the strategy is to replace residential services with extra care housing and deliver more effective services with better outcomes for residents.

However residential care homes dealing with more complex needs such as dementia occupy an important position in the spectrum of services commissioned and provided for older people by Rhondda Cynon Taf Adult Social Care. Residential care homes offer an important choice for people who are not able to stay living in their own homes due to their complex needs and will continue to play an important part in Rhondda Cynon Taf's modernisation of Adult Social Care Services.

Refocusing internal provision so that it focuses on complex care, and residential respite, would allow the Council to provide better services and care for its residents. It would also provide market certainty for the external market surrounding the commissioning of standard residential care but still be commissioned to provide complex care if they choose to access it in the external market.

By concentrating its resources on fewer discreet specialisms, the Council would ultimately provide a better service for residents in Rhondda Cynon Taf with complex needs because it would be in a position to upskill staff to better meet these needs and consequently provide a higher quality service. If the Council no longer focus on the delivery of standard residential care it would need fewer beds to deliver a service that focuses on residential reablement, respite and complex needs based on current demand and projected future growth in demand.

#### **4. DAY CARE PROPOSALS**

In respect of people with complex care needs there remains a need and demand for more comprehensive day care services in modernised Day Centres providing for example personal care, nutritional support, physiotherapy, cognitive therapy, stimulating activities etc. The new approach for Day Centres will need to ensure operational effectiveness and financial viability. The average number of people registered at the current 5 Core Day Centres has fallen significantly over the past 5 years from an average of 494 people per week (in 2011/12) to an average of approximately 180 (as at September 2018) - a fall of almost 60%.



The development of extra care housing schemes will also provide opportunities to create community hubs and provide facilities and services in flexible spaces in the community more suitable for the delivery of day services for older people than currently is the case in traditional day centre facilities. Such opportunities to create community hubs and reduce the need for traditional older people day centres are therefore being reviewed as part of the extra care development programme.

The new service model would enable the transformation of the service to provide enhanced day opportunities and to contribute to the development of a day service better able to meet the changing needs and aspirations of the older people of Rhondda Cynon Taf. In order to secure an appropriate range of both care and day opportunities, in line with differing preferences and needs, a continuum of provision is required. This would include care and support for the most vulnerable older people.

This proposal for day services for older people is to refocus internal provision on complex care and no longer deliver care for non-complex needs. Less capacity would, therefore, be needed by refocusing day centres on higher dependency complex/dementia care and increasing the offer of activities and community contribution through an expanded range of services and local area co-ordination. Again, shaping the service in this way supports the key principles of prevention and early intervention by ensuring those with lower needs can access Community Hubs and those with complex needs are supported by Day Centres to remain at home for longer as well as provide much needed respite for carers.

The proposed new service would allow Rhondda Cynon Taf Council to provide a specialist service for those with complex needs, ultimately providing better care for its residents because again it would be able to up skill our staff to concentrate on providing this specialist service in a way that it is currently more difficult to do because of the range of complex and non-complex needs. It is proposed the new model of service should have the following key elements as illustrated in the diagram below:



Flexible services which would enable a person to access a community hub and then move to universal services or vice versa should be enabled as part of the support planning process. However, in the development of the new service model, it has been recognised that planned development and investment in universal service provision and in Community Hubs and extra care housing would help to better reflect the patterns of actual choice people are now making and create capacity to change. Day Care for those with complex and specialist needs remain an important part of the service model but are delivered more effectively in a focussed and targeted manner. This has the same advantages as highlighted above for residential care i.e. better services, higher quality outcomes for services users, release of capacity for lower level preventative approaches.

## 5. UNDERSTANDING THE DEMOGRAPHIC PROFILE

### **Gender**

Women are expected to live longer than men so may need more access to services if they become increasingly frail. Women are more dependent on public transport and the importance of providing locally based care services within community settings as far as possible is an important element of our service plans.

The profile of residents/day centre users shows a large majority are female which indicates the need to take account of differing needs of male residents in, for example, achieving a good quality of life.

In respect of staff, for residential care, there are 472 females and 40 males, whilst in Day Centres there are 32 females and 6 males.

### **Age**

The age profile of our population is similar to Wales but with slightly higher proportions of children under 5 years old and in the 20-44-year age group and slightly higher proportions of people aged 60 and over.

Current projections in the Cwm Taf Population Assessment see a rise in the total resident population of Cwm Taf (80% of whom live in Rhondda Cynon Taf) to 298,600 by the year 2033. This is primarily due to an increase in the older population. By 2030, the number of people over 65 years will increase by 30.4% and people over 80 years by 71.3%. The number of residents aged 75 years and over is projected to rise from 23,300 (7.9% of total population) in 2013 to 37,100 (12.4% of total population) in 2033.

Overall, our population is living longer and the increase in elderly population is likely to result in an increase in the prevalence of chronic

conditions such as circulatory and respiratory diseases and cancers. The proportion of the population aged over 75 who live alone is higher in Rhondda Cynon Taf than other parts of Wales. All these factors will have implications for the number of people who may need care and support.

The Cwm Taf Population Needs Assessment says:

“The services we commission to support our older citizens and their carers are often already stretched. It has been estimated that if these services simply increase to keep pace with demographic change, this will result in a near doubling of care costs by 2026. We know that we have to adopt a new approach to use our resources as wisely as possible”

The age profile of the staff in our Residential Homes is nearly 60% over 50 years old and this raises issues for the stability and capacity of the work force in the medium term. It may also mean that some members of staff will want to take the opportunity of any service changes to take retirement. Our approach to work force planning and the close involvement of the Trade Union in engagement about these proposals will take these factors into account and ensure transparency and fairness.

## **Disability**

The Cwm Taf Population Needs Assessment suggests that there are around 3,280 people in Rhondda Cynon Taf with a physical or sensory disability in the Region. However, it has been contended that this figure is substantially under-estimated because of the resistance to formal diagnosis and all that entails.

People who have a disability are twice as likely as people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012). This is therefore an issue in respect of on-going and future transport arrangements at Day Centres and for location of care homes for visiting purposes where a proportion of relatives will also be disabled.

The numbers of people with sensory impairments will increase with age. Such people may have difficulty accessing services and participating in activities that promote their health and wellbeing or social inclusion as well as maintaining independent living in their own homes with support from Day Centres. It will also mean that increasing numbers who have complex care needs will have a sensory impairment

Physical and sensory disability is also highly prevalent amongst residents of care homes and users of Day Centres and it is therefore

an important factor to take into account in modernisation of these services, particularly in relation to access but also how care and support is provided on a day to day basis and the equipment provided. Regular training for staff and use of up to date equipment wherever possible ensures the needs of people with disabilities are met.

## **Health**

In relation to Rhondda Cynon Taf. Public Health Wales say (2017):

“Rhondda Cynon Taff has a health profile that is largely worse than the Welsh average. The majority of small areas in Rhondda Cynon Taff are deprived compared with the average for Wales however, there are some pockets of relative non-deprivation. There is a growing older population that will impact on the demand for health services in the future.”

“Rhondda Cynon Taff has a poor life expectancy for males and females, poor educational attainment and worse alcohol consumption and obesity levels compared with the Wales average. It also has a worse rate than Wales for premature death from heart disease.”

The data from Public Health Wales shows that for Rhondda Cynon Taf female and male life expectancy, mental health, high body mass index, death from all causes, death from heart disease and cancer are all significantly worse than the Wales average. Analysis of this information would suggest that these adverse factors are likely to mean additional pressures on social services and an on-going need for provision to deal with complex care needs in old age both in day services and in accommodation with care.

## **Ethnicity**

Cwm Taf has lower representation from ethnic groups other than white than Wales as a whole. However, in Rhondda Cynon Taf there are Polish, Portuguese and Czech people living in the local community and their access issues, along with those from an ethnic minority background, will need to be considered in terms of language issues and availability of transport to care settings. However small the number of care home residents and day centre users from an ethnic minority background, their language and cultural needs will need to be catered for.

