

SUBJECT:	SUBJECT: INTERGRATED COMMISSIONING AND SECTION AGREEMENT FOR CARE HOMES FOR OLDER PEOPLE IN GWENT REGION
MEETING:	COUNCIL
DATE:	
DIVISION/WARDS AFFECTED:	ALL

1. PURPOSE:

- 1.1 To recommend the establishment of a regional pooled budget in relation to the exercise of care home accommodation functions (in this case care homes for older people) between Monmouthshire County Council, and other Gwent Local Authorities (Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Newport City Council, Torfaen County Borough Council) and Aneurin Bevan University Health Board (ABUHB).
- 1.2 To fulfill the the statutory requirement on Local Authorities and Local Health Boards within the Social Services and Wellbeing (Wales) Act (2014) (SSWBA) which takes effect from April 2018
- 1.3 To advise Members on progress in developing other key elements required by Welsh Government guidance in support of the pooled budget arrangements, namely common contracts and developing an integrated approach to commissioning in the Gwent region.

2. RECOMMENDATIONS:

- 2.1 To approve the pooled budget arrangements for care home accommodation functions to be overseen by the Regional Partnership Board (RPB).
- 2.2 To approve ddelegated powers to the Cabinet Member for Social Care Safeguarding and Health as Monmouthshire County Council member of the RPB in the exercise of those functions, and consideration of any specific arrangements that need to be put in place to meet statutory duties at local and regional level
- 2.2 To confirm the required key elements for these arrangements through development of a formal Partnership Agreement.
- 2.3 To confirm resource implications for the local authority in relation to the pooled budget arrangements and oversight of the pooled budget agreements by the RPB.

2. KEY ISSUES:

Partnership Agreement for Pooled Budget Arrangements for Care Homes for Older People

- 2.1 Partnership and collaboration is a significant element within the SSWBA. Part 9 of the Act is where duties and expectations around partnership working are set out specifically.
- 2.2 Statutory guidance mandates the geographical footprint for regional partnership arrangements for social care and health. The Gwent region comprises 5 local authority areas – Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The RPB, which is established on statutory basis with responsibility for undertaking an assessment of population health and social care need, and developing an area plan to meet those needs, comprises ABUHB, 5 Local Authorities, 2 county voluntary service organisations and representatives of the regional citizen’s panel and provider forum.
- 2.3 Development of arrangements to pool funds for care home arrangements between the 5 local authorities and ABUHB has been a major priority for the RPB since its inception. The legal requirement for these arrangements is set out in Section 62, Part 9 of the SSWBA. The establishment of a partnership agreement – known as a Section 33 Agreement - will enable integrated commissioning and pooled funds in relation to the exercise of care home accommodation functions. The aim is for this to be in place by April 2018, subject to approval by all partners to the agreement.
- 2.4 Supported by the National Commissioning Board (NCB) and Welsh Local Government Association (WLGA) the Gwent region has been the pilot area for Wales for developing a Model Partnership Agreement (MPA) for pooled budget arrangements for older people.
- 2.5 The scope of the agreement, and its design principles, were aligned to the draft priorities for older people contained in the Population Needs Assessment (PNA) and the draft Area Plan which is currently the subject of consultation.
- 2.6 A national market analysis of the current size and scope of the care home sector in Wales was conducted in 2016 with a census undertaken at the same point in time across the country. This showed that in 2015/16 there were nearly 18,000 placements by local authorities and health boards, which included 4,877 placements of people funding their own care. There were 21,823 registered beds in care homes for older people on the census date and the combined local authority and health board spend was approximately £369 million. This *excludes* client contributions, third party payments and the fees paid by those individuals who fund their own care.
- 2.7 SSWBA Part 9 Statutory Guidance (Partnership Arrangements) that Regional Partnership Boards will be expected to develop written agreements concerning any formal partnership arrangements which involve a delegation of function
- 2.8 Regulations allow for the partners to enter arrangements for the establishment and maintenance of a fund which is made up of contributions from the partners and out of which payments may be made towards expenditure incurred in the exercise of National Health Service functions or health-related (Local Authority) functions.
- 2.9 This is the ‘pooled fund’ and money from this fund may be used on purposes agreed between the partners (in this case to carry out the Care Home Accommodation Functions) of

the partners jointly, in arranging care for Older People in Registered Homes. While the legislation suggests that the partnership agreement may cover all care home functions Welsh Government expect this to include care homes for older people (over 65) initially.

