Pecyn Dogfen Gyhoeddus

Gareth Owens LL.B Barrister/Bargyfreithiwr
Chief Officer (Governance)
Prif Swyddog (Llywodraethu)

Swyddog Cyswllt:
Maureen Potter 01352 702322
maureen.potter@flintshire.gov.uk

At: Cyng Hilary McGuill (Cadeirydd)

Y Cynghorwyr: Helen Brown, Mel Buckley, Tina Claydon, Paul Cunningham, Gladys Healey, Dennis Hutchinson, Dave Mackie, Allan Marshall, Debbie Owen, Michelle Perfect and Linda Thomas

Dydd Gwener, 22 Gorffennaf 2022

Annwyl Gynghorydd,

RHYBUDD O GYFARFOD ANGHYSBELL
PWYLLGOR TROSOLWG A CHRAFFU GOFAL CYMDEITHASOL AC IECHYD
DYDD IAU, 28AIN GORFFENNAF, 2022 2.00 PM

Yn gywir

Steven Goodrum
Rheolwr Gwasanaethau Democrataidd

Sylwch: Mae presenoldeb yn y cyfarfod hwn ar sail rithwir.

Bydd y cyfarfod yn cael ei ffrydio'n fyw ar wefan y Cyngor. Bydd y ffrydio byw yn dod i ben pan fydd unrhyw eitemau cyfrinachol yn cael eu hystyried. Bydd recordiad o'r cyfarfod ar gael yn fuan ar ôl y cyfarfod ar https://flintshire.publici.tv/core/portal/home

Os oes gennych unrhyw ymholiadau, cysylltwch ag aelod o'r Tîm Gwasanaethau Democrataidd ar 01352 702345.

R H A G L E N

1   <u>YMDDIHEURIADAU</u>

Pwrpas: I dderbyn unrhyw ymddiheuriadau.

2   <u>DATGAN CYSYLLTIAD (GAN GYNNWYS DATGANIADAU CHWIPIO)</u>

Pwrpas: I dderbyn unrhyw ddatganiad o gysylltiad a chynghori'r Aelodau yn unol a hynny.

3   <u>COFNODION</u> (Tudalennau 5 - 6)

Pwrpas: I gadarnhau, fel cofnod cywir gofnodion y cyfarfod ar 9 Mehefin 2022.

4   <u>RHAGLEN GWAITH I'R DYFODOL AC OLRHAIN CAMAU GWEITHREDU</u> (Tudalennau 7 - 14)

Adroddiad Hwylusydd Pwyllgor Trosolwg a Chraffu Iechyd a Gofal Cymdeithasol -

Pwrpas: I ystyried Rhaglen Gwaith i'r Dyfodol y Pwyllgor Trosolwg a Chraffu Gofal Cymdeithasol ac Iechyd ac i roi gwybod i'r Pwyllgor am gynnydd yn erbyn camau gweithredu o gyfarfodydd blaenorol.

5   <u>CYLCH GORCHWYL</u> (Tudalennau 15 - 32)

Adroddiad Prif Swyddog (Llywodraethu) - Aelod Cabinet Llywodraethu a Gwasanaethau Corfforaethol gan gynnwys Iechyd a Diogelwch ac Adnoddau Dynol

Pwrpas: Ymgynghori ar newidiadau arfaethedig i Gylch Gorchwyl y Pwyllgor.

6   <u>CYNLLUN Y CYNGOR 2021-22 PERFFORMIAD DIWEDD BLWYDDYN (GCACI)</u> (Tudalennau 33 - 64)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor a'r Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

Adolygu'r lefelau cynnydd wrth gyflawni gweithgareddau a lefelau perfformiad fel y nodwyd yng Nghynllun y Cyngor

7   ARCHWILIO CYMRU - CYNGHORAU GOGLEDD CYMRU A BWRDD IECHYD PRIFYSGOL BETSI CADWALADR - COMISIYNU LLEOLIADAU CARTREF GOFAL POBL H?N (Tudalennau 65 - 136)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor a'r Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

> **Pwrpas:**   Ystyried yr adroddiad ac argymhellion.

8   ADRODDIAD AR SEFYDLOGRWYDD Y FARCHNAD GOGLEDD CYMRU (Tudalennau 137 - 380)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor a'r Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

> **Pwrpas:**   Adolygu fersiwn ddrafft Adroddiad Sefydlogrwydd y Farchnad ar gyfer y rhanbarth a'r blaenoriaethau yn yr adroddiad.

9   ADRODDIAD BLYNYDDOL CYFARWYDDWR Y GWASANAETHAU CYMDEITHASOL (Tudalennau 381 - 428)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor a'r Aelod Cabinet Gwasanaethau Cymdeithasol a Lles

> **Pwrpas:**   Taro golwg dros yr adroddiad ac adrodd yn ôl ar y cynnwys drafft.

10   GWOBRAU GOFAL CYMDEITHASOL

Prosiect 'Lleisiau Clwyd Voices of the Future' Cyngor Sir y Fflint

Dyma brosiect rhwng Gwasanaethau Cymdeithasol Plant yn Sir y Fflint a Theatr Clwyd sydd yn cynnig cyfle i blant diamddiffyn a'u brodyr a chwiorydd i dreulio amser yn Theatr Clwyd ar benwythnosau ac yn ystod gwyliau ysgol. Yn ystod y sesiynau hyn, gall teuluoedd gael seibiant o'u rôl gofalu gan wybod bod eu plant yn ddiogel, yn rhoi cynnig ar weithgareddau ac yn cael hwyl.

Rhaglen Trawsnewid Anableddau Dysgu Gyda'n Gilydd Gogledd Cymru, partneriaeth sydd yn cynnwys adrannau gofal cymdeithasol y chwe awdurdod lleol yng Ngogledd Cymru a Bwrdd Iechyd Prifysgol Betsi Cadwaladr.

Nod y prosiect yw cydgynhyrchu gwasanaethau gyda phobl ag anableddau dysgu a'u rhieni a'u gofalwyr. Mae 68 prosiect wedi cael eu sefydlu i gefnogi Strategaeth Anableddau Dysgu Gogledd Cymru 2018 i 2023 ac mae mwy na 125 'rôl' wedi cael eu creu ar gyfer dinasyddion a gofalwyr, gan adeiladu ar eu cryfderau unigol.

11 CYDNABYDDIAETH O WASANAETH GAN SUSIE LUNT

I gydnabod gwasanaeth Susie Lunt i Wasanaethau Cymdeithasol Cyngor Sir y Fflint.

Sylwch, efallai y bydd egwyl o 10 munud os yw'r cyfarfod yn para'n hirach na dwy awr.

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
9 JUNE 2022

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held as a remote attendance meeting on Thursday, 9 June 2022

PRESENT: Councillor Hilary McGuill (Chair)
Councillors: Helen Brown, Mel Buckley, Tina Claydon, Paul Cunningham, Robert Davies, Gladys Healey, David Mackie, Allan Marshall, Michelle Perfect, and Linda Thomas

SUBSTITUTIONS: Councillor Robert Davies (for Councillor Debbie Owen)

CONTRIBUTORS: Councillor Christine Jones (Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing); Chief Officer (Social Services), Senior Manager - Safeguarding and Commissioning, Senior Manager - Children and Workforce and Service Manager for Localities for Older People.

IN ATTENDANCE: Social Care and Environment Overview & Scrutiny Facilitator; Community and Education Overview & Scrutiny Facilitator and Democratic Services Officer

1. **APPOINTMENT OF CHAIR**

    The Facilitator advised that it had been confirmed at the Annual Meeting of the County Council that the Chair of the Committee should come from the Liberal Democrat Group. The committee was advised that Councillor Hilary McGuill had been appointed to this role for the municipal year.

    RESOLVED:

    That the appointment of Councillor Hilary McGuill as Chair of the Committee be noted.

2. **APPOINTMENT OF VICE-CHAIR**

    Councillor Cunningham nominated Councillor Claydon as Vice-Chair of the Committee which was seconded by Councillor Michelle Perfect. No other nominations were received.

    RESOLVED:

    That Tina Claydon be appointed Vice-Chair of the Committee.

3. **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

    None.

4.   **MINUTES**

Councillor Gladys Healy confirmed that she was satisfied with the response that she had had concerning empty homes but would like more information on all empty buildings and what is happening with them. The Community and Education Overview & Scrutiny Facilitator advised the Committee that at a recent meeting of Community Housing and Assets Overview and Scrutiny Committee it was agreed that Members would receive regular updates on empty properties.

The Senior Manager – Children and Workforce informed the Committee that the matter raised by Councillor Mackie concerning short term care digital records had been discussed at the Digital Strategy Group, however the request was alongside several other priorities from across the Council being considered. The Chair requested an update following the next Digital Strategy Group.

The Chief Officer (Social Services) advised that Micro Care providers would be contacted to seek their permission for their details to be included on a list of operators to be distributed to all Councillors.

The minutes of the meeting held on 20 January 2022 were approved and moved by Councillor Mackie and seconded by Councillor Cunningham.

RESOLVED:

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

5.   **MEMBERS OF THE PRESS IN ATTENDANCE**

There were no members of the press in attendance.