In respect of Residential Care Homes, 2 members of staff have classified themselves as Asian and 1 as “other”. In Day Centres, 2 members of staff have declared their ethnicity as “other”. The recruitment of staff to these services will endeavour to increase the number of people who are not White in the Social Services Workforce with the aim to match at least the % of people from an ethnic minority in the local population.

Actions in our Strategic Equality Plan demonstrate the Council's commitment to encouraging a more diverse workforce.

### **Marriage and Civil Partnership**

The number of people who are married or in a same-sex civil partnership living in Rhondda Cynon Taf is the same as for Wales as a whole.

For the majority of people, including older people, losing a long-term partner as a result of bereavement can be a life changing event that has a significant impact on their health and wellbeing and on potentially their care needs.

These factors need to be taken into account in delivering residential and day care services e.g. accommodating married couples together in care homes, visiting arrangements for people in care, emotional support, advocacy, complimentary care planning for couples receiving day care, respite, need for care on death of spouse.

### **Religion**

There is a lower representation in every religious group in Cwm Taf than is seen in Wales as a whole. Higher than average proportions of the population stated that they had no religion.

However, it is important that services take cultural needs into account in providing a good quality of life for those in care homes or receiving day care support and that this is integrated into the operation of the care homes and day centres. People must have a choice in whether or how they observe their religious beliefs.

### **Sexuality and transgender**

Research by Travis and Argosy (2011) on LGBT+ Older Adults in Long Term Care found the following good practice should be adopted in Care Homes:

- Assess overall readiness to care for LGBT+ in welcoming and safe environments that recognize LGBT history, culture, challenges, and strengths.
- Understand variations and nuances in the “coming out” processes for LGBT+ older adults.
- Honour LGBT+ partners and families of choice.
- Respect the diversity within the LGBT+ community.
- Know protections and legal rights for LGBT+ residents in long-term care facilities.

Some evidence suggests lesbian, gay and bisexual and transgender people, are perhaps more likely than other groups to face hostility and misunderstanding, and are more likely to experience poor mental health.

The Isolation to Integration report found that gay men and lesbians are at greater risk of becoming lonely and isolated as they age because they are more likely to live alone and have less contact with family. They are more likely to find it difficult to take the decision to go to a Day Centre or move into residential care and to maintain their identity and independence in the new setting.

It is also recognised that these groups find it particularly difficult in how they access services and their dignity and respect must be protected in receiving care in both care home and community settings.

Through good systems as well as training and awareness raising with staff the Council will ensure that these issues are handled sensitively and effectively and responses to these needs are automatically part of the way care and support is provided

### **Deprivation**

Rhondda Cynon Taf has areas of significant deprivation and far too many people still experience poor health. The County includes socio-economically deprived areas, with concentrations of low levels of employment and educational attainment. These factors, along with other aspects of the physical environment, impact on the lifestyles of people living in the area. In 2010, over 40% of the populations of Rhondda and Cynon Valleys and Merthyr Tydfil lived in the most deprived areas of Wales.

Higher levels of deprivation are evident in every category compared with the rest of Wales and this has implications for access to transport and health generally. This is likely to have a knock-on effect in respect of the levels and trends of people with complex care needs who over time would need support from the Council through its modernised services. Whilst it is not possible to predict with any accuracy how that translates to numbers of people, it is probably fair to say that the levels of support required by people with complex care needs will not be reduced and may rise.

### **Unpaid Carers**

The 2011 census shows that 12.5% or 29640 people in Rhondda Cynon Taf provide care to a family member, friend or neighbour. It is probable that the number of Carers 8 years on is even higher. Of those Carers that we know about, the Census shows a total of 9389 Carers provide a significant level of support - over 50 hours of care per week. This has increased by 7% in Rhondda Cynon Taf since the 2001



Census. The needs of unpaid carers now have to be taken into account formally under the new provisions for cares in the Social Services and Well-being (Wales) Act 2014 including delivery of support where required following assessment. The proposals for modernisation of day care services will in particular need to consider the implications of these new duties on the Council. This is particularly relevant in Day Centres and provision of respite care. The RCT Carers Strategy and Implementation Plan will play a central role in responding to these requirements.

### **Welsh Language**

In Cwm Taf, 12.3% of adults and 8.9% of children are able to speak Welsh. The proportion of those who are able to understand, speak and/or write Welsh varies within this. It is possible that the elderly or confused may prefer or need to communicate in Welsh and every effort will be made to accommodate this in line with the “More than Just Words” Strategy for Social Care in Wales. We are ensuring as far as we can, Welsh speakers receive care services in their first language, using existing skills and resources and for example providing staff training to improve their Welsh. We are committed to delivering the ‘Active Offer’ required by Welsh Government Guidance (i.e. providing a service in Welsh without someone having to ask for it) and are providing help and support to our staff to achieve this aim.

In respect of staff in Residential Care Homes we know that 20 are Welsh speakers and 243 are not. A further 249 did not provide information. This suggests about 4% of care home staff speak Welsh. In respect of Day Centres 6 members of staff speak Welsh, 48 do not and a further 62 did not provide information. This suggests that about 5% of day centre staff speak Welsh.

In respect of Welsh speaking staff members in the 11 Residential Care homes and the 5 day care services, our records show the following:

#### **Residential Services**

4 x Level Three

6 x Level Four

9 x Level Five

This represents 3.6% of the overall Residential Services workforce.

#### **Day Care Services**

1 x Level Four.

This represents 2% of the overall Day Care Services workforce.

To help increase the supply of Welsh speakers in our Workforce:

All advertised roles (since 01/2018) now include Welsh Language Level 1 as an essential criterion on JD's. - See [current advert here](#) for a ‘Casual Care / Domestic Assistant’ at Parc Newydd Care Home. If you

download the Job Description, you will see this policy decision in action.

If individuals do not hold Welsh Language Level 1 skills then they are not barred from applying, they simply need to attend a corporate Welsh language session which lasts 2 hours, and provides them with the basics to achieve level 1 on the Council's framework.

The Council's Welsh Language Skills framework is available to view [here](#).

Training is made available to care staff:

Staff who wish to progress from Level 1 are offered corporate training via our internal tutor, or signposted to an external provider in the community (whose delivery times may better suit the individual).

Residential Services have received bespoke sessions, tailored to the needs of their Welsh speaking residents, for example at Pentre House, during October and November 2018 delivered by our in-house tutor.

Pentre House received 3 sessions and 14 members of staff attended, they all achieved advance Level 1 (which means they met the corporate Level 1 requirements, but also had additional tutoring on specific work-related phrases).

In addition, all Welsh Speaking staff on a level 4 and 5 (fluent on the Council's Welsh Language Skills Framework) receive a corporate lanyard with the 'Welsh speaker' logo on it. This raises awareness amongst staff and residents of their linguistic abilities (increases use of the Welsh Language).

All Council's Social Services are mandated to record the language preference of all who use their services, at their first point of contact. This will be important if as a result of these modernisation proposals some services are transferred to the Private Sector. We will need to consider when decisions about the future are known, how to respond as there is a possible reduction in Welsh Language Skills of staff in changes to the delivery models which could result in fewer staff being employed by the Council.

The Caring Through Welsh mobile application is due to be rolled out to all Children and Adults Service staff who use a handset during their day-to-day jobs, to help and support staff to increase their use of Welsh during the working day. The app is specifically targeted at care staff in Local Authorities and Health Boards and has voice clips for hundreds of regular phrases and questions.



## Human Rights

At its most basic, care and support offer protection of people's right to life under Article 2 of the European Convention by ensuring their most fundamental physiological needs, such as eating, taking medication, getting up in the morning and going to bed at night are met. But for those who require it, and those with whom they share their lives, the availability and organisation of care and support also determines whether they enjoy a number of other important human rights including freedom from inhuman and degrading treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8). These rights are underpinned by some important human rights principles: dignity, autonomy and respect which have to be taken into account in delivering residential and day services.