2.10 The Act envisages that this would be a single fund which removes the traditional health/social care division between partners, offering flexibility in the single fund's use according to locally agreed needs. However, in the Gwent region (and in other regions in Wales) the proposed approach adopted towards the 'mechanics' of the pooled fund arrangement is that at least in its initial stage, the fund **will not share financial risk nor introduce any potential cross-subsidy between the partners**. Any changes to this approach will require further approval by all partners to the agreement.

2.11 Section 33 agreements require the establishment of a named 'pooled fund manager'. Consideration is currently being given to agreeing which of the six partners will assume this role. This will be the subject of a separate report once expressions of interest and recommendations from RPB are known.

Market Analysis of Care Homes for Older People in Gwent

2.12 The pooled fund represents one element of an integrated regional approach to the commissioning of care home provision. A market position statement and regional commissioning strategy is under development.

2.13 Initial market analysis, as at September 2017, shows there were a total of 95 care homes for older people in the Gwent region offering 3,363 beds. The total number of beds comprise 1,871 residential beds, including residential beds for people with dementia and 1,492 nursing beds, including nursing beds for people with dementia.

2.14 55 operators provide care homes in Gwent of which eight operate in more than one locality. 40 providers own and operate just one home. 52% of beds are provided by single home providers. 38 providers, operating 50 homes, are currently commissioned to provide Continuing Health Care Placements.

2.15 8 providers operate in more than one local authority area, three operating across Torfaen and Newport, two across Blaenau Gwent and Caerphilly, one across Newport and Blaenau Gwent, one across Torfaen and Caerphilly and one across Blaenau Gwent and Monmouthshire

2.16 In summary, there is a mixture of sole providers that own and operate one home, medium sized providers that own and operate more than one home and a number of national companies that operate care homes across the region.

2.17 Few homes are registered solely for residential, residential care for people with dementia, nursing or nursing care for people with dementia. Many homes offer a combination of beds, across all types of care e.g. dual registration for residential and nursing or dual residential and nursing care for people with dementia.

2.18 A summary table of current market position for care homes for older people in Gwent is included as Appendix 1.

Current risks and challenges in the care home sector

2.19 One of the anticipated benefits to an integrated regional commissioning approach to care homes is a coherent, strategic approach which will support the sector in its medium and longer term business planning and mitigate the current risks the sector is experiencing.

2.20 The recruitment and retention of registered general nurses and registered mental health nurses is becoming particularly challenging as is the recruitment and retention of registered managers and care staff.

2.21 There is an increasing demand for care provision for older people with mental health conditions such as dementia, in both residential and nursing care homes, whilst there has been a decrease in demand for residential and nursing only provision.

2.22 Across the region, older people are being supported to remain as independent as possible in their own homes for as long as they are able to. As a consequence people entering a care home for older people now older and often require more complex care.

2.23 Bed vacancies do not necessarily align with need as vacancies are often not in the required category of care or in the locality of need. Despite efforts to realign the market to better reflect need, the market can be slow to respond. Providers and are, of course, independent operators.

2.24 There is also evidence that the size, structure, age, layout and location of care homes across Gwent is having an impact on sustainability.

2.25 Rising cost pressures is another a feature that threatens sustainability. It is anticipated that the incremental increases each year until 2020 in the National Living Wage, the growing costs of recruitment and retention, employee pension costs and other costs such as the purchase of equipment will continue to exert an upwards pressure on operating costs.