(The meeting started at 2.00 pm and ended at 2.18 pm)

…………………………
Chair

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 28 July 2022
Report Subject	Forward Work Programme and Action Tracking
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

Future reports will show actions arising from previous meetings of the Social & Health Care Overview & Scrutiny Committee and the progress made in completing them.

RECOMMENDATION	
1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME AND ACTION TRACKING

1.01	Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan.
1.02	In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows: 1. Will the review contribute to the Council's priorities and/or objectives? 2. Is it an area of major change or risk? 3. Are there issues of concern in performance? 4. Is there new Government guidance of legislation? 5. Is it prompted by the work carried out by Regulators/Internal Audit? 6. Is the issue of public or Member concern?
1.03	In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following a meeting of the Corporate Resources Overview & Scrutiny Committee in July 2018, it was recognised that there was a need to formalise such reporting back to Overview & Scrutiny Committees, as 'Matters Arising' was not an item which can feature on an agenda.
1.04	It was suggested that the 'Action tracking' approach be trialled for the Corporate Resources Overview & Scrutiny Committee. Following a successful trial, it was agreed to extend the approach to all Overview & Scrutiny Committees.
1.05	There are no outstanding actions carried forward for this Committee.

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In some cases, action owners have been contacted to provide an update on their actions. There are no outstanding actions at the current time.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	**Contact Officer:** Margaret Parry-Jones Overview & Scrutiny Facilitator **Telephone:** 01352 702427 **E-mail:** Margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Improvement Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

Mae'r dudalen hon yn wag yn bwrpasol

Forward Work Programme

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
8 September 2022 (date to be moved)	Comments, compliments & Complaints	To consider the annual report.	Performance Monitoring	Chief Officer	
	Council Plan Development 2023/24	To contribute to the development of the Council Plan.	Performance	Facilitator	
27 October 2022 2.00 pm	Visit to The Westwood Centre, Buckley to be confirmed. Hybrid meeting at County Hall/virtually following the visit.				
8 December 2022 2.00 pm	Council Plan 2022-23 Mid-Year Performance Reporting	To review the levels of progress in the achievement of activities and performance levels identified in the Council Plan.		Chief Officer	
19 January 23 2.00 pm					
2 March 23 2.00 pm					
20 April 23 2.00 pm					
8 June 23 2.00pm					

Tudalen 11

Tudalen 12

29 June 2023 2pm Joint meeting with Education, Youth & Culture OSC	Safeguarding in Education	To provide an update on the discharge of statutory safeguarding duties in schools and the Education portfolio. To include information on Relationship and Sexual Education and how this was contributing to reducing harm.	Assurance		
	Additional Learning Needs and Education Tribunal (Wales) Act 2018	To outline the approach to the identification and commissioning of post 16 education for Flintshire's young people.	Assurance		
	Looked After Children in Flintshire	To provide an update on the provision for Looked After Children. To include an update on the challenges, positive working and how young people were supported through the pilot to provide funding directly to looked after children leaving care.	Assurance		
20 July 2023 10.00 am	Council Plan 2022-23 Year End Performance	To review the levels of progress in the achievement of activities and performance levels identified in the Council Plan.	Performance Monitoring	Chief Officer – Social Services	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
	Safeguarding	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)
May	**Educational Attainment of Looked After Children**	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
May	**Corporate Parenting**	Report to Social & Health Care and Education & Youth Overview & Scrutiny.	Chief Officer (Social Services)
Sept	**Comments, Compliments and Complaints**	To consider the Annual Report	Chief Officer (Social Services)
	Betsi Cadwaladr University Health Board Update	BCUHB are invited to attend on an annual basis – partnership working.	Facilitator

Mae'r dudalen hon yn wag yn bwrpasol

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 28 July 2022
Report Subject	Terms of Reference
Report Author	Democratic Services Manager
Type of Report	Operational

EXECUTIVE SUMMARY

The Council carried out a Committee review during 2019/20 which resulted in amendments to the Overview & Scrutiny Committee Structure. At the Annual Meeting of Council in 2020, these changes were confirmed, and this resulted in a reduction in the number of Committees to five, each comprising 12 elected Members. These are:

- Community, Housing & Assets;
- Corporate Resources;
- Education, Youth & Culture;
- Environment & Economy;
- Social & Healthcare.

Since the 2019/20 review there have been a number of changes to Portfolio structures resulting in changes to service area titles. It was felt that a review of the Overview & Scrutiny Committee terms of reference should be carried out to ensure that they were up to date and better aligned to Portfolio service areas.

Proposed changes to the terms of reference are shown at Appendix 2.

RECOMMENDATIONS	
1	That the Committee support the proposed amendments to its terms of reference as set out in Appendix 2.

REPORT DETAILS

1.00	THE COMMITTEE'S TERMS OF REFERENCE.

1.01	The new Overview & Scrutiny Committee Structure was approved by Council on 27th February 2020. At the Annual Meeting on 9th September these changes were confirmed, and this resulted in a reduction in the number of Committees to five.
	
	The five Overview & Scrutiny committees are now:
	    • Community, Housing & Assets;
	    • Corporate Resources;
	    • Education, Youth & Culture;
	    • Environment & Economy;
	    • Social & Healthcare.

1.02	Since the 2019/20 review there have been a number of changes to service areas within Portfolio's resulting in changes to service area titles. It was felt that a review of the Overview & Scrutiny Committee terms of reference should be carried out to ensure that they were up to date and better aligned to Portfolio service areas. The titles of contributors to each of the Overview & Scrutiny Committees also needed to be amended to reflect the new Senior Officer and Cabinet Member titles.
1.03	A copy of the current terms of reference for the Committee is shown at Appendix 1, with the new proposed terms of reference shown at Appendix 2. This is to allow the Committee to easily identify the suggested changes. Amendments are shown in red text at Appendix 2.
1.04	Where a matter for consideration by an Overview and Scrutiny Committee also falls within the remit of one or more other Overview and Scrutiny Committees, the decision as to which Overview and Scrutiny Committee will consider it will be resolved by the Constitution & Democratic services Committee.

2.00	RESOURCE IMPLICATIONS
2.01	Not applicable.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Not applicable.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	This report is being submitted to each of the Overview & Scrutiny Committees during the July cycle of meetings.

5.00	APPENDICES
5.01	Appendix 1 – Current Overview & Scrutiny Committee Terms of Reference. Appendix 2 – Revised Overview & Scrutiny Committee Terms of Reference.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Report to the Constitution & Democratic Services Committee – 22nd January, 2020 and resultant minute. Report to Council 27th February 2020 and resultant minute.

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Steven Goodrum, Democratic Services Manager **Telephone:** 01352 702320 **E-mail:** steven.goodrum@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
	No technical terms have been used.

Mae'r dudalen hon yn wag yn bwrpasol

Appendix 1: Overview & Scrutiny Committee Terms of Reference 2020/21

Red text indicates a function previously within the remit of the former Organisational Change Overview & Scrutiny Committee.

Green text indicates functions transferred to the new Environment & Economy Overview & Scrutiny Committee from the former Community & Enterprise Overview & Scrutiny Committee. Some functions were previously the joint responsibilities of two committees.

O&S Committee	Scope: To fulfil all of the functions of an Overview & Scrutiny committee, including Performance, Improvement and Policy Development as they relate to the following:	Main Contributors
Corporate Resources	**Corporate Management and Governance**	Leader of the Council; Corporate Management & Assets;
	Council strategic and improvement planning (Council Plan)	Finance.
12 Elected Members	Council performance and performance systems	Chief Executive;
	Customer Services and contact	CO (Governance)
Designated '	**Finance Strategy**	Corporate Finance Manager
crime &	Revenue and capital strategic planning	
disorder	Revenue and capital budget monitoring	Senior Manager (HR & OD)
scrutiny'	**Clwyd Pension Fund**	
committee	**ICT and Digital Strategies**	
	People Strategy	
	Organisational Design & Change Programme	
	Corporate Services	
	Corporate Communications	
	Financial services	
	ICT Services	
	Information and Business Services	
	Procurement	
	HR Business Partnering	
	Occupational Health and Wellbeing	
	Employment Services	
	Legal Services	
	Democratic Services	
	Revenues	
	Strategic and Partnership Working	
	Partnership and collaborative working frameworks	
	Public Service Board	
	Civil Contingencies	
	Emergency Planning	

	Crime and Disorder Community Safety Partnership North Wales Fire & Rescue Authority & Service North Wales Police & Crime Commissioner North Wales Police Service North Wales Probation Service	
Education, Youth & Culture 12 Elected Members and five co-opted members representing parent governors and diocesan authorities.	School organisation and management School Improvement and modernisation School Access, planning and provision Primary and Early years Secondary and 14-19 education Schools Performance Monitoring **Continuing Education** Adult and community learning **Special Education** Inclusion service **Support to Families and Young People** Families First Youth Services Youth Justice Service Libraries, Culture and Heritage including archives and museums Leisure Services, including leisure and sports centres, swimming pools and recreational facilities/activities **Strategic and Partnership Working** Theatr Clwyd Aura Holywell Leisure Centre Cambrian Aquatics Children and Young People's Partnership (shared responsibility with the Social & Health Care Overview & Scrutiny Committee) Coleg Cambria Glyndwr University GwE Welsh Government Department for Education Estyn	Leader /Education & Youth Chief Executive CO (Education & Youth)