The United Nations Principles for Older Persons and Convention on the Rights of Disabled People are also both enshrined in Welsh legislation (the Social Services and Well-being (Wales) Act 2014 and related Code of Practice). The Council therefore have a duty both at the general level of Human Rights and at the specific client services level to be able to demonstrate that it has given due regard to these Conventions and Principles, have taken action to codify them against service delivery policies and procedures and ensure staff receive training on them. Essentially, the Council is able to demonstrate how it has had regard to the UN Principles when making decisions about identifying an individual's needs and providing services to meet those needs.

### 6. **EQUALITY PROFILE OF STAFF WHO MAY BE AFFECTED BY THESE PROPOSED CHANGES**

It is important that if as a result of these proposals staff are required to relocate or work differently, their personal characteristics and circumstances are taken into account, particularly if their journey is more difficult or their work pattern changes e.g. their age and family commitments. The statistics show that.

We will need to consider the implications of any new service models for our staff. It is important that if staff are required to relocate or work differently, their personal characteristics and circumstances are taken into account, particularly if their journey is more difficult or their work pattern changes e.g. their age and family commitments. Appropriate organisational change policies should be taken into account in dialogue with Trade Union Side.

There are approximately 550 staff with 512 staff working in residential (and 38 in day care). The age profile of staff is predominantly over 50 years old with only 226 or 41% under that age. There are also a wide range of circumstances of staff to be taken into account e.g. approaching retirement, caring for children/elderly relatives, couples

working in these facilities, single house-holders, dependence on the employment etc. The impact on other protected characteristics of staff are covered above in the relevant section.

## **7. THE ENGAGEMENT EXERCISE**

Research (Robinson, Glasby and Allen 2013) about utilising best practice in local authority decommissioning of social care services contended that:

- Difficult decommissioning decisions require strong leadership and wider stakeholder engagement and support.
- Having supporting evidence and information was integral to successful outcomes
- A clear transparent decision-making process was important for legitimisation of decisions.

### Methodology and Responses

A comprehensive independent consultation exercise was undertaken on the proposals for change between 14 January, and 8 April 2019 with care home residents and day care service users, relatives of both groups, Council staff directly involved in service delivery. Additionally, the Council undertook a public consultation exercise.

The main features of the approach to consultation were:

- Letter and Information pack sent to a database of all Council Care Home Residents/relatives (11 homes)
- 5 Day Care centres (approx. 180 users) letter/information pack sent to all current users/families.
- Presentations and Question and Answer Sessions at all Council run Care homes and Day Centres for residents, day services users and families. 7 events for consultation with staff, some attended by the Trade Union representative
- Almost all of these meetings were attended by Senior members of Council staff including the Group Director and Director of Adult Services
- “Frequently Asked Questions” sheets available at events
- Information Pack also contains Questionnaire to be returned to Council
- Easy Read version of Information pack produced
- Consultation by the Council with a wide range of stakeholders
- Dedicated consultation email address and free post facility
- “Have Your Say” Public Consultation on Council’s Web Site
- Public “Drop in” Events at 3 venues 2-8 PM
- Advocacy service promoted and available to all service users and families

As part of this engagement, the use of social media and other communication mechanisms were also used.

A detailed Consultation Analysis report was produced in April 2019 following the engagement feedback. This highlighted the following areas that respondents feel are important to them and which have therefore to be considered in developing proposals for service modernisation:

- A common theme across all the consultation events was that the quality of care and support provided and the contribution and commitment of staff was regarded very highly.
- Whilst there was general recognition about the need to improve care facilities for the future, in each case – Care Home or Day Centre – no one wanted theirs to be de-commissioned.
- Reassurance was sought regarding closing of any homes and more information about the process that would be followed to determine any future decision.
- The higher standards of environment and facilities provided by Extra Care were welcomed and advice was given on a range of practical issues about the operation of Extra Care, staffing, care and support provided, the living conditions, care provided and funding, costs etc. The offer of visits to an extra care facility was positively received. The statement that couples could be accommodated together was welcomed
- The determination of the location of care facilities for the future was seen as of critical importance and that residents still had access to a range of facilities in their locality to meet their changing needs so that family and friends could continue to visit or be involved. Residents and centre users wanted to continue to live in their chosen community and to “age in place”.
- Staff equally saw the importance of location in relation to care options, support services, transportation, resident/service user wellbeing, travel to work etc. Strong representations were made by residents, families and staff for Rhondda Fach to continue to have a facility in their community. It has to be said that this was true of all the Homes and Centres visited but was particularly emphasised in Rhondda Fach.
- Clarity was sought about what the term “complex care” means in the consultation papers and requests for a more detailed explanation and transparency about how the definition would be used in determining individuals care needs.

- There were concerns about care being transferred to the private market as a result of the plans being consulted about. The view expressed by some attendees was that Council run care homes were much better than private care homes. The financial implications for individuals moving into a private care home were a worry for some i.e. more expensive potentially and uncertainty about fee levels.
- Greater clarity was sought about how the Day Centres would focus on complex needs and compliment the role of the new Community Hubs. More information about how any change would be achieved was requested alongside details of the transitional arrangements for any service user/family who may be affected.
- A range of Human Resources issues were raised by staff on the implications of the proposed changes and there was a call for honesty and openness and more information from the Council regarding their jobs and conditions of service.
- It was recognised that more people with dementia would in the future need care and support both in the community and in residential care and that it was important to provide them with appropriate responses. A common theme both in care home and day centre consultations was the need to achieve a workable mix and arrangements with people who did and did not lack capacity and a community ethos developed in all locations.
- A common theme in care home and day centre consultations were concerns raised by families about information available, care assessment, its interface with the Decision Panel, its flexibility, and timeliness. Greater clarity about how the process should work is required.
- In respect of the Public Consultation 372 responses to the Residential Services questionnaire were received and 125 responses to the Day Care Services questionnaire were received.
- Written responses were received in addition to the questionnaire responses and discussions at the various meetings. For residential care there were 19 responses and 9 for Day Care.
- For residential care 47.3% of respondents agreed with the Council's preferred option to retain a level of provision of residential care homes which are focused on providing complex care and respite. Only 34.9% disagreed with the Council's preferred option and the others unsure.
- For the preferred option of Phased decommissioning of the Council's day services as part of a planned programme of

transformation 53% of respondents disagreed with the preferred option.

Where the issues raised were not appropriate to be dealt with through these proposals or were linked to specific operational delivery of services, we have passed the information to other relevant officers to inform their actions and plans.

## **8. POTENTIAL POSITIVE AND NEGATIVE IMPACTS IDENTIFIED**

### **Positive:**

- Standard of Care provided in Council-run Care Homes and Day Centres was highly regarded
- Extremely positive comments were made about the quality of the staff, their dedication and the high standard of the care and support as well as the food provided.

### **Care Homes**

- It was contended that if there are any closures planned in the future, relatives and residents must be part of any decision-making process and to be consulted again.
- General recognition about the need to improve care homes for the future but in many cases the current arrangements were praised and residents and relatives did not want to see their particular care home closed.
- Society's expectations of a care home are changing and higher quality of facilities are sought.
- Staff generally agreed that the buildings aren't fit for purpose, many wanted to keep their residential home open and for them to be modernised.
- Appreciation that it may not be financially viable to refurbish all existing Residential homes and that the homes needed to operate on a sound resource basis.
- The case for including provision in the Rhondda Fach valley was made passionately.
- The "Butterfly" Dementia model of care was praised by relatives whose kin had dementia

## **Day Centres**

- The Day Centres are seen as valuable assets that provide much needed care and support
- The new facilities for Day Services would be welcomed if they can offer more space and more choice of activities.
- Families relied on the Day Centres for care and support to be provided to their relative so that employment could continue and for respite from heavy caring responsibilities
- As a staff group there was recognition that things needed to change and day services should be modernised.
- There was a positive response to the proposals for new Extra Care housing facilities with some Day Centres included
- Calls for the extended hours of day services to include evenings and weekends to better meet the needs of individuals.

## **Negative:**

### **Care Homes**

- Concerns about the temporary halt to new entrants meant that homes are being earmarked for closure and that the numbers of residents would reduce so the homes are no longer financially or operationally viable.
- concerns about care being transferred to the private market as a result of the plans being consulted about.
- There were concerns expressed about the continuity of care being disrupted where individuals needed to be transferred.
- There was uncertainty about what “complex care” means in the consultation papers and how that would be defined and affect the decision-making process.