2.26 The Regulation & Inspection (Wales) Act 2016 becomes extant in April 2018. Care homes will be required to place a much greater emphasis upon the 'statement of purpose' as the driver for business focus and registration criteria. This is intended to bring a greater flexibility for operators as long as they can demonstrate the capacity and capability to deliver. Care home workers are also subject to registration from April 2018, although this will be phased in over several years. There is a need to plan for registration so it does not adversely impact on retention and recruitment.

2.27 As part of developing regional commissioning arrangements, work is being undertaken to ensure that common contractual terms and conditions and a shared approach to contract monitoring become operational alongside pooled budget arrangements.

Risks and Issues in Pooled Budget for Care Homes

2.28 There are risks and challenges that have been identified in relation to joint commissioning and pooled budgets for care home commissioning:

- effective management of a Section 33 Agreement so that there is timely and sufficient local management information.
- ensuring partner budget management and reporting requirements are fully met. The size of the spend on this care provision means that this is vital.
- engaging providers in revised commissioning arrangements in due time and without compromising current provision.
- ensuring joint commissioning arrangements do not cut across individual commissioners care home fees setting arrangements (which are determined at organisational level and approved by each organisation)

2.29 In order to mitigate the risks, the development of a Section 33 Agreement for care home placements draws on the experience and learning from the regional pooled budget arrangements put in place for the Gwent Frailty Programme (refreshed in 2016) and the Gwent Wide Integrated Community Equipment Service (GWICES). It is also recognised that this Section 33 Agreement will be on a much larger scale than anything that has been undertaken previously. This is one of the key reasons that the pooled fund recommended does not include a financial risk sharing arrangement at this stage.

3. OPTIONS APPRAISAL AND EVALUATIVE MEASURES

3.1 A range of options to meet statutory requirements of the SSWBA were developed for consideration by the RPB. Options ranged from the complex and high risk to the relatively simple and low risk.

3.2 The following outcomes have been developed and adopted against which each of the options set out at Section 4.3 below have been measured and evaluated:

- a. A consistent, timely equitable assessment and decision-making process which enables citizens to be supported in the right place at the right time by staff with the right skills.
- b. A consistent regional methodology is established for agreeing fee levels that improves transparency and efficiency for commissioners and care home providers, while recognising local difference and the autonomy of commissioners.
- c. A consistent, efficient and effective regional contract management and safeguarding system is established which could lead to process efficiencies for both commissioners and providers, as well as ensuring that the requirements of the regulatory bodies are met
- d. A cross-stakeholder regional understanding of the care home market is reached leading to a market position that is responsive to population needs and is sustainable for the future.
- e. Use of scarce resources are maximised and value is added

3.3 The following risk factors have also been identified and a risk assessment matrix is set out below in table 2 below.

- Financial Risks
- Political and/or organisational acceptability
- Deliverability due to complexity of task

- Organisational capacity
- Market stability and volatility
- Workforce capacity at operational level
- Service users adversely affected

4.4 The following options were considered in detail by RPB:

- 4.4.1 A Section 33 Agreement that encompasses all residential and nursing care homes for older people over 65 years – full implementation in year 1.
- 4.4.2 A Section 33 Agreement that encompasses all residential and nursing care homes for older people over 65 years (Consolidated Financial Statements (i.e. a pooled budget where contributions by each partner matches the costs committed by each partner) with a view to understanding the market so that the financial risks can be fully explored before committing to full implementation as recommended below).
- 4.4.3 A pooled fund arrangements for all nursing homes registered for people with dementia
- 4.4.4 A lead commissioning arrangement for commissioning and contracting functions is required as a stepped approach to enable and support section 33 arrangements

4.5 The findings of the option appraisal are set out in the tables below:

Option No.	Deliverable in year 1	Timescale proposed	Aggregated Risk Profile	Outcomes met
1. Pool all Care Home funds – full implementation in year 1	No	Year 3	30	a b c d e
2. Consolidated Financial Statements (i.e. a pooled budget where contributions by each partner matches the costs committed by each partner) with a view to understanding the market so that the financial risks can be fully explored before committing to any potential financial risk sharing in future years	Yes	Year 1	5	a b c d e
3. Dementia Nursing	No	Year 2	25	a b c d e
4. Com & contract functions	Yes	Years 1 – 3	16	b c d e