Social & Health Care	Adult Services	Cabinet Member for Social Services.
	First contact and localities	
	Adult safeguarding	CO (Social Services)
12 Elected Members	Adult Independence and support services	
	Children's Services	
	Fieldwork	
	Resources	
	Safeguarding	
	Early Years and Family support	
	Disability, Progression and Recovery Services	
	Strategic, Commissioning & Partnership Working	
	Children and Young People's Partnership (jointly with the Education & Youth Overview & Scrutiny Committee)	
	Social & Health Care Strategy Development	
	Health Social Care and Well-being partnership and the Good Health Good Care Strategy	
	Dementia Commissioning Plan	
	Mental Health Commissioning Plan	
	Learning Disability Commissioning Plan	
	Double Click	
	Home Farm Trust (HFT)	
	Hwb Cyfle	
	Betsi Cadwaladr University Health Board (BCUHB)	
	Ambulance Trust	
	Community Health Council.	
Environment & Economy	**Planning**	Cabinet Members for Planning & Public Protection and Streetscene & Countryside
	Planning and environmental strategy,	
	Development management and control,	
12 Elected Members	Conservation,	
	Minerals and waste planning,	Chief Executive
	Countryside and the environment	CO (Planning, Environment and Economy)
	Greenfield Valley Heritage Park	
	Public rights of way	
	Drainage advisory/Flood Water Management Act	
	Energy Services	CO (Streetscene & Transportation)
	Public Protection	
	Community protection	
	Health protection	
	Environmental protection	

	Bereavement services **Streetscene Services** Environmental and Waste Management Neighbourhood services Maintenance of the public realm Environmental enforcement Vehicle fleet **Transportation** Highway Strategy and Development Control Traffic Services Transport Services Road Safety Education, Training and Publicity Performance and Improvement Plan Monitoring and Policy and Performance development within the Streetscene and Transportation and Planning, Environment and Economy portfolios **Strategic and Partnership Working** Local Development Plan Flood Management Strategy North Wales Residual Waste Treatment Partnership Natural Resources Wales Planning Inspectorate Wales **Regeneration** Communities First, Economic Development and Tourism Enterprise Regeneration Partnership Rural Development Plan Visit Wales	
Community, Housing & Assets	**Community Liaison** The County Forum and the Joint Community Charter with Town and Community Councils Flintshire Local Voluntary Council	Cabinet Members for Corporate Management & Assets and Housing.
12 Elected Members		Chief executive
	Community services	CO (Housing & Assets)
	Community support services	
	Welfare reform	
	Public Housing	
	Housing Strategy	
	Neighbourhood Housing	
	Housing Asset management	
	Private Housing renewal	

	Benefits Property and Design Consultancy Valuation and Estates Facilities Services Community Assets **Strategic and Partnership Working** Community Asset Transfer Programme Housing Strategy Housing Asset Management Strategy NEWYDD NEW Homes Limited Housing Revenue Account Business Plan Registered Social Landlords	

Mae'r dudalen hon yn wag yn bwrpasol

Overview & Scrutiny Committee Terms of Reference

O&S Committee	**Scope:** To fulfil all the functions of an Overview & Scrutiny committee, including Performance, Improvement and Policy Development as they relate to the following:	**Main Contributors**
Corporate Resources 12 Elected Members Designated 'crime & disorder scrutiny' committee	**Corporate Management and Governance** Council strategic and improvement planning (Council Plan) Council performance and performance systems Customer Services and contact Finance Strategy Revenue and capital strategic planning Revenue and capital budget monitoring **Clwyd Pension Fund** **ICT and Digital Strategies** **People Strategy** Organisational Design & Change Programme **Corporate Services** Corporate Communications Financial services ICT Services Information and Business Services Procurement HR Business Partnering Occupational Health and Wellbeing Employment Services Legal Services Democratic Services Revenues **Strategic and Partnership Working** Partnership and collaborative working frameworks Public Service Board Civil Contingencies Emergency Planning **Crime and Disorder** Community Safety Partnership North Wales Fire & Rescue Authority & Service North Wales Police & Crime Commissioner North Wales Police Service	Leader of the Council and Cabinet Member for Education, Welsh Language, Culture and Leisure Cabinet Member for Finance, Inclusion, Resilient Communities including Social Value and Procurement Cabinet Member for Governance and Corporate Services including Health and Safety and Human Resources Chief Executive Chief Officer (Governance) Corporate Finance Manager

	North Wales Probation Service **Capital Programme and Assets** Corporate Property Maintenance Service Property and Design Consultancy Valuation and Estates Service Community Assets Community Asset Transfer Programme NEWYDD	
Education, Youth & Culture 12 Elected Members and five co-opted members representing parent governors and diocesan authorities.	School estate including capital investment programmes and school organization School Access including admissions and school transport policy School Improvement and modernisation School Access, planning and provision Early years Education Primary Education Secondary and 14-19 education and Post 16 provision Schools Performance Monitoring Welsh in Education Service Children in Education Outdoor Education School Governance Safeguarding **Continuing Education** Adult and community learning **Special Education** Inclusion & Progression service **Support to Families and Young People** Families First Youth Services Youth Justice Service Libraries, Culture and Heritage including archives and museums Leisure Services, including leisure and sports centres, swimming pools and recreational facilities/activities **Strategic and Partnership Working** Theatr Clwyd	Leader of the Council and Cabinet Member for Education, Welsh Language, Culture and Leisure Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing Chief Executive Chief Officer (Education & Youth) Chief Officer (Social Services)

	Aura Holywell Leisure Centre Cambrian Aquatics Children and Young People's Partnership (shared responsibility with the Social & Health Care Overview & Scrutiny Committee) Coleg Cambria Glyndwr University GwE Welsh Government Department for Education Estyn	
Social & Health Care 12 Elected Members	**Adult Services** • Single Point of Access (SPOA). • Older people social work services, Including hospital discharge, and occupational therapy. • Disability and progression service including physical and learning disability, Community mental health services. • Disabled children and transition service • North East Wales Community Equipment services (NEWCES). • In-house provider services – Domiciliary care Residential care, day care and Extra care. • Dementia support services, age friendly and well-being support servces. • Partnership with BCUHB community development, and older people transformation. • Direct payments. • Integrated autism and Regional LD transformation. **Children's Services** • Support and protection services including child protection. • Looked after children including Cooperate Parenting. • Fostering services. • Adoption. • Early help Hub and family information service. • Intensive family support services, Targeted support and multi systemic therapy.	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing Leader of the Council and Cabinet Member for Education, Welsh Language, Culture and Leisure Chief Officer (Social Services) Chief Officer (Education & Youth)

	• Early Years and Family support services including Flying Start and parenting. • Free Childcare officer and childcare sufficiency. • Children's In house residential care and out of county provision. Children services. **Strategic, Commissioning & Partnership Workforce** • Children and Young People's Partnership (jointly with the Education & Youth Overview & Scrutiny Committee) • Safeguarding Children's and Adult service. Including deprivation of liberty safeguards • Business systems and financial assessment services. • Commissioning Care services and Contact monitoring services including monitoring all independent sector provision, for children's and adult services. • Care Brokerage services. Micro care support • Management information and Performance management including complements complaints and data protection. • Strategic commissioning and strategic planning services. • Welsh language lead. • Carers and young cares. • Workforce development and training for children's and adult services. Including supporting student SW OT and QCF assessment Centre. • Home Farm Trust (HFT) • Hwb Cyfle • Betsi Cadwaladr University Health Board • (BCUHB) • Ambulance Trust • Community Health Council	
Environment & Economy 12 Elected Members	**Planning** Planning and environmental strategy, Development management and control, Conservation,	Deputy Leader of the Council and Cabinet Member for Streetscene and the Regional Transport Strategy

	Minerals and waste planning, Countryside and the environment Greenfield Valley Heritage Park Public rights of way Drainage advisory/Flood Water Management Act Energy Services **Community and Business Protection** Food safety and food standards Licensing and pest control Health and Safety and Environmental Control Housing Standards and Pollution Control Trading Standards Animal Heath Violence against Women, Domestic Abuse and Sexual Violence **Streetscene Services** Waste Strategy & Recycling Winter Maintenance & Adverse Weather Policy Public open space management Town Centre & Street Cleansing Grass Cutting & Grounds Maintenance Highway Inspections & Maintenance Public Conveniences (Local Toilets Strategy) Environmental & Civil Parking Enforcement Street Lighting Fleet Services Ultra-Low Emission Vehicle (ULEV) Strategy Bereavement Services & cemetery management Car Parking Strategy **Transportation** Transport Planning & Highway Strategy Traffic Services Active Travel Integrated Transport Services (school transport, post-16 transport, local bus services, community transport, rail etc.) Road Safety Education, Training and Publicity North Wales Metro Programme / Regional Transport Plan Performance and Improvement Plan Monitoring and Policy and Performance development within the Streetscene and Transportation and Planning, Environment and Economy portfolios	Cabinet Member for Planning, Public Health and Public Protection Cabinet Member for Climate Change and Economy Cabinet Member for Housing and Regeneration Chief Executive Chief Officer (Planning, Environment and Economy) Chief Officer (Streetscene and Transportation)