### **Day Centres**

- In each case strong concerns were raised about the possible closure of Day Centres and the detrimental effects that would have for the people cared for and for the staff.
- There were rumours and uncertainty about the function and operation of the new Community Hubs and how they would fit in with Day Centres.

- The level of detail regarding the preferred option for Day Centres was not sufficient.
- There was strong concern expressed about the situation in the Rhondda Fach where the Day Centre was attached to the Residential Home and there were no alternatives for older people available in the Valley.
- Community Hubs are important but are not suitable for Service Users that come into the Day Centres who have more complex needs which change.
- Concerns were raised about restrictions on gaining access to Day Centre support only through full assessments by a social worker and decision by a Panel.

## 9. **PLANS TO ALLEVIATE ANY NEGATIVE IMPACT**

In respect of Care Homes:

- A temporary halt on admissions to Council care homes has been implemented.
- Comprehensive assessment of all individuals impacted and their care and well-being needs.
- Revisions to care plans as required.
- Gradual implementation of proposals to coincide with availability of alternative care options including Extra Care and private sector places.
- Close engagement of residents and their families on an on-going basis including provision of further information and advice, supported by a Communications Plan.
- Development of dialogue with Private Care Sector about current and future provision.
- An area by area analysis of demography, public health, transport/travel, care provision and support services to influence final decisions on local delivery structures.

In respect of Day Care:

- Comprehensive assessment of all individuals impacted and their care and well-being needs.
- Revisions to care plans as required.
- Gradual implementation of proposals to coincide with availability of alternative care options including Extra Care and Community Hubs.
- Close engagement of service users and their families on an on-going basis including provision of further information and advice.



- An area by area analysis of demography, public health, transport/travel, care provision and support services to influence final decisions on local delivery structures.

## 10. **MITIGATION**

We will implement an Action Plan to mitigate the negative impacts on services users that have been identified, including:

- Develop a clear service delivery model for each of the 3 main areas within the Council boundaries and accompanying rationale encompassing private care homes, Council care homes, extra care and Day Care Centres and Community Hubs.
- Take account of concerns raised in initial consultation e.g. transition impacts on residents and on centre users, comparative costs for individuals, transport, travel distances, community cohesion, staffing issues, availability of support services etc.
- Develop a clear implementation plan with timescales that is co-ordinated with the planned opening of new extra care and community hub facilities as well as any other modernisation to be undertaken to achieve the desired service model.
- Consult further on implementation of agreed area service models with services users, their families, representative bodies and the public.
- Instigate a dialogue with the local private sector care market as how best to maintain stability and ensure availability of sufficient capacity for standard and more complex residential care in the short and medium term. Compliance with the duty to develop a market oversight regime introduced by the 2016 Act would be an outcome of the process. Updating and changes to the Rhondda Cynon Taf Care Home Market Position Statement would also be required.
- Utilise best practice guidance in the re-provisioning of social care to ensure the appropriate level of support for individuals whose care and/or location is impacted by the modernisation proposals is tailored to their needs and in liaison with families.
- Older people's health, safety and protection during a period of transition to the new care model or setting are of central importance and Rhondda Cynon Taf will ensure each individual is given a personalised approach and care plan in ensuring the best possible outcomes are achieved. This will involve the families of the residents/service users. Advocacy and representation are seen as important services that will be made available to help service users express their views.



- The supply of a well-motivated, high quality and qualified workforce is essential to the current and future provision of these care services. Therefore, a transparent process of engagement with staff and their Union representatives will be undertaken throughout the transition period to the new service model.
- An overall implementation communications plan to ensure there is effective information, advice, assistance and advocacy available that mitigates the stress and anxiety for individual care clients, families and staff, any modernisation plan like this will create

## 11. **SUMMATION – GENERAL DUTY**

### **Due Regard to 3 elements of general equality duty**

This Equality Impact Assessment is representative of a real attempt to address the following questions:

#### **Does this service change help to eliminate discrimination?**

There is no perception that the way services are currently provided is in any way discriminatory. Indeed, both residential and day services are highly praised by respondents to the engagement. The changes will help to ensure that in the future that there continues to be no discrimination in the way services are provided by providing additional skills training to staff supporting people with complex care and widening the scope of support to people with lower care needs in the community

#### **Does this service change help promote equality of opportunity?**

These changes will result in more equitable responses for people living in the Council area as a whole by improving the quality and quantity of early intervention and prevention services. It will also improve service responses for those in residential and day centres by providing modernised facilities and staff who can focus on and be trained more effectively those with complex care needs

#### **Does this service change help foster good relations between people possessing the protected characteristic and those that do not?**

Staff will be better trained to meet individual needs and where services are also designed to meet them, this can minimise problems for and between people. By the Council focussing its efforts on complex care it will result in a more level playing field for people in the community with protected characteristics in accessing support.

**12. MONITORING ARRANGEMENTS**

The impact of the proposals will be closely monitored and careful consideration will continue to be given to the points highlighted in this equality impact assessment at each stage of the decision-making process.

## SUMMARY OF ANALYSIS

Care Home	Current Registered Beds	Revised Registered Beds	% Reduction Registered Bed	Estimated Development Costs based on £0.7015m/m <sup>2</sup> (ave of CC & FHse)	Other Comments
Bronllwyn	12	7	41.7%	£1.66m	Increased communal space per resident Same number of shared bathrooms (x2)
Pentre House	29	16	44.8%	£1.75m	Increased communal space per resident Reduced number of shared bathrooms (4 to 3)
YstradFechan	24	13	45.8%	£0.818m	Increased communal space per resident Same number of shared bathrooms (x3) Loss of one lounge
Ferndale House	26	20	23.1%	£2.00m	Increased communal space per resident Same number of shared bathrooms (x3)
Clydach Court	35	22	37.1%	£0.843m	Increased communal space per resident Reduced number of shared bathrooms (4 to 3)
Danymynydd	30	21	30.0%	£1.08m	Increased communal space per resident Reduced number of shared bathrooms (5 to 2)
Tegfan	46	29	37.0%	£1.81m	Increased communal space per resident Reduced number of shared bathrooms (7 to 5)
Troedyrhiw	26	15	42.3%	£1.54m	Increased communal space per resident Same number of shared bathrooms (x3) Loss of one lounge
Cae Glas	39	22	43.6%	£2.60m	Increased communal space per resident Same number of shared bathrooms (x5)
Gartholwg	30	21	30.0%	£1.65m	Decreased communal space per resident Reduced number of shared bathrooms (6 to 2)
Parc Newydd	36	21	41.7%	£1.93m	Increased communal space per resident Same number of shared bathrooms (x4) Loss of one lounge
<b>Total</b>	<b>333</b>	<b>207</b>	<b>37.8%</b>	<b>£17.681M</b>	