Table 1

RISK MATRIX 1 Low risk 5 significant risk

Risk Factor	Option 1	Option 2	Option 3	Option 5
	Pool all with risk	Virtual Pool year 1 -3	Dementia nursing	Com & Contract
Financial	4	0	3	2
Acceptable	5	1	4	3
Deliverable	5	2	5	4
Capacity	5	2	4	3
Market	3	0	3	1
Workforce	5	0	4	3
Service Users	3	0	2	0
Total	30	5	25	16

Table 2

4.6 Following extensive discussion, the RPB agreed to progress the development of a variation of option two - a non risk sharing Section 33 agreement for older people in residential and nursing care homes. This is essentially a pooled budget where the contributions by each partner match the costs they commit to for their population. This option enables a full assessment of the expenditure in the sector across the region.

5 REASONS:

5.1 That Council consider the scope of exercise of care home accommodation functions to be overseen by the Regional Partnership Board and delegated powers to local authority Cabinet Members of the RPB, and consider any specific arrangements that need to be put in place to meet statutory duties at local and regional level.

5.2 That Council consider the required key elements for this through a formal Section 33 Partnership Agreement that ensures needs of individuals are met as well as local needs and regional adherence to statute, and what service delivery mechanisms may be needed to meet the duties.

5.3 That Council consider resource implications in relation to regional governance arrangements for integrated services, and approve oversight of the Section 33 agreement by Regional Partnership Board

6 RESOURCE IMPLICATIONS:

6.1 A resource mapping exercise has been undertaken to understand the value of the pooled fund. This is presented in detail at appendix 2. In summary, across the Gwent Partnership the spend forecasts indicate a potential pooled fund of £89 million – comprised of £20 million from service user contributions and 69 million from public funding (£32m ABUHB and £37m Local Authorities).

6.2. Using Full Year Estimates this Funds in excess of 900,000 bed days:

- 109,000 long term bed days in LA owned Homes
- 11,000 short term and step up/step down bed days in LA owned Homes
- 600,000 Long term and short term Independent sector bed days (including FNC and step up/step down beds)
- 200,000 Continuing Health Care bed days

6.3 Specifically for Monmouthshire this means pooling our older persons care home budgets, including that of our own care home Severn View which, based on current figures for 2017/18, equates to a gross annually expenditure budget of £6,677,618 and actual annual forecast expenditure of £7,652,283 (excluding income from client contributions and partners). To highlight the proposed agreement is on a non risk sharing basis and as such we will retain local decision making around our pooled budget contribution, especially for our own internal care home Severn View.

7 WELLBEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING):

7.1 Residents of care homes for older people have high levels of care and support needs. Safeguarding is, therefore, fundamental to the commissioning of quality care provision with the right model of care and support to meet the needs of their residents. Sufficiency of the right type of care homes, delivered to sustainable business models, is critical in meeting the needs of our most vulnerable of our citizens.

7.2 A Well-being of Future Generations Assessment is included as Appendix 3. Establishment of a pooled budget for care home placements for over 65's provides consistency of opportunity, access, contract arrangements and outcome monitoring assisting statutory bodies to meet those duties placed on them to promote wellbeing set out in both Wellbeing for Future Generations Act and the Social Services and Wellbeing Act.

7.3 A single, combined regional approach to commissioning aims to ensure that there is equity of information provision, needs consideration and exercise of choice as to care home placement, with one common process in accordance with the

8 CONSULTEES:

8.1 Regional Partnership Board – The RPB has provided leadership to the work to develop pooled fund arrangements across the Gwent region, supported by the Regional Leadership Group which comprises senior officers from statutory and third sector partners across the region. The RPB has had detailed discussions to set the direction for this work at its meetings

in September 2017, November 2017 and January 2018. The RPB undertook the considered and, took a decision on, the detailed option appraisal at its meeting in September 2017.