	Strategic and Partnership Working Flood Management Strategy North Wales Residual Waste Treatment Partnership (Parc Adfer) Natural Resources Wales Planning Inspectorate Wales Planning and Environmental Decisions Wales (PEDW)Ambition North Wales / North Wales Growth Deal Corporate Joint Committees (CJCs) Strategic Development Plan Regional Transport Plan Transport for Wales (TfW) Mersey Dee Alliance (MDA) **Enterprise and Regeneration** Economic growth and Business Development Tourism Social Enterprise Markets Regeneration Employability Domestic energy Digital connectivity	
Community & Housing 12 Elected Members	**Community Liaison** The County Forum and the Joint Community Charter with Town and Community Councils Flintshire Local Voluntary Council **Housing & Prevention Services** Homelessness Housing Advice and Common Housing Register Neighborhood Housing Housing Asset management Housing Support Grant **Housing Asset Management** Revenue and Capital Investment to Council housing stock and related assets. Repairs & Maintenance Service. Empty Property Refurbishment. **Housing Management & Benefit Service** Benefits and Grants Assessment	Cabinet Member for Housing and Regeneration Cabinet Member for Governance and Corporate Services including Health and Safety and Human Resources Chief Officer (Housing and Communities)

	Community Based Accommodation Support Service (CBASS) Disabled Facilities Grant Gypsy and Traveller Services Housing Management Welfare Reform **Housing Development** Housing Programmes Housing Strategy NEW Homes Limited **Strategic and Partnership Working** Housing Revenue Account Business Plan Registered Social Landlords	

Mae'r dudalen hon yn wag yn bwrpasol

CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE	

Date of Meeting	Thursday, 28 July 2022
Report Subject	End of Year Performance Monitoring Report
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

Flintshire County Council Reporting Measures 2020/21 were identified by portfolios and approved by Cabinet in September 2020. The Council Plan 2021/22 was adopted by the Council in June 2021 and this report presents a summary of the annual out-turn of progress against the Council Plan priorities relevant to the Social & Health Care Overview & Scrutiny Committee.

This out-turn report for the 2021/22 Council Plan shows 73% of activities are making good progress with 74% likely to achieve their planned outcomes. 73% of the performance indicators have met or exceeded their targets, 9% are being closely monitored and 18% are currently not meeting target.

This report is an exception-based report and concentrates on those areas of performance which are not currently achieving their target.

	RECOMMENDATIONS
1	To support levels of progress and confidence in the achievement of priorities within 2021/22 Council Plan.
2	To support overall performance against 2021/22 Council Plan performance indicators.
3	To be assured by explanations given for those areas of underperformance.

REPORT DETAILS

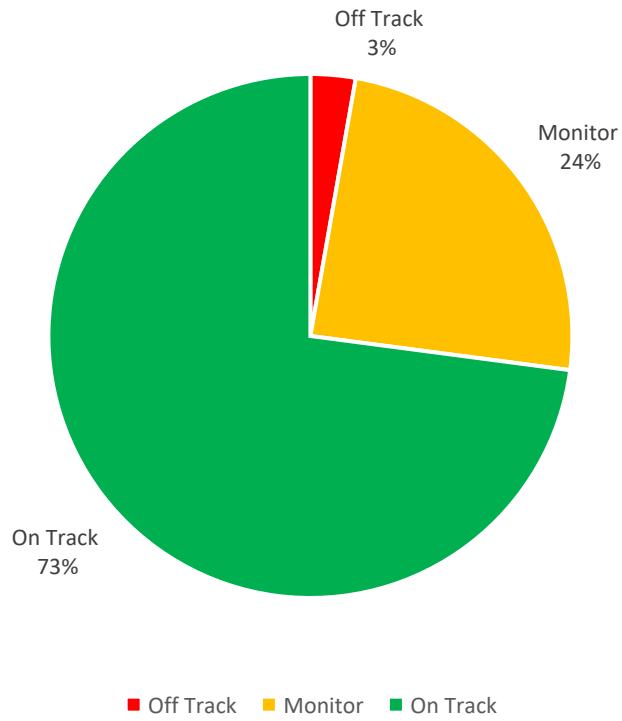| 1.00	**EXPLAINING THE PERFORMANCE AT YEAR-END 2021/2022**
1.01	The Council Plan performance report provides an explanation of the progress made towards the delivery of the priorities set out in the 2021/22 Council Plan. The narrative is supported by information on performance indicators and/or milestones.
1.02	This report is an exception-based report and concentrates on those areas of performance which are not currently achieving their target.
1.03	**Monitoring our Performance** Analysis of performance against the performance indicators is undertaken using the RAG status. This is defined as: • RED - under-performance against target. • AMBER - where improvement may have been made but performance has missed the target. • GREEN - positive performance against target.
1.04	Analysis of current levels of performance against target shows the following: • 44 (73%) have achieved a green RAG status • 5 (9%) have an amber RAG status • 11 (18%) have a red RAG status
1.05	There are no performance indicators (PIs) showing a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee.

2.00	**RESOURCE IMPLICATIONS**
2.01	There are no specific resource implications for this report.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	**Ways of Working (Sustainable Development) Principles Impact** <table><tr><td>Long-term</td><td rowspan="5">Throughout all the End of Year Monitoring Report there are demonstrable actions and activities which relate to all the Sustainable Development Principles. Specific case studies will be included in the Annual Performance Report for 2021/22.</td></tr><tr><td>Prevention</td></tr><tr><td>Integration</td></tr><tr><td>Collaboration</td></tr><tr><td>Involvement</td></tr></table>

Well-being Goals Impact

Prosperous Wales	Throughout the Mid-Year Monitoring Report there is evidence of alignment with the Well-being Goals. Specific strategic and policy reports include impact and risk assessments.
Resilient Wales	
Healthier Wales	
More equal Wales	
Cohesive Wales	
Vibrant Wales	
Globally responsible Wales	

Council's Well-being Objectives

The Council undertook a review of its Well-being Objectives during the development of the 2021/22 Council Plan. The updated set of Well-being Objectives are a more focused set of six. The Well-being Objectives identified have associated themes for which they resonate. See the full list below.

Theme	Well-being Objective
Poverty	Protecting people from poverty by supporting them to meet their basic needs
Affordable and Accessible Housing	Housing in Flintshire meeting the needs of our residents and supporting safer communities
Green Society and Environment	Limiting the impact of the Council's services on the natural environment and supporting the wider communities of Flintshire to reduce their own carbon footprint
Economy	Enabling a sustainable economic recovery
Personal and Community Well-being	Supporting people in need to live as well as they can
Education and Skills	Enabling and Supporting Learning Communities

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	The Reporting Measures are monitored by the respective Overview and Scrutiny Committees according to the priority area of interest.
4.02	Chief Officers have contributed towards reporting of relevant information.

5.00	APPENDICES
5.01	Appendix 1: Year-end progress report against 2021/22 Reporting Measures.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Council Plan 2021/22.

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Margaret Parry-Jones, Overview & Scrutiny Facilitator **Telephone:** 01352 702305 **E-mail:** margaret.parry-jones@flintshire.gov.uk

8.00	**GLOSSARY OF TERMS** **These are provided corporately on the Infonet (link) and maintained by the Executive Office**
8.01	**Council Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government and Elections (Wales) Act 2021 for organisations to 'set out any actions to increase the extent to which the council is meeting the performance requirements.' Plans for organisations should be robust; be clear on where it wants to go; and how it will get there. **An explanation of the report headings** **Measures (Key Performance Indicators - KPIs)** **Actual (YTD)** – the year-to-date performance identified i.e., by numbers, percentages, etc **Target (YTD)** – The target for the year to date which is set at the beginning of the year. **Current RAG Rating** – This measures performance for the year against the target. It is automatically generated according to the data. • **Red** = a position of under performance against target • **Amber** = a mid-position where improvement may have been made but performance has missed the target; and • **Green** = a position of positive performance against the target.