	Council Care Homes			Council Care Homes within 5 miles			Independent Sector Care Homes within 5 miles							
	Registered Beds	Occupied Beds	% Occupied	Registered Beds	Occupied Beds	% Occupied	Residential Beds	Residential EMI Beds	Nursing Beds	Nursing EMI Beds	Total Registered Beds	% Occupied		
<b>RHONDDA</b>														
<b>Bronllwyn Residential Home</b> Gelli	12	11	92%	Pentre House Ystradfechan Clydach Court	29 24 35	22 22 26	76% 92% 74%	Mill View Ty Pentwyn Glyncornel Tailiesin Zoar Ty Ross Ty Nant Ty Porth	4 8 [REDACTED] 12 16 10 [REDACTED] 16	5 [REDACTED] [REDACTED] 6 14 4 15 21	28 27 17 [REDACTED] [REDACTED] 26 [REDACTED] 44	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 18 [REDACTED]	37 35 17 18 30 40 33 81	36 34 16 17 29 34 32 76
<b>Registered Beds 12:</b>  11 x Permanent Beds 1 x Respite Bed				<b>88</b>	<b>70</b>	<b>80%</b>		<b>66</b>	<b>65</b>	<b>142</b>	<b>18</b>	<b>291</b>	<b>274</b>	
<b>Pentre House Residential Home</b> Pentre	29	22	76%	Bronllwyn Ystradfechan Clydach Court	12 24 35	11 22 26	92% 92% 74%	Ty Pentwyn Mill View Glyncornel Ty Ross Tailiesin Zoar Ty Nant	8 4 [REDACTED] 10 12 16 [REDACTED]	[REDACTED] 5 [REDACTED] 4 6 14 15	27 28 17 26 [REDACTED] [REDACTED] 18	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	35 37 17 40 18 30 33	34 36 16 34 17 29 32
<b>Registered Beds 29:</b>  28 x Permanent Beds 1 x Respite				<b>71</b>	<b>59</b>	<b>83%</b>		<b>50</b>	<b>44</b>	<b>98</b>	<b>18</b>	<b>210</b>	<b>198</b>	
<b>Ystradfechan Residential Home</b> Treorchy	24	22	92%	Bronllwyn Pentre House Clydach Court	12 29 35	11 22 26	92% 76% 74%	Ty Pentwyn Ty Ross Mill View Glyncornel Tailiesin	8 10 4 [REDACTED] 12	[REDACTED] 4 5 [REDACTED] [REDACTED]	27 26 28 17 6	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	35 40 37 17 18	34 34 36 16 17
<b>Registered Beds 24:</b>  22 x Permanent Beds (8 EMI) 2 x Respite				<b>76</b>	<b>59</b>	<b>78%</b>		<b>34</b>	<b>9</b>	<b>104</b>	<b>0</b>	<b>147</b>	<b>137</b>	
<b>Ferndale House Residential Home</b> Ferndale	26	19	73%				Mill View Glyncornel Ty Porth	4 [REDACTED] 16	5 [REDACTED] 21	28 17 44	[REDACTED] [REDACTED] [REDACTED]	37 17 81	36 16 76	
<b>Registered Beds 26:</b>  25 x Permanent Beds (10 EMI) 1 x Respite								<b>20</b>	<b>26</b>	<b>89</b>	<b>0</b>	<b>135</b>	<b>128</b>	
<b>Clydach Court Residential Home</b> Trealaw	35	26	74%	Dan Y Mynydd Bronllwyn Pentre House Ystradfechan	30 12 29 24	22 11 22 22	73% 92% 76% 92%	Tailiesin Ty Porth Ty Nant Glyncornel Zoar Mill View Ty Pentwyn	12 16 [REDACTED] [REDACTED] 16 4 8	[REDACTED] 21 15 [REDACTED] 14 5 [REDACTED]	6 44 [REDACTED] 17 [REDACTED] 28 27	[REDACTED] [REDACTED] 18 [REDACTED] [REDACTED] [REDACTED] [REDACTED]	18 81 33 17 30 37 35	17 76 32 16 29 36 34
<b>Registered Beds 35:</b>  30 x Permanent Beds (30 EMI) 5 x Respite				<b>95</b>	<b>77</b>	<b>81%</b>		<b>56</b>	<b>55</b>	<b>122</b>	<b>18</b>	<b>251</b>	<b>240</b>	
<b>Dan Y Mynydd Residential Home</b> Porth	30	22	73%	Clydach Court	35	26	74%	Ty Porth Ty Nant Tailiesin Glyncornel Zoar Mill View	16 [REDACTED] 12 [REDACTED] 16 4	21 15 [REDACTED] [REDACTED] 14 5	44 [REDACTED] 6 17 [REDACTED] 28	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	81 33 18 17 30 37	76 32 17 16 29 36
<b>Registered Beds 30:</b>  29 x Permanent Beds (29 EMI) 1 x Respite				<b>35</b>	<b>26</b>	<b>74%</b>		<b>48</b>	<b>55</b>	<b>95</b>	<b>18</b>	<b>216</b>	<b>206</b>	





Availability of alternative residential provision in area (Good=1 / Poor=5)	4	5	20	3	12	1	4	5	20	2	8	2	8
Availability of extra care housing provision in area (Good=1 / Poor=5)	5	1	5	3	15	3	15	5	25	3	15	1	5
<b>Total</b>	<b>20</b>	<b>12</b>	<b>57</b>	<b>13</b>	<b>64</b>	<b>11</b>	<b>56</b>	<b>20</b>	<b>100</b>	<b>10</b>	<b>50</b>	<b>10</b>	<b>52</b>

THEME	CRITERIA	WEIGHT	YstradFechan		Pentre House		Bronllwyn		Ferndale House		Clydach Court		Dan Y Mynydd	
			Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight
Occupancy	Current occupancy levels (High = 5 / low = 1)	3	3	9	3	9	1	3	2	6	4	12	3	9
	Current level of alignment with proposed service model (Good=5 / Poor=1)	4	3	12	2	8	2	8	3	12	5	20	5	20
<b>Total</b>		<b>7</b>	<b>6</b>	<b>21</b>	<b>5</b>	<b>17</b>	<b>3</b>	<b>11</b>	<b>5</b>	<b>18</b>	<b>9</b>	<b>32</b>	<b>8</b>	<b>29</b>

THEME	CRITERIA	WEIGHT	YstradFechan		Pentre House		Bronllwyn		Ferndale House		Clydach Court		Dan Y Mynydd	
			Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight
Cost per occupied bed	Actual Council cost per occupied bed per week (Good=5 / Poor=1)	3	4	12	4	12	1	3	3.5	10.5	2	6	2.5	7.5
<b>Total</b>		<b>3</b>	<b>4</b>	<b>12</b>	<b>4</b>	<b>12</b>	<b>1</b>	<b>3</b>	<b>3.5</b>	<b>10.5</b>	<b>2</b>	<b>6</b>	<b>2.5</b>	<b>7.5</b>

<b>Overall Total</b>	<b>38</b>	<b>27</b>	<b>110</b>	<b>28</b>	<b>117</b>	<b>19</b>	<b>86</b>	<b>33.5</b>	<b>148.5</b>	<b>27</b>	<b>112</b>	<b>26</b>	<b>110.5</b>
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## Residential Services Evaluation Scoring Matrix

## APPENDIX 5

NOTE: HIGHEST SCORE BEING THE PROPERTY LEAST APPROPRIATE FOR DECOMMISSIONING AND LOWEST SCORE MOST APPROPRIATE

### FOR DECOMMISSIONING

THEME	CRITERIA	WEIGHT	Tegfan		Troed Y Rhiw		Cae Glas		Garth Olwg		Parc Newydd	
			Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight
Building Suitability	Current building compliance assessment (Good=5 / Poor =1)	4	4	16	3	12	3	12	3	12	3	12
	Redevelopment potential of existing home to meet CIW new build standards? (Good=5 / Poor=1)	4	3.5	14	2	8	3	12	2	8	3	12
<b>Total</b>		<b>8</b>	<b>7.5</b>	<b>30</b>	<b>5</b>	<b>20</b>	<b>6</b>	<b>24</b>	<b>5</b>	<b>20</b>	<b>6</b>	<b>24</b>

THEME	CRITERIA	WEIGHT	Tegfan		Troed Y Rhiw		Cae Glas		Garth Olwg		Parc Newydd	
			Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight
Geographical Area	Location	5	4	20	4	20	4	20	4	20	4	20
	Availability of internal residential provision in area (Good=1/ Poor=5)	6	5	30	5	30	4	24	3	18	4	24
	Availability of alternative residential provision in area (Good=1 / Poor=5)	4	2	8	2	8	1	4	1	4	5	20

Availability of extra care housing provision in area (Good=1 / Poor=5)	5	3	15	2	10	3	15	3	15	1	5
<b>Total</b>	20	14	73	13	68	12	63	11	57	14	69

THEME	CRITERIA	WEIGHT	Tegfan		Troed Y Rhiw		Cae Glas		Garth Olwg		Parc Newydd	
			Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight
Occupancy	Current occupancy levels (High = 5 / low = 1)	3	5	15	3	9	4	12	3	9	3	9
	Current level of alignment with proposed service model (Good=5 / Poor=1)	4	3	12	3	12	5	20	2	8	2	8
<b>Total</b>		7	8	27	6	21	9	32	5	17	5	17