8.2 Regional Care Home Providers and Commissioning Representatives - An event was held on Wednesday 29th November for all care home operators and commissioning representatives. The main purpose of the meeting was to provide operators with an opportunity to comment and where possible to co-produce to common contract development process. A further consultation event took place in January 2018 which forms part of the consultation process on the draft regional contract. A co-productive approach is adopted wherever possible. This is a significant development and sets the 'direction of travel' for joint working in the region, not only between commissioning partners, but also between commissioners and operators.

8.3 There has also been consultation with Social Care and Health Directorate Management Team, Senior Leadership Team and Cabinet.

9.1 BACKGROUND PAPERS:

Appendix 1 Gwent Summary Commissioning Position statement

Appendix 2 Gwent Summary Financial Position Statement

Appendix 3 - Well-being Assessment Template. This must be completed in all cases.

CONTACT DETAILS :

Tel: 01633 644023

E-mail: clairemarchant@monmouthshire.gov.uk

01633 644589

E-mail: tyronestokes@monmouthshire.gov.uk

For a copy of the background papers or for further information about this report, please telephone: Mark Saunders, Service Manager – Regional Commissioning and Partnerships, 07508 021148 mark.saunders@torfaen.gov.uk

Summary table of current commissioned services for care homes for older people in Gwent

	Residential	Dementia Residential	Nursing	Dementia Nursing	Total
Total No. Beds by category of care	896	975	954	538	3,363
Blaenau Gwent	40	159	129	118	446
Caerphilly	322	339	199	66	926
Monmouthshire	208	85	129	133	555
Newport	206	134	354	117	811
Torfaen	120	258	143	104	625
Total Commissioned beds by category of care Gwent Region	615	592	623	489	2,319
LA Commissioned beds by category of care	615	592	417	138	1,762
Blaenau Gwent	34	78	54	17	183
Caerphilly	300	270	83	34	687
Monmouthshire	60	18	47	23	148
Newport	120	110	163	55	448
Torfaen	101	116	70	9	296
ABUHB CHC Commissioned beds by category of care	-	-	206	351	557
Blaenau Gwent	-	-	26	64	90
Caerphilly	-	-	48	41	89
Monmouthshire	-	-	24	69	93
Newport	-	-	71	104	175
Torfaen	-	-	37	73	110
Total Funded Nursing Care payments paid by ABUHB * NB includes Self-funders and LA	-	-	562	236	798

Funded placements					
Blaenau Gwent	-	-	56	57	113
Caerphilly	-	-	118	23	141
Monmouthshire	-	-	107	68	175
Newport	-	-	190	57	247
Torfaen	-	-	91	31	122
Vacancies declared by providers by category of care					
Vacancies declared by providers	103	82	91	13	289
Blaenau Gwent	9	18	3	0	30
Caerphilly	22	26	40	0	88
Monmouthshire	17	12	2	9	40
Newport	33	24	7	3	67
Torfaen	22	11	30	1	64
% of total market	11%	8%	10%	2%	9%

- i. Source Commissioning Task and Finish Group*
- ii. Census date 1st September 2017*
- iii. Further breakdown by Borough is available*

POOLED FUND FOR CARE HOMES - FINANCIAL SUMMARY	2017/18 Budget	Forecast as at 31st July 2017	Forecasted Over/(Under) spend	
	£000s	£000s	£000s	
Total Gross Cost of Residential and Nursing Placements	88,940	89,874	934	note 1
Funded By:-				
Contributions from Service Users	19,925	20,071	146	note 2
Specific Grant Funding	805	808	3	note 3
Income from Public Bodies outside Gwent	40	10	(30)	note 4
Contributions from Reserve Balances	0	43	43	note 5
Partner Contributions into pooled fund:-				
Aneurin Bevan UHB	32,078	32,078	0	note 6
Blaenau Gwent	4,758	4,666	(92)	
Caerphilly	12,784	12,667	(117)	
Monmouthshire	4,764	5,697	933	
Newport	9,052	8,649	(403)	
Torfaen	4,734	5,185	451	
Total Funding	88,940	89,874	934	