Council Plan End of Year Performance Monitoring Report 2021/22

Gyda'n gilydd gallwn ni i gyd helpu
i gadw **Sir y Fflint** yn ddiogel

Together we can all help to
keep **Flintshire** safe

Council Plan Action RAG Status

Off Track
3%

Monitor
24%

On Track
73%

■ Off Track   ■ Monitor   ■ On Track

Council Plan Outcome RAG Status

Off Track
2%

Monitor
24%

On Track
74%

■ Off Track   ■ Monitor   ■ On Track

Tudalen 38

Council Plan Performance Measures

Off Track 19%

Monitor 8%

On Track 73%

■ Off Track ■ Monitor ■ On Track

Tudalen 39
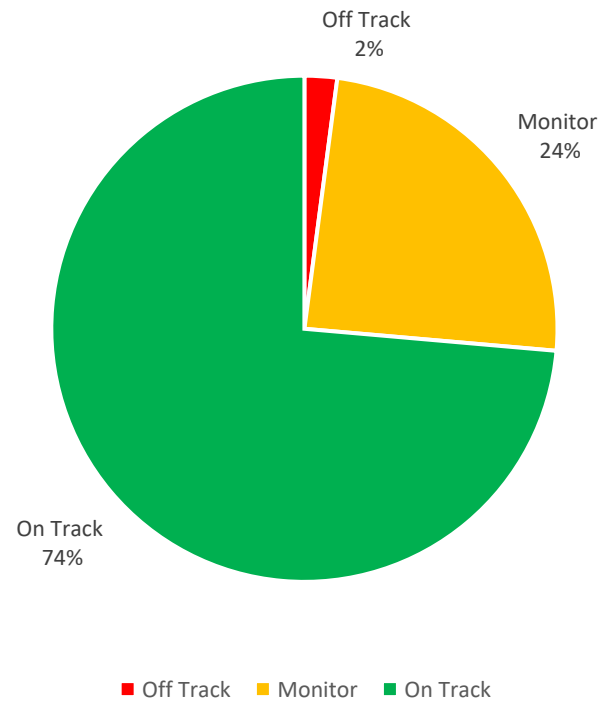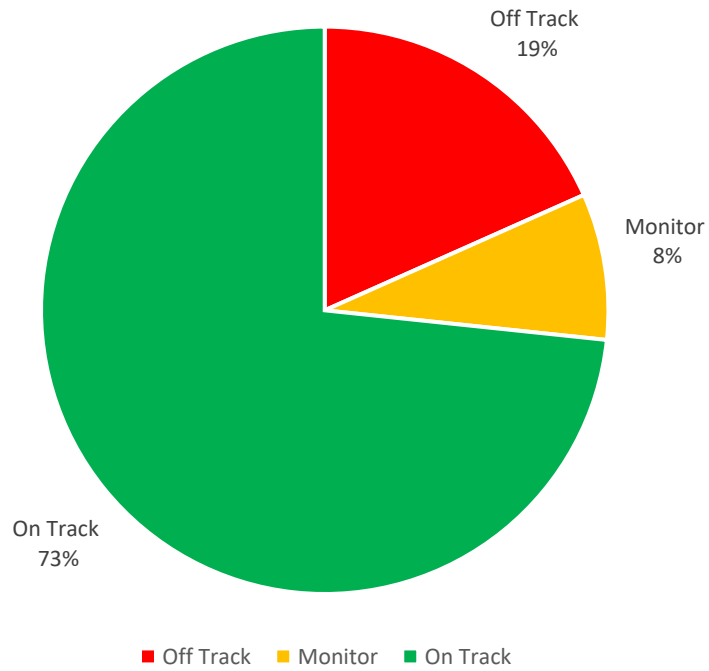
Measures Off Track

Area	Title	RAG
Social Housing	Number of Affordable Homes under construction via NEW Homes	▲
	Number of Council Homes completed	▲
Fleet Strategy	Introduce electric vehicles into the recycling fleet	▲
Active and Sustainable Travel Options	Develop multi-modal transport hub at Garden City	▲
	Introduce Electric Charging points at key locations across the County	▲
Active and Sustainable Travel Options / Transport and Digital Infrastructure	Number of bus quality partnerships on the core network	▲
Circular Economy	Percentage of waste reused, recycled or composted	▲
Business	Number of local businesses supported to reduce their carbon footprint and become more resource efficient	▲
Reducing Worklessness	Number of individuals entering employment, learning and volunteering	▲
	Number of individuals receiving support	▲
A Well-connected, Safe and Clean Local Environment	Progress actions to avoid non-payment of all Fixed Penalty Notice (FPN) / Penalty Charge Notice (PCN)	▲

Personal and Community Wellbeing

Personal and Community Wellbeing Overall Performance

Personal and Community Wellbeing Action RAG Status

Monitor
18%

On Track
82%

■ Off Track   ■ Monitor   ■ On Track
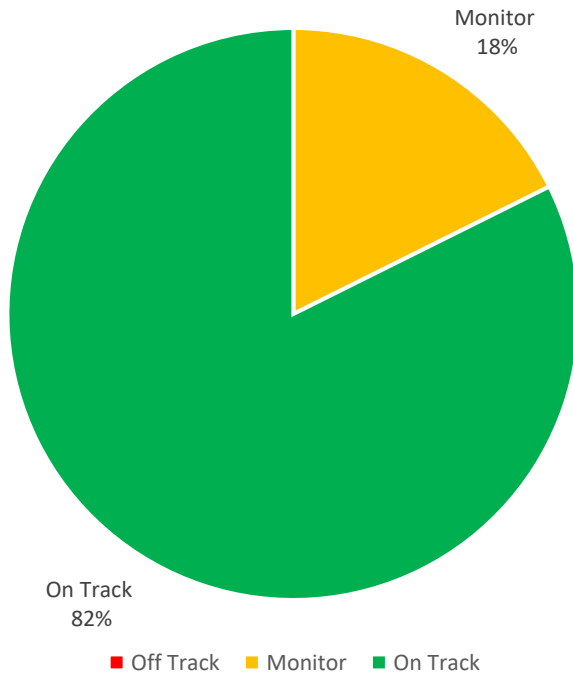
Personal and Community Wellbeing Outcome RAG Status

Monitor
12%

On Track
88%

■ Off Track   ■ Monitor   ■ On Track
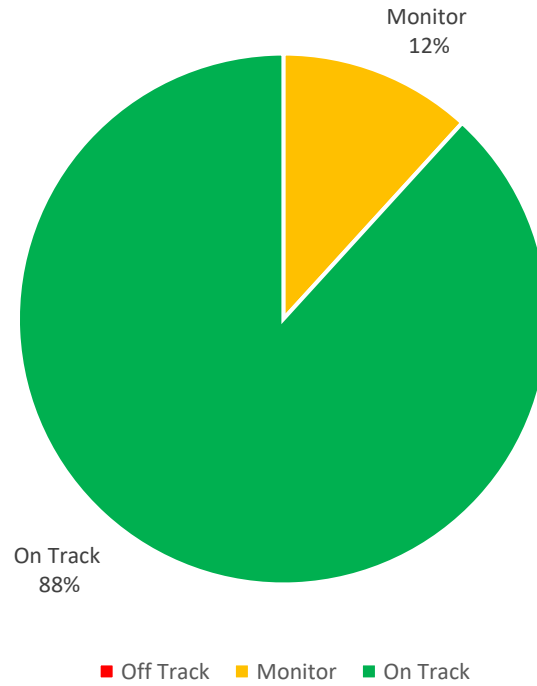
Tudalen 41

Personal and Community Wellbeing Performance Measures

Off Track
8%

Monitor
8%

On Track
84%

- ■ Off Track
- ■ Monitor
- ■ On Track
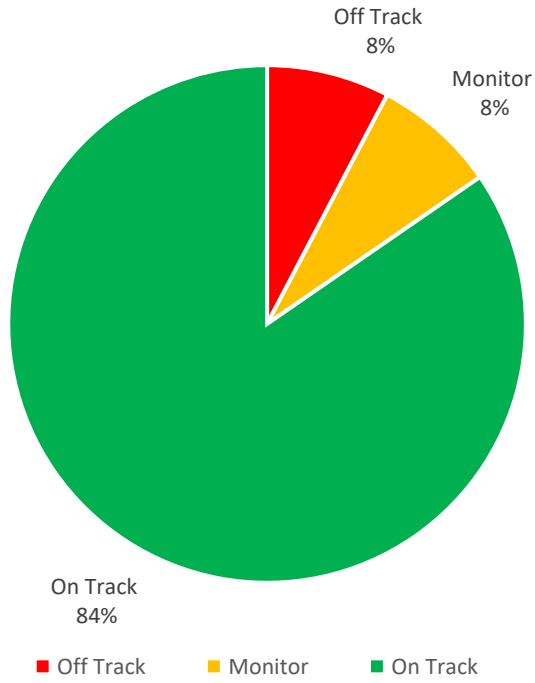
Tudalen 42

Measures Off Track

Area	Title	RAG
A Well-connected, Safe and Clean Local Environment	Progress actions to avoid non-payment of all Fixed Penalty Notice (FPN) / Penalty Charge Notice (PCN)	▲

Independent Living Actions

Action	Percentage Complete	RAG	Outcome RAG	Comment
Developing and extend our approach to Micro Care supporting more people in their own homes	100%	★	★	A Planning & Development Officer and a Collaboration & Business Relations Officer have been recruited to a new Microcare team, who will develop the programme further. We are now in a position to commission packages of care directly with 24 recruited Microcarers and the team are continuing to work with Microcarers to take this forward.
Ensuring services for families with children aged 0-7 are better integrated through the 'Early Years Pathfinder' project	90%	★	★	The Early Years Integration and Transformation Pathfinder programme has seen positive distance travelled towards seamless early years services across all sectors, assisted by oversight from the Early Years Partnership. This has been achieved by undertaking a base-line self-evaluation supported by the Early Intervention Foundation and working through priorities to a more 'mature' system and embedding the Vanguard systems approach to priority areas which has simplified the system, reduced duplication and increased collaboration, most notably health; speech, language and communication; family support and childcare across the continuum of need. Regional work is a significant contributor to our progress as well, enabling shared learning and testing in each locality across the Betsi Cadwaladr University Health Board (BCUHB) footprint. The draft Early Years Strategy has been approved by the Partnership and requires consultation and a list of work priorities is developed. At the request of Welsh Government, Flintshire have taken on the lead role for the Regional Early Years Integration and Transformation collaboration which commenced March 2022. Welsh Government have committed to the Pathfinder for a further two years. The work programme will include priorities such as the expansion of Flying Start, increased eligibility to the Childcare Offer for parents in training, a focus on quality childcare and sufficient places and early childhood development and the impacts on children born during the pandemic, particularly speech, language and communication and development of the volunteer parenting programme Empowering Parents, Empowering Communities. Delivering the expansion will be challenging due to the additional demands on resources. The work achieved this year has succeeded initial plans and priorities are progressing for 2022-24.