THEME	CRITERIA	WEIGHT	Tegfan		Troed Y Rhiw		Cae Glas		Garth Olwg		Parc Newydd	
			Score	Weight	Score	Weight	Score	Weight	Score	Weight	Score	Weight
Cost per occupied bed	Actual Council cost per occupied bed per week (Good=5 / Poor=1)	3	3	9	2	6	2	6	4	12	5	15
<b>Total</b>		3	3	9	2	6	2	6	4	12	5	15

<b>Overall Total</b>	<b>32.5</b>	<b>139</b>	<b>26</b>	<b>115</b>	<b>29</b>	<b>125</b>	<b>25</b>	<b>106</b>	<b>30</b>	<b>125</b>
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**RHONDDA CYNON TAF COUNCIL OVERVIEW AND SCRUTINY COMMITTEE**

Minutes of the meeting of the Overview and Scrutiny Committee held on Monday, 22 July 2019 at 5.00 pm at the Council Chamber, The Pavilions, Cambrian Park, Clydach Vale, Tonypany, CF40 2XX.

**County Borough Councillors - Overview and Scrutiny Committee Members in attendance:-**

Councillor M Adams (Chair)

Councillor J Bonetto	Councillor P Jarman
Councillor J Harries	Councillor J Brencher
Councillor D Macey	Councillor L Walker
Councillor G Caple	Councillor M Griffiths
Councillor S Morgans	Councillor W Jones

**Co-Opted Members in attendance:-**

Mr C Jones, Representing GMB  
Mr J Fish, Voting Elected Parent / Governor Representative

**Officers in attendance:-**

Mr C Hanagan, Service Director of Democratic Services & Communication  
Mr G Isingrini, Group Director Community & Children's Services  
Mr N Elliott, Director of Adult Services

**County Borough Councillors in attendance:-**

Councillor R Bevan, Councillor G Stacey, Councillor R Yeo, Councillor M Powell and  
Councillor E Griffiths

**1 Declaration of Interest**

In accordance with the Council's Code of Conduct, there were no declarations made pertaining to the agenda.

**2 Welcome & Procedures**

The Chair Welcomed Members and the public to the Special Meeting of the Overview and Scrutiny Committee. The Chair introduced the Officers to both Members and the public and explained the procedure rules to all present.

The Chair advised the Committee that as part of today's proceedings three members of the public, namely Mrs A Tritschler, Dr L Arthur and Ms H Cooke would be invited to address the Committee in relation to the modernisation of residential care and day care for older people.

### **Pre Scrutiny - Modernisation of Residential Care & Day Care for Older People**

The Chair welcomed everyone to the meeting of the Overview and Scrutiny Committee and advised Members that as part of today's proceedings three members of the public who had requested the opportunity to address the committee, namely Dr L Arthur, Mrs A Tritschler and Mrs H Locke would be invited to speak.

The Service Director Democratic Services & Communications explained the purpose of the report in respect of the modernisation of residential care and day care for older people. He continued to explain the reasoning behind the report being presented to the Overview and Scrutiny Committee this evening, which was to allow Members to undertake pre- scrutiny on the report summarising the results of the 12-week public, resident and staff consultation process.

He explained that Members comments would form part of the reported feedback the Cabinet will receive, when it considers this matter. The Service Director of Democratic Services & Communications highlighted to Members that the Overview and Scrutiny Committee will continue to receive regular progress updates in relation to the matter and where required provide feedback to the Cabinet to ensure that Scrutiny continues to contribute to the proposals.

The Service Director Democratic Services & Communications recapped on the Overview and Scrutiny Committee involvement to date, highlighting that Scrutiny had previously scrutinised the Council's Extra Care Strategy (September 2017) and the preferred options presented by Officers for potential consultation (December 2018)

The Service Director Democratic Services & Communications highlighted that the undertaking of pre scrutiny by the Overview & Scrutiny Committee at this key juncture in the decision making process strengthens accountability and assists Cabinet in taking any future decisions on these matters.

The Service Director Democratic Services & Communications then invited the Group Director of Community and Children's Services in conjunction with Director of Adult Services to present the report to Members and Public.

The Group Director Community and Children's Service explained the reasoning behind the need to modernise and continually improve Adult Social Care Services with Rhondda Cynon Taf. It was explained that the population within Rhondda Cynon Taf is increasing and living longer, with more people expected to be affected by dementia and limiting long-term illness. As a result, the Council must continue to deliver care services as effectively as possible to maximise the benefits and manage cost pressures. We continue to believe that people wish to remain in their own homes wherever possible and investment in the Extra care development programme and further modernisation of Support at Home and other adult support services all aim to better meet the changing needs and expectations of our community. We will also continue to seek to deliver the most suitable response to an individual's needs in the context of what matters to them whilst ensuring we maximise independence and it is for this reason that we would want to see a clear focus on supporting complex cases and the provision of respite.

Officers explained that the demand for residential care placements has fallen and the main contributing factor for this is that people are choosing to live in their own homes for as long as possible. The Director of Adult Services explained that as of 28<sup>th</sup> May 2019, there were 140 overall vacancies within residential and nursing care homes; this includes 105 in residential care in RCT.

The Group Director Community and Children's Services also referred to the recent Care Inspectorate Wales letter "there is a recognition of the need to update the local authority's own in house adult accommodation provision, in line with peoples changing needs and expectations. The pace of this change needs to be maintained and accelerated, in order to ensure that the services provided are in line with both presenting and anticipated needs. The planned further expansion of Extra Care facilities, based on the successful new build in Talbot Green and the new build on the previous residential care facility, is an illustration of the local authority's practical response to this identified need."

The Director of Adult Services explained that Rhondda Cynon Taf commissioned Practice Solutions Ltd to undertake an independent review into residential care homes and day services for older people. It was explained that the review involved an initial stage of research, followed by field work, which involved visiting care homes and day care services managed by the Council. Members were informed that the data and findings were reported to Cabinet on 21<sup>st</sup> November 2018 and Cabinet agreed a number of recommendations regarding the future service delivery model for the Council's Care Homes and Services.

As Members would recall the Overview and Scrutiny Committee supported the direction of travel and the decision to consult on the future service delivery model for the Council's Residential Care Homes and Day Care Services. The Group Director Community and Children's Services and Director of Adult Services informed Members of the key issues highlighted within the report for both residential and day care services, which included the quality of care and support provided, the location of the homes the financial implications for individuals moving into private care homes amongst others.

Members were informed that the consultation took place over the period from 14<sup>th</sup> January 2019 to 8<sup>th</sup> April 2019. The aim of the consultation was to gather as many views as possible from interested stakeholders to inform the Council in its decision making as to the future structure of residential and day care services for the older people within Rhondda Cynon Taf.

Officers explained that along with the consultation events, questionnaires were used to obtain people's views. Members were informed that in total 372 responses were received in relation to the review of the residential services. It was highlighted that 47.3 % of respondents agreed with the Council's preference to retain a level of provision of residential care homes, which are focused on providing complex care and respite. 34.9% disagreed with the Council's preferred option.

The Officers added that in terms of the Council's preferred option to phase the decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model – 53 % of respondents disagreed with the preferred option. 48.3% of people who responded agreed with the option to do nothing.

Members were presented with the detailed consultation reports, along with a summary of the main themes that emerged in the consultation; including responses from officers.

In his conclusion, the Group Director Community and Children's Services along with the Director of Adult Services summarised the options:

Residential Care Homes:

- Option 1 : To continue existing arrangements – do nothing
- Option 2: Phased decommissioning of all the Council's care homes as part of planned programme of transformation in line with the implementation of the Council's extra care development programme and Cwm Taf care Market position.
- Option 3: (Cabinet's preferred Option for consultation): Council retains a level of provision of Residential Care Homes which are focussed on providing complex care and respite

Day Care:

- Option 1: Continue existing arrangements – Do Nothing
- Option 2: Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model – Preferred Option.