NOTES:-

- 1) Includes costs of day care provision at Caerphilly and Newport local authority owned residential homes.
- 2) Includes service user contributions for day care provision at local authority owned residential homes.
- 3) Budget and forecast include £615k Integrated Care Fund grant. The balance relates to Workforce Grant used by CCBC to uplift provider fees.
- 4) Charges to other non-Gwent local authorities for places in Gwent local authority owned homes filled by service users from outside Gwent.
- 5) A one of contribution from Newport County Council reserve balances to fund non-recurring costs included in the forecast of total gross cost.
- 6) Includes £1,592k of section 28a funding. Original budget information for 2017/18 is not available so budget assumed to match forecasts.

POOLED FUND FOR CARE HOMES - ACTIVITY SUMMARY		2017/18 Budget	Forecast as at 31st July 2017	Forecasted Over/(Under)	Comments
		Bed Days per year	Bed Days per year	Bed Days per year	
Local Authority Owned Residential Homes					
Long Term Beds :	Blaenau Gwent	11,680	11,680	0	
	Caerphilly	55,480	55,480	0	
	Monmouthshire	11,680	11,680	0	
	Newport	30,660	30,660	0	
	Torfaen	0	0	0	
	Sub Total Long Term	109,500	109,500	0	
Short Term & Step up/Step Down Beds :	Blaenau Gwent	1,460	1,460	0	Short term only
	Caerphilly	6,205	6,205	0	Includes 3,650 step up/down
	Monmouthshire	0	0	0	
	Newport	3,650	3,650	0	step up/down only
	Torfaen	0	0	0	
	Sub Total Short Term	11,315	11,315	0	
Independent Sector Provision (long Term and Step Up/Step Down)					
Commissioned by:	Blaenau Gwent	71,003	71,003	0	see note 1
	Caerphilly	155,125	157,630	2,505	see note 1
	Monmouthshire	61,320	74,155	12,835	see note 1
	Newport	124,018	122,534	(1,484)	see note 1
	Torfaen	125,527	119,634	(5,893)	see note 1
	Funded Nursing Care ABUHB only	74,806	67,499	(7,307)	see note 2
	Sub Total Independent Sector Provision excluding CHC	611,799	612,455	656	
	CHC places Commissioned by ABUHB	200,787	200,787	0	
	Total Independent Sector	812,586	813,242	656	
	GRAND TOTAL RESIDENTIAL AND NURSING PROVISION	933,401	934,057	656	

Notes:-

- 1) These figures include FNC bed days that attract both ABUHB funding and local authority funding.
- 2) This is the the number of FNC bed days that attract ABUHB funding but do not attract local authority funding. This is likely to be due to self-funding service users. ABUHB contribute to 284,528 FNC bed days in total (Budgeted and Forecast).
- 3) Also, 7,920 days of day care are provided in Caerphilly CBC owned homes and 3,750 days of day care are provided in Newport CC owned homes.

WELL-BEING ASSESSMENT TEMPLATE

Project Description (key aims): *This is not a project – but outline of a statutory requirement under Act, which places a number of duties on local authorities and on statutory partners.*

Section 1) Complete the table below to assess how well you have applied the 5 ways of working.



Integration

1. *How does your project / activity deliver economic, social, environmental & cultural well-being?*

Regional Partnership Boards, on local health board footprint, are a statutory requirement under the Well-Being Act (Wales) 2014. This activity confirms that these requirements are met and is set to ensure best use of available resources through pooling funds.



Long-term

2. *How does your project / activity balance short-term need with the long-term and future needs?*

This link may help you with long term planning: <http://www.wlga.gov.uk/sustainable/better-long-term-decision-making-l-a-resource-for-local-government>

The whole emphasis with RPB's, Joint statements of Strategic Intent, and joint planning of care home placements is geared to meeting known short term care provision and long term planning in relation to projected needs, based on population growth for older people.



Prevention

3. *How does your project / activity put resources into preventing problems occurring?*

A pooled budget approach combines partner resources to take a holistic and coordinated approach to meet needs, so as to provide the right services at the right time and in the right place. It fits with strategic direction for health and social care.