Action	Percentage Complete	RAG	Outcome RAG	Comment
Increasing the number of people who are able to make their own care arrangements through a Direct Payment	100%	🟠	⭐	Our intention to increase the use of direct payments has been impacted by a shortage of direct care staff. We are experiencing this across the whole direct care service, both in house and in the independent sector. However, progress has been made develop the service. A Direct Payment portal has gone live which allows people to find their own Personal Assistants. A post in the Direct Payments team has led on effectively supporting our third sector partner to better understand direct payments and how they might be utilised to benefit informal carers locally. The post has enabled the Direct Payments team to mentor third sector colleagues to have direct payments related conversations with informal carers, to facilitate opportunities for Carers to think about how they might shape their own support and to use direct payments to achieve bespoke outcomes. Carers were supported via NEWCIS and the Council's Direct Payments team to access a Direct Payment to support with respite based on their Carers Needs Assessments. We worked together to identify carers who have received support through embedded methods but needed something different to support their needs.
Providing additional placements at Marleyfield House Care Home to support older people	100%	⭐	⭐	The extension at Marleyfield House has now been completed and we have opened an additional 32 beds to take the total capacity to 64. This includes 48 permanent residents and 16 short term reablement residents who are supported to transition from hospital home as quickly as possible.

Tudalen 44

Independent Living Measures

Independent Living Performance Measures

On Track
100%

■ Off Track ■ Monitor ■ On Track
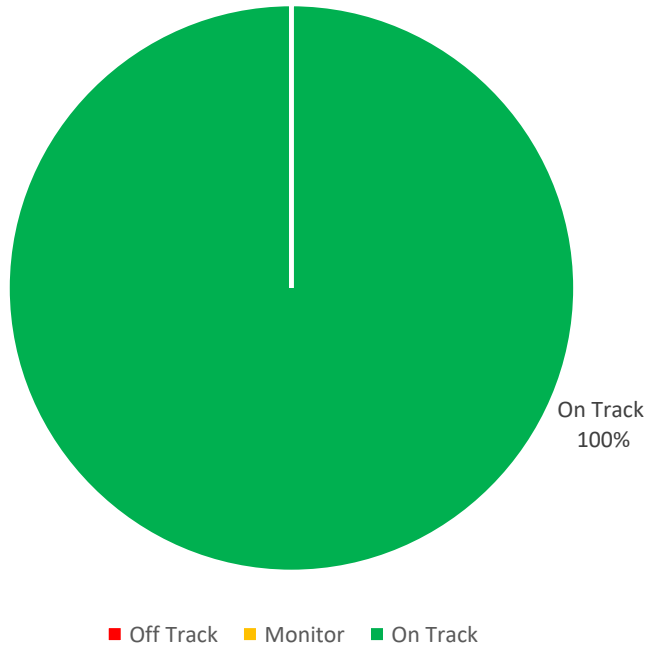
Measures

Area	Title	RAG
Independent Living	Direct Payments as a % of home-based services	⭐
	Number of Microcare providers	⭐
	Percentage of equipment that is re-used	⭐
	Percentage of requests for equipment that meet or exceed the national 7 Day standard	⭐
	Percentage of urgent requests for equipment that meet or exceed the national 1 Day response standards	⭐

Independent Living Measures

Direct Payments as a % of home-based services

SS/001M

Actual (YTD)	Target (YTD)	Current RAG Rating
39.00	39.00	★

Comment
Our end year outturn is consistent with previous quarters. Our intention to increase the use of direct payments has been impacted by shortage of direct care staff. We are experiencing this across the whole direct care service, both in house and in the independent sector.

Tudalen 46

Independent Living Measures

Number of Microcare providers

SS/003M
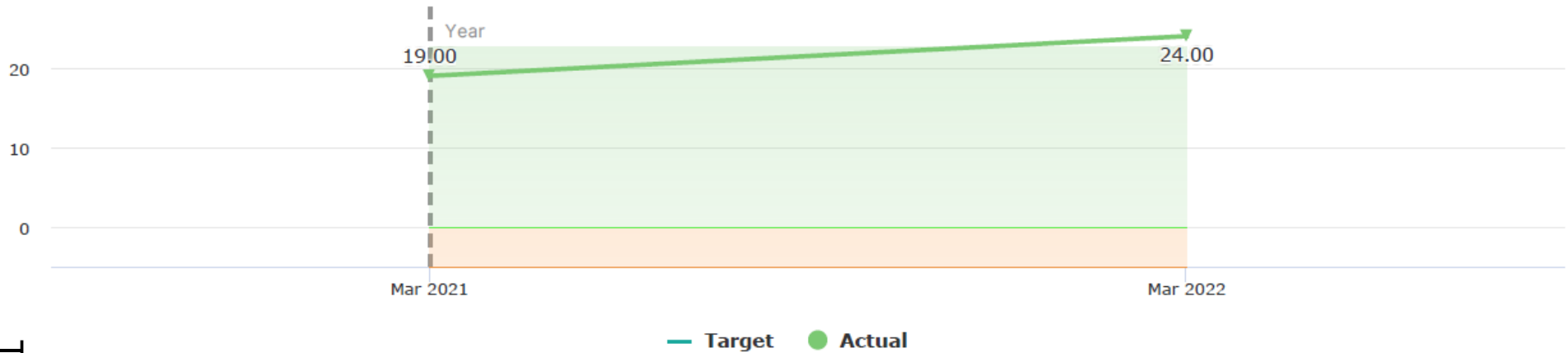
Actual (YTD)	Target (YTD)	Current RAG Rating
24.00	20.00	★

Comment
A further two microcarers have also completed the quality framework and are waiting to complete the moving and positioning training before they can be given Flintshire contracts.

Tudalen 47

Independent Living Measures

Percentage of equipment that is re-used

SS/007M
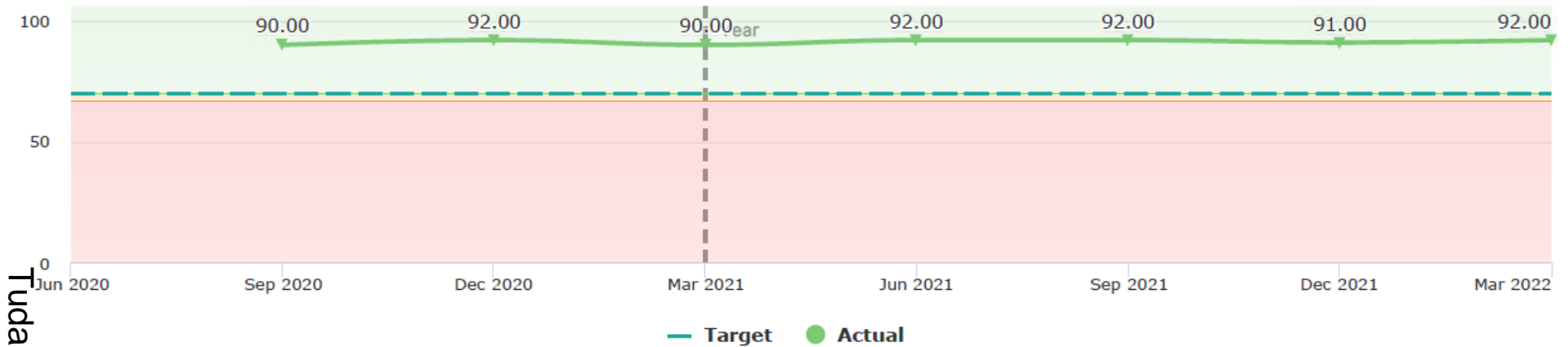
Actual (YTD)	Target (YTD)	Current RAG Rating
92.00	70.00	★

Comment
The standard of 70% is set nationally by the "National Minimum Standards for Community Equipment Services in Wales". However, the North East Wales Community Equipment Service (NEWCES) consistently achieve better than what is requested, with an average of approximately 90% re-use of equipment rather than throwing it away. By doing this there is a yearly cost avoidance of over £2 million.