The Chair thanked the Officers for their detailed report and their overview and explained to the Overview & Scrutiny Committee that they would now hear from the three public speakers.

The three public speakers, Dr L Arthur, Mrs A Tritschler and Mrs H Locke were afforded the opportunity to address the Committee as follows:

Dr L Arthur who is a member of the campaign group Save Care Homes and Centres (SCHAC) informed the Committee that he wanted to highlight that the group are supportive of the modernisation agenda and policies that give people choice and support but felt strongly that the change was driven by austerity and saving requirements. Dr Arthur also informed the Committee that the group was calling for an all- Wales summit on residential care and for the Council to put a moratorium on any cuts until that had taken place. He also questions the definition of complex care and felt that the demand for residential care would increase in the future, rather than fall as the Council figures suggest.

Mrs A Tritschler Chair of the Rhondda Cynon Taf Older Person's Advisory Group (OPAG) thanked the committee for allowing her to address them on a very contentious matter. She explained that OPAG oversees the 50+ Forums in Rhondda Cynon Taf, which help support people to live independently and remain active. She stated that the group strongly opposed the closure of residential care homes without suitable alternatives and that members are suspicious of private care homes and have a lack of confidence in what they provide. Mrs Tritschler explained that a number of the group had visited Ty Heulog Extra Care provision. Transport was seen as another concern and finally the provision within the Rhondda Fach area where there seems to be no alternative.

Finally Ms H Locke who is speaking on behalf of the residents of Parc Newydd Residential Care home in Talbot Green. She informed Members of the first class

service residents receive for the local authority run care homes and stated that she also had visited the Ty Heulog Extra Care provision; however felt that even though the provision is well designed it would not be suitable for higher needs.

The Chair thanked the public for their contribution and allowed the Group Director Community and Children's Service to pick up on the points raised.

He explained that the purpose of the consultation exercise was to get the view of the public on how the Authority can continue to improve and modernise our residential and day care services, and stressed that this was not a response to austerity.

The Group Director Community and Children's Services also explained that even though there are vacancies in the private sector the Local Authority still feel there is a need for some in house care provision- people have a choice and we are looking to provide better choices in the future.

In response to the question regarding the extra care provision, the officers explained that this provision is used extensively, is cost effective and allows the resident to live as independently as possible in modern surroundings with 24-hour care and support to meet any changing needs. In relation to the financial concerns, Officers explained the rules on savings levels, income, benefits etc. and how it compares to care homes.

The Group Director Community and Children's Services invited Mr Sherlock from Practice Solutions to provide the Committee with more information on the concept of extra care provision and the way it has been developed and utilised elsewhere. The Chair thanked the Officers for the response and opened up the meeting to Members. A Member asked Mr Sherlock a question relating to what experience he had had with social care. In response, he explained that he had over 46 years' experience within the social care environment and gave background on the work of Practice Solutions.

A Member stated that everyone has different experiences in terms of care and whilst people want to stay at home and live independently, this does not always work and expressed concerns about couples being split up and this often results in both not living much longer. The Group Director Community and Children's Services explained that extra care could be a solution to this as it allows couples to live independently with support if and when it is needed. A number of double rooms will be available in each facility.

In relation to the changes, a Member asked what effect it would have on delayed transfers of care (bed blocking) and will this approach end up costing residents more. Officers explained that there should be no adverse impact and it would provide more option and choice.

The Chair commented on dementia care and felt strongly that as an Authority we need to look at people's dignity and their needs. In respect of accessibility, the Chair wanted clarity on the reference to a five mile radius within the report. He raised concerns that geographically the care provision with the Rhondda Fach area could cause concern as it could mean that resident would be placed outside of the area e.g. Cwmbach which is not practical for residents or family members.

Officers explained that the 5 mile radius was a tool used to help us consider what is available locally. People want to remain in their own homes wherever possible and the Extra development programme and further modernisation of

Support at Home and other adult support services all aim to better meet changing needs and expectations of our community including those living with dementia. We will also continue to seek to deliver the most suitable response to an individual's needs in the context of what matters to them whilst ensuring we maximise independence and it is for this reason that we would want to see a clear focus on supporting complex cases and the provision of respite.

Complex Care is an overarching term that is used to represent a multitude of factors that contribute to an individual's overall care needs. These include emotional, physiological, social, personal, sensory, communication, environmental and health needs. Individuals and their individual circumstances need to be considered in the assessment process in which consideration of the varying levels of each of the above factors is made - a decision can then be made on an individual's level and category of care. The assessments which take place are undertaken by suitably qualified and skilled care managers, registered home managers and health professionals.

A Member highlighted the important value of the local authority continuing to play a leading role in the delivery of residential care, acknowledged that people's expectations, and needs change. The Member continued by saying that she is in favour of the extra care provision, however key questions need to be asked on data. Her final point regarding day care services and the provision of tackling loneliness and the challenges of dementia highlight the need to find a model to improve services to the older people within RCT.

Officers explained that dementia care is a key priority and that need would continue to be the determining factor for accessing services. In respect of day care services officers referred to the development of Community Hubs and how specialist day care services would focus on the more complex cases. In addition to the dementia provision in our planned Extra care developments the Cabinet's preferred option would allow the Council to focus our residential care on those complex cases (including levels of dementia) that would not be adequately supported at home, or in other ways e.g. in extra care etc. The new Registration standards also provide us with more flexibility that would again support us in enhancing the range of options and levels of support that need to be met in Residential settings.

The Chair asked officer if they were basing their report on current levels of demand or future trends.

The Director of Adult Services explained it was the current level of demand and applying statistical analysis for the future. Within the O&S report we have summarised the work that has been undertaken to gain a better understanding of the forecast demand for extra care housing and care home provision in Rhondda Cynon Taf and compared this to the existing provision. To do this, the "More Choice, Greater Voice" forecast model has been used as the baseline model for predicting demand.

We have provided an evidence base within the O&S report and the strategic intention to move away from institutional care and for care home services to focus on supporting people with more complex needs and severe levels of dementia is based upon the Regional and local analysis and documentation that has been presented to Cabinet previously including the independent report from Practise Solutions.

Whilst there are occasional difficulties finding places for people in local care



homes, there are no significant shortfalls in provision overall and this suggests there is an excess in the current level of provision for residential beds; whilst nursing bed levels are more widely occupied.

The planned development of extra care homes will also provide more choice to people that require increasing levels of personal care. Such choice will be expected to reduce the demand for residential care. It is not, however, expected to have such an impact on the demand for nursing care provision. Given the lack of extra care homes in Rhondda Cynon Taf, it has been assumed that 35% of people placed into a residential care home might have been suitable for extra care. The availability of extra care may also prompt people to choose this type of accommodation before a crisis situation stimulates a need for a care home placement. This effect would suggest the demand for residential care will fall as the availability of extra care increases.

Finally, the timelines for our extensive and ambitious modernisation programme will allow us to adjust our approach as required.

Another Member highlighted the importance of investing in the service and thanked officers for undertaking such an extensive consultation. A Member asked whether the care will be externalised in extra care homes. The Member expressed concern that she felt that we do not know if premises will be public sector retained and went on to say that people in extra care do not get the same protection as people in residential care. The Member continued to comment that it was their view that the Council had not sufficiently invested in residential homes and asked why this has not been done before reaching what the member described as a 'crisis point'.

Officers explained that whilst commissioning care externally is often the case in extra care developments Cabinet had determined that in its larger extra care developments the care would be provided by the Council. The Council in-house care homes are dated buildings, and whilst the quality of the care by staff is good, the facilities no longer meet modern standards. The homes were built over 30 years ago and were not designed to meet the current expectations of accommodation and were built for a different generation of older people than is now the case. Modern purpose-built care homes are designed to be dementia-friendly and have a bigger space standard to support mobility / hoisting needs. They also have en-suite facilities, so people are more able to toilet themselves. This is clearly a very important part of maintaining someone's sense of dignity and independence. Having said that the Council's homes do meet current regulatory requirements and the O&S report presents information on what would be required to bring them up to modern standards together with details on the implications. As stated previously there are no concerns regarding the current quality of care.