4. *How does your project / activity involve working together with partners (inter-agency) to achieve objectives?*

Regional Partnership Boards, and joint planning as to commissioning of care home services to do this demonstrates better working together – spanning not just statutory bodies and service provider representatives.

Collaboration



5. How does your project / activity involve stakeholders with an interest in achieving those stakeholders reflect the diversity of the area?

These links may help you think about involvement: National Principles for Public Participation: www.participationcymru.org.uk

National Participation Standards for Children and Young People: <http://www.childparticipation.org.uk>

Involvement

The required membership of Regional Partnership Boards does have a cross sector membership, citizen and carer representation. Joint commissioning arrangements for care home services, alignment of 'support' functions, such as information provision, available service user experience to allow a common approach to outcomes, and a constant and equal representation across the region.

Section 2) Assess how well your project / activity will result in multiple benefits for our communities and our national goals (use **Appendix 1** to help you).

Description of the Well-being goals	How will your project / activity deliver benefits to our communities under the national well-being goals?	Is there any impact on our national goals?
<p>A prosperous Wales</p> <p>An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.</p>	<p>Putting in place statutory joint commissioning and pooled budget arrangements is expected to allow for better joint use of resources across health and social care, including workforce support and development in a critical part of the care sector.</p>	<p>No negative impact</p>
<p>A resilient Wales</p> <p>A nation which maintains and enhances a</p>	<p><i>No direct impact to biodiversity and ecological resilience, but jointly commissioning care home</i></p>	<p>No negative impact</p>

biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).

A healthier Wales

A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.

A more equal Wales

A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).

A Wales of cohesive communities

Attractive, viable, safe and well-connected communities.

A Wales of vibrant culture and thriving Welsh language

A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

A globally responsible Wales

A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes

placements for older people across health and social care does allow for reduced environmental impact if there is a focus on the right care at the right time and in the right place – not least in aiding families to be close to where care support is arranged.

Joint commissioning arrangements for care homes, including consistency as to information provision, choice and assessment, are all measures to impact positively on overall health and wellbeing.

The Social Services and Wellbeing Act links closely with preceding Disability and Equality legislation, and any new specific service developments (of care homes) will need to go through Equality Impact assessment (EIA), noting that care homes and pooled arrangements, are focused to the older adult age group.

Regional Partnership Board arrangements, allied to joint statements of Strategic Intent, and planning for care closer to home, are all measures to allow for greater involvement of citizens in the planning and delivery of services to meet their wellbeing outcomes.

Publication of information in the public domain will need to comply with Welsh Language measures, in line with all other information developed by local authorities and local health boards

Regional Partnership Board arrangements, allied to joint statements of Strategic Intent, and planning for care closer to home, have strong potential to improve overall well being in the region, although the focus is on those citizens

No neg

No neg

No neg

No neg

No neg

account of whether doing such a thing may make a positive contribution to global well-being.

in need of care and support.

Section 3) Will your project / activity affect people or groups of people with protected characteristics? Expect positive impacts or minimise any negative impacts.

Protected characteristics	Will your project / activity have any positive impacts on those with a protected characteristic?	Will your project / activity have any negative impacts on those with a protected characteristic?	Is there any impact on social impact?
Age	Yes	No	Better social impact
Disability	Yes	No	Better social impact
Gender	Yes	No	Better social impact
Gender reassignment	No	No	Planning expected
Marriage and civil partnership	No	No	Planning expected
Pregnancy and maternity	No	No	Planning expected
Race	No	No	Planning expected
Religion or Belief	No	No	Planning expected
Sexual orientation	No	No	Planning expected

Section 4) Identify decision meetings for project/ activity e.g. Cabinet, Council or delegated decisions taken by Chief Officers.

Decisions are as set out in Cabinet report, to approve statutory arrangements under Social Services and Welfare Act 2001 across Health and Social Care as set out in Joint statements of Strategic Intent.

Officer Name and Job Title: David Williams

Date: May 2017

Theme Lead, Regional Transformation Team