Independent Living Measures

Percentage of requests for equipment that meet or exceed the national 7 Day standard

SS/008M
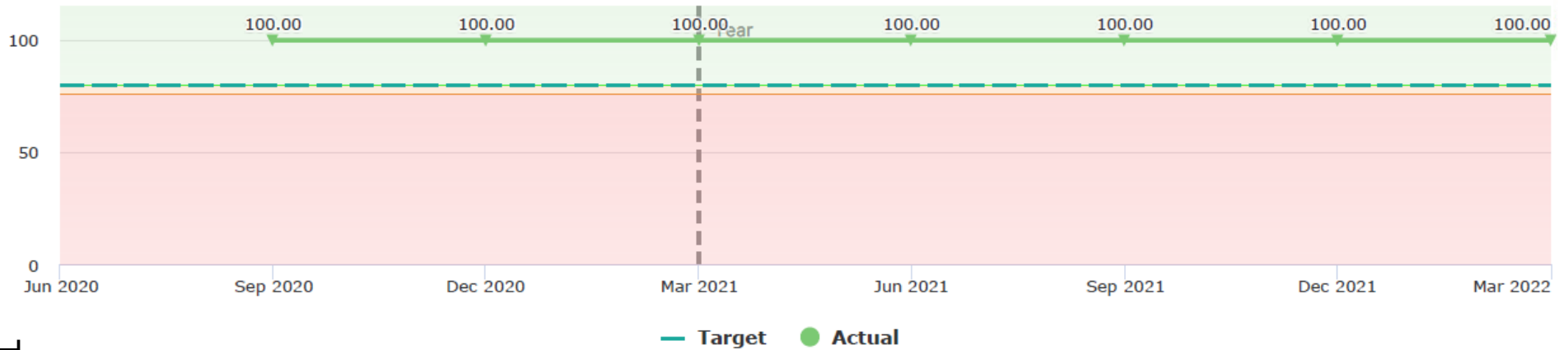
Actual (YTD)	Target (YTD)	Current RAG Rating
100.00	80.00	★

Comment
The North East Wales Community Equipment Service continue to provide 100% of equipment requests within the seven day national standard.

Independent Living Measures

Percentage of urgent requests for equipment that meet or exceed the national 1 Day response standards

SS/009M
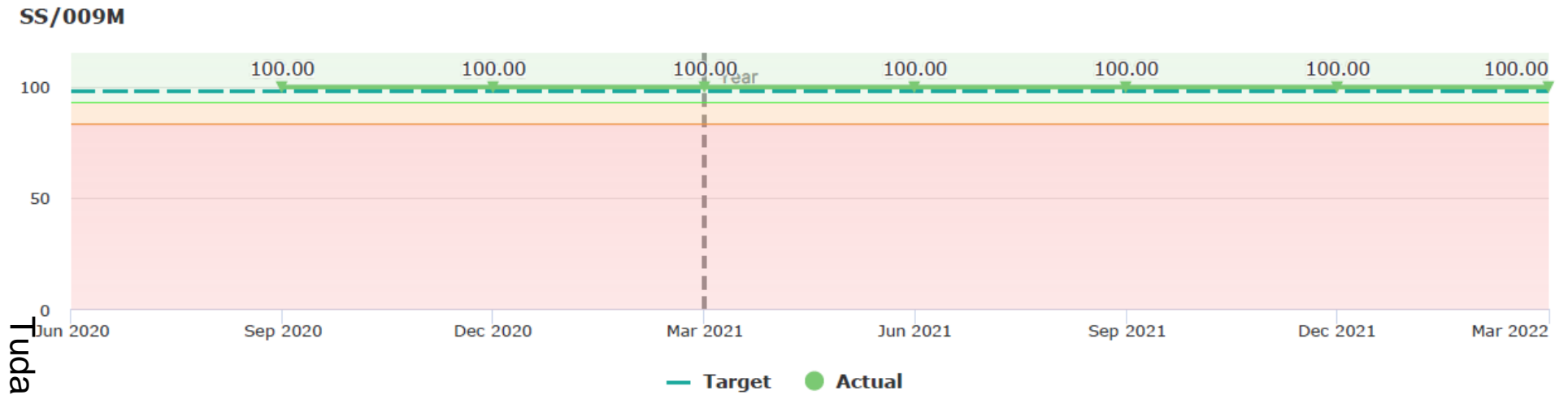
Actual (YTD)	Target (YTD)	Current RAG Rating
100.00	98.00	★

Comment
Equipment is managed by the North East Wales Community Equipment Service. The National standard for urgent requests is 90% within one day.

Safeguarding Actions

Action	Percentage Complete	RAG	Outcome RAG	Comment
Developing and relaunching our corporate e-learning package to reflect the new safeguarding procedures. This will include extending access to the safeguarding e-learning module to key partners	100%	★	★	The Corporate Safeguarding Awareness e-learning module has now been updated to reflect the Wales Safeguarding Procedures. The e-learning module 'Group A' is the basic awareness module has been developed by Social Care Wales and contains 14 sections covering the new procedures.
Implementing an 'active offer' of advocacy support for people involved in the safeguarding process	100%	★	★	The client information system triggers the need to consider advocacy during the strategy discussion and s126 enquiry stage. Independent advocacy is always considered in absence of a suitable family member advocating on behalf of an individual person.
Promoting the 'duty to report' so our employees understand their responsibility to report safeguarding concerns	100%	★	★	Information on the Duty to Report has been included in Member safeguarding training, the Council's Safeguarding Awareness training and the mandatory e-learning for all Council employees.

Tudalen 51

Safeguarding Measures

Safeguarding Performance Measures

On Track
50%

Monitor
50%

■ Off Track   ■ Monitor   ■ On Track

Tudalen 52
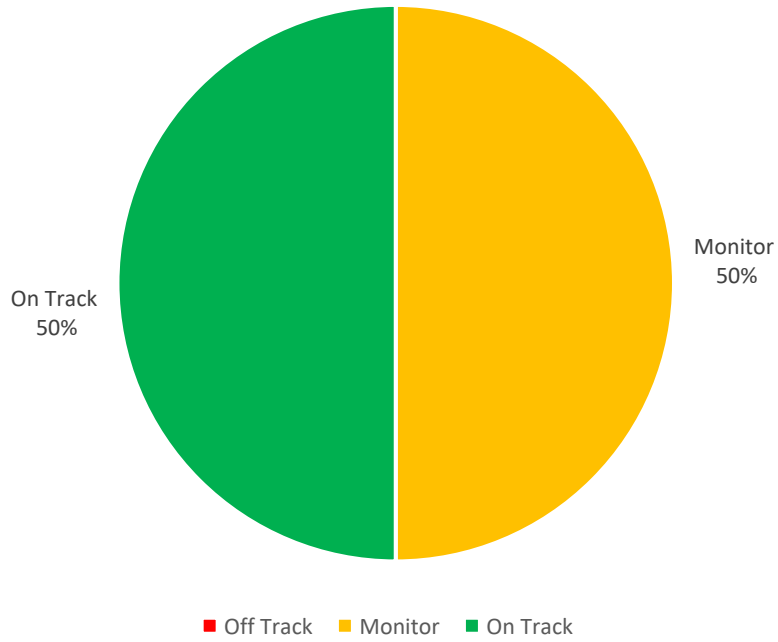
Measures

Area	Title	RAG
Safeguarding	The percentage of adult safeguarding enquiries that met the 7 day timescale	🟠
	The percentage of children who were reported as having run away or gone missing from home who were offered a return interview	⭐

Safeguarding Measures

The percentage of adult safeguarding enquiries that met the 7 day timescale

SS/011M
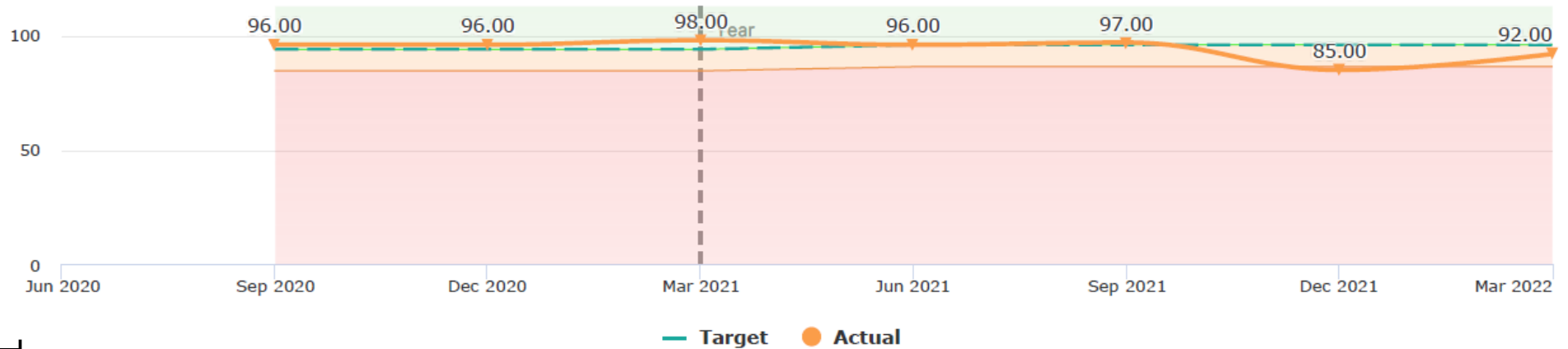
Actual (YTD)	Target (YTD)	Current RAG Rating
92.50	96.00	🟠

Comment
Quarter three was the busiest we have encountered for quite some time, with a 47% increase in referrals coming into the Safeguarding Unit when compared to the same time last year. Together with the increasing complexity of the referrals and the impact of the pandemic on our staffing resource, this affected our ability to process all safeguarding reports within seven days. We did however continue to ensure that reports are prioritised on a case by case basis. Whilst the number of safeguarding referrals coming through to the Unit decreased in number in quarter four, the complexity of the cases has been maintained. This quarter, the Unit had an additional resource undertaking initial screening. This resource was tasked with an initial triage of the safeguarding report which ensured that only those referrals meeting the threshold for enquiries were channelled through to the Unit. This would account for the lower number of enquiries (123) as some reports would have been discounted at the initial triage as either being inappropriate or incorrect.