Putting further comment and questions to officer the Member questioned the data put before them and commented that the data was flawed as admission restriction had been put in place with regards to entries in to care homes. The final point, which the Member wanted addressing was regarding the financial implications of Extra care.

Officers explained that the demographic profile is trying to balance the understanding of changing demand and expectations for the future with a clear focus on improving the range of options available to maximise independence.

The Group Director Community and Children's Services explained that data had been presented showing the position prior to any restrictions and again explained the rationale for the restrictions. With regards to the comment relating to people having to sell their homes to pay for the care, Officers explained the different financial arrangements that are applicable in Extra Care.

A Member commented that having looked at the information from the public speakers and if the building requires renovating do they still have the same requirements as new build or can we get around this.

The Officer explained that the Council Homes do still meet regulatory standards but emphasised the importance of providing the best possible facilities for our people taking into account changing expectations. Any new build would need to meet the new standards.

A number of Members queried the need to consider a geographical balance within the respective valleys of Rhondda Cynon Taf, specifically referencing the Rhondda Fach area and the potential concerns relating to transport.

In response to the Members view officers explained that the five-mile radius analysis was a tool to provide information on what is available in the respective areas of Rhondda Cynon Taf.

Members asked how any change would be managed for current residents going forward.

Each individual case would be assigned a social worker, each individual would have a choice. As explained in the O&S report in the event of any agreed change resident and their family will be supported by a Social Care Practitioner who will assess individual needs and discuss preferences and help to choose an appropriate alternative service. This will take into account specific issues such as long standing friendships. Where appropriate other care professionals including health GPs will be involved, as will staff from the home, who as far as possible will support each resident's transition into an alternative service.

A Member wanted clarity on the day care provision as he felt it was a lifeline for some members of the community and if the provision were to be taken away, it would have a detrimental effect on their future needs.

Officers explained that there would be no change to the provision unless there is a new provision available. For people who currently use the older people's day centres, there is a commitment that each person, with an assessed need, will continue to have the same level of service as they currently receive under any new service model. This is important to stress as some people have interpreted the proposal around decommissioning as a service loss rather than a service change.

A Co-Opted Member of the Committee wanted clarification on a few points. He asked for assurances that the Authority did not put a stop on placing people in care homes before the report.

The Group Director Community and Children's Service explained that even while the restriction had been applied a number of people had been placed in the care homes when it was the appropriate option.

The Chair of the Health and Wellbeing Committee thanked Members for the

opportunity to speak and explained that the Health and Wellbeing Scrutiny Committee recognises that the status – quo is not sustainable and that people are living longer with expectations changing. He explained that the Health & Wellbeing Scrutiny Committee had looked into the availability of private sector provision, locally and there are gaps. He asked Officers if they believe the private sector is sustainable financially.

Officers explained that there is always a risk however there are services that the Council does not provide e.g. nursing care. Officers confirmed that there is a very good working relationship with the private sector and felt that this was stronger than it has been in previous years.

The Chair of the Finance & Performance Committee thanked the committee for the opportunity to contribute. The member commented that in his view the changes being considered were overdue particularly when considered against the progress made in other European countries to modernise the delivery of services available to older people to meet changing demands and expectations.

The Committee also took on board the view of the trade union representatives.

The Chair thanked Members, public and officer for their contribution to the meeting. In summing up the Chair stated he believed from the deliberations of the committee that there was clearly great value placed upon local authority delivery and that this is something clearly the committee shared, while also recognising that things need to change, to support people who are living longer, to have a choice to do so independently.

The Chair acknowledged that in his view the Group Director & Council was also committed to local authority delivery. The Chair asked a further question, seeking the view of the Director that should the circumstance arise in which Cabinet progress the preferred model consulted upon, would the Council be doing the right thing and why? The Chair believed this comment to be important for the record.

In response to the question, the Group Director Community and Children's Services re-affirmed his committed to the change and improvement agenda that has been set out in numerous reports and emphasised that the status quo was not a viable option for all the reasons highlighted in the report.

After robust discussion and deliberation the Overview and Scrutiny Committee RESOLVED to:

- Acknowledge the consultation result and information provided in the report and agree that any recommendations will be put to Cabinet for consideration when determining the future service delivery model proposals for the Council's Residential Care Homes and Day Care Services in September 2019
- Agree the preferred option for in-house Residential Care (Council retains a level of provision of Residential Care Homes which are focussed on providing complex care and respite) in light of the feedback received during the consultation process; the assumption made in terms of ongoing demand and supply; the analysis of local availability and geographical requirements i.e. 5 mile radius.
- Agree the preferred option for Council day Care (planned programme of transformation and modernisation) in light of the feedback received during the consultation process and information provided in this report

NOTE: County Borough Councillors P. Jarman and D Macey wished to have recorded the fact that she proposed and voted for in favour of the following lost motion:-

“That Cabinet retains the present level of residential care provision”

#### **4 Review of the Council's Electoral arrangements by the Local Democracy & Boundary Commission for Wales**

The Chair informed Members that before the Director of Legal Services presented the report in respect of the ‘Review of the Council’s Electoral Arrangements by the Local Democracy and Boundary Commission for Wales’, he had received written submissions from individual Members that being County Borough Councillors G. Thomas, R. Turner, M Griffiths and T Leyshon which would be taken into consideration as part of reporting to full Council.

The Director of Legal Services outlined the background of the report and it was explained that the Commission has now developed its Draft Proposals in relation to its review and these are contained in the Draft Proposal Report, which Members would have had the opportunity to consider before the meeting.

The Director of Legal Services continued to explain that the Commission has now commenced a 12-week period of statutory consultation on the Draft Proposals Report, which runs from 26<sup>th</sup> June 2019 to 17<sup>th</sup> September 2019 and invites representations, which are based on evidence and facts relevant to the specific proposal in consideration.

Members were asked to consider the summary of the draft proposal for each Electoral Ward and put their representations forward as part of the consultation feedback – either at the meeting or in advance of the Council meeting which would consider the Draft Proposals Report.

The Chair opened up the meeting to Members for their view and comments.

In respect of the Wards within the Rhondda Fach Area Members strongly agreed that the level of representation should remain as it currently stands. Members felt by lowering the numbers from six Members to four Members would be to the detriment of the residents who live in the area particularly as there was no Community Council and the size of the proposed Electoral Ward areas. Members felt that the number of schools within the proposed areas would also suffer, as some schools could end up with no Councillor representation on their governing bodies.

A Member requested clarification relating to the maps of the Church Village area. The Member observed that properties within the Dyffryn Y Coed area are not depicted on the map contained with the Draft Proposals Report and sought clarification as to whether the number of the dwellings and electors within that area had been taken into consideration when preparing the report. Officers confirmed that this would be checked but it was understood they had been even though the OS map which was being used which did not show the development.

A Member raised the proposals relating to combining the existing Treforest and Graig Wards and whilst acknowledging certain parts of Treforest could transfer to the Graig Ward they should remain separate wards.

In respect of the proposed arrangements for the Mountain Ash Electoral Ward, a Member raised concerns about under representation and felt that it was a number crunching exercise and residents within the communities need to retain the existing arrangements.

In respect of the Treorchy proposal, a Member commented that Treorchy is a thriving area and the 'capital of Rhondda' and to reduce the ward to a two Member ward shows lack of knowledge.

In relation to Aberaman North and South a Member queried whether consideration has been given to the LDP when considering the proposal. The Member felt that the LDP forecast figures for 2023 electorate should have been taken into account, they continued by asking if the Boundary Commission could clarify what level of consideration they have given to this aspect when reflecting on their recommendations as this would increase the numbers within the Ward.

After further discussion Member's **RESOLVED:**

- To acknowledge the Commissions Draft Proposals Report in respect of the Council's future Electoral Arrangements, as outlined in their draft proposal
- That Members comments , observations and recommendations in respect of the Draft proposals will be taken into consideration before being presented to Full Council at its meeting in September 2019

**This meeting closed at 8.10pm**

**CLLR M. ADAMS  
CHAIR.**