Tudalen 53

Safeguarding Measures

The percentage of children who were reported as having run away or gone missing from home who were offered a return interview

SS/012M

Actual (YTD)	Target (YTD)	Current RAG Rating
100.00	100.00	⭐

Comment
All children reported missing should be offered a return interview. In 2020/21, we measured the percentage of children who agreed to an interview; the chart shows that a number of young people chose not to engage with the process. From April 2021, we changed the measure to reflect our performance in offering an interview.

Direct Provision to Support People Closer to Home Actions

Action	Percentage Complete	RAG	Outcome RAG	Comment
Developing the services we offer to provide respite for families with disabled children	100%	★	★	Services are in place. However, delivery is currently impacted by the national shortage of carers.
Extending Croes Atti Care Home for older people, with a focus on dementia care; complete the planning phase	100%	★	★	Acquisition of the land for the new build is completed and under the ownership of the County Council. A first stage feasibility study has been undertaken and a first draft report is available.
Growing our in-house fostering service to support more looked after children	100%	★	★	This year has seen an increase in the demand for connected person assessments and we have completed a significant amount of special guardianship orders. We approved eight general foster carers, with two applicants withdrawing in the latter stages, we've also had one delayed and this will now be heard on the April panel so it will fall into 2022/23 figures. This is within the range target of 5-10 carers recruited during the year.
Growing our in-house homecare service to support more people to live at home	100%	●	●	We are still facing challenges in recruitment across the care sector. As part of the rebalancing agenda we are trying a number of different approaches to increase recruitment and therefore increase the market share by growing our in house home care service.
Setting up a registered Children's Home to help avoid the need for residential placements outside Flintshire	100%	★	★	The construction partner commenced work on site in December 2021 with handover due in August 2022. The Contractor has appraised local residents of plans and continues to liaise closely with neighbours. All planning and required licences have been secured. The need for a bat licence did slightly delay the commencement of the building work with a revised completion date in August 2022 but this will not adversely impact the project. Work is moving at pace with all demolition and structural work complete. Once the building is handed back to the local authority, we will submit our applications for registration to Care Inspectorate Wales. Recruitment to leadership roles has commenced with the Registered Manager and Deputy in post and the Support Workers recruitment started. Work has commenced and is progressing on policies, procedures and the Statement of Purpose. The MST Supervisor for the therapy model of support that will be developed is also in post and is currently undertaking recruitment of the four therapists.

Tudalen 55

Direct Provision to Support People Closer to Home Measures

Direct Provision to Support People Closer to Home Performance Measures

On Track
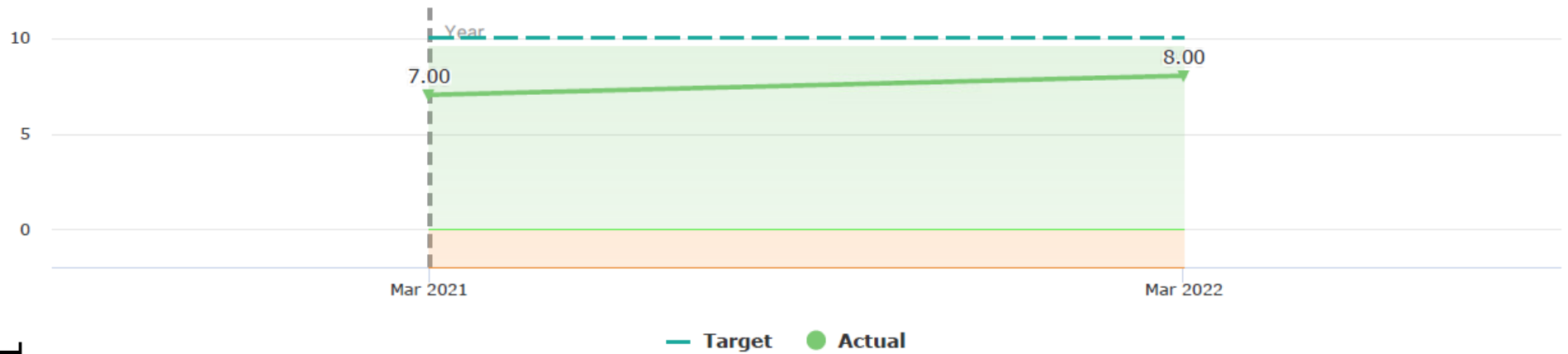100%

■ Off Track   ■ Monitor   ■ On Track

Tudalen 56
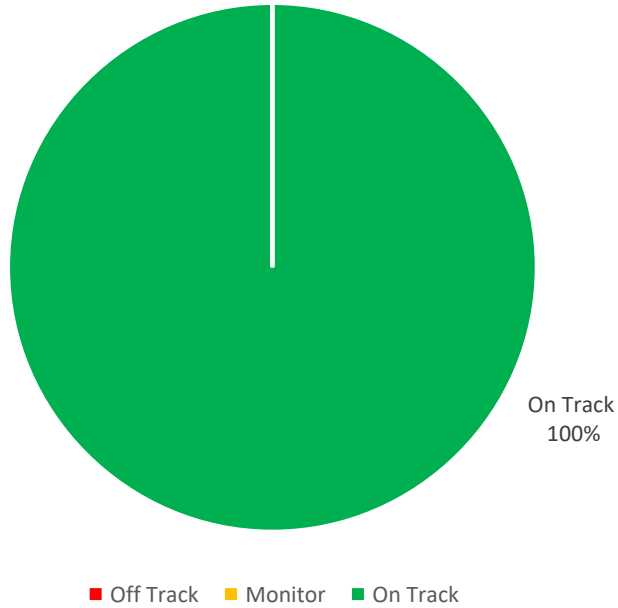
Measures

Area	Title	RAG
Direct Provision to Support People Closer to Home	Number of new foster carer approvals in the year	★
	People with a learning disability accessing Project Search to improve their employability skills	N/A
	Rate of people over 65 helped to live at home per 1,000 population	N/A

Direct Provision to Support People Closer to Home Measures

Number of new foster carer approvals in the year

SS/004M

Actual (YTD)	Target (YTD)	Current RAG Rating
8.00	10.00	★

Comment
We approved eight general foster carers, with two applicants withdrawing in the latter stages, we've also had one delayed and this will now be heard on April panel so falling into 2022/23 figures. This is within the range target of 5-10 carers recruited during the year.

Tudalen 57

Direct Provision to Support People Closer to Home Measures

People with a learning disability accessing Project Search to improve their employability skills

SS/006M
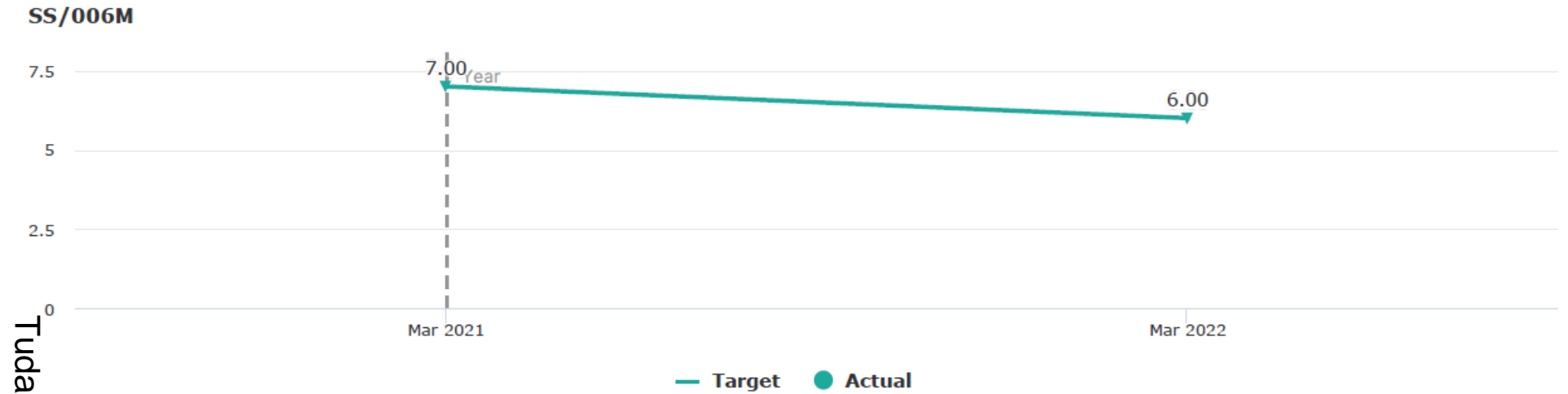
Actual (YTD)	Target (YTD)	Current RAG Rating
6.00		N/A

Comment
Project SEARCH continues to go from strength to strength. Six young people began the programme in September 2021 and two have already been successful in gaining employment at 16 hours a week or more. This is in addition to the four young people now employed following the first Project SEARCH Programme.

Direct Provision to Support People Closer to Home Measures

Rate of people over 65 helped to live at home per 1,000 population

SS/010M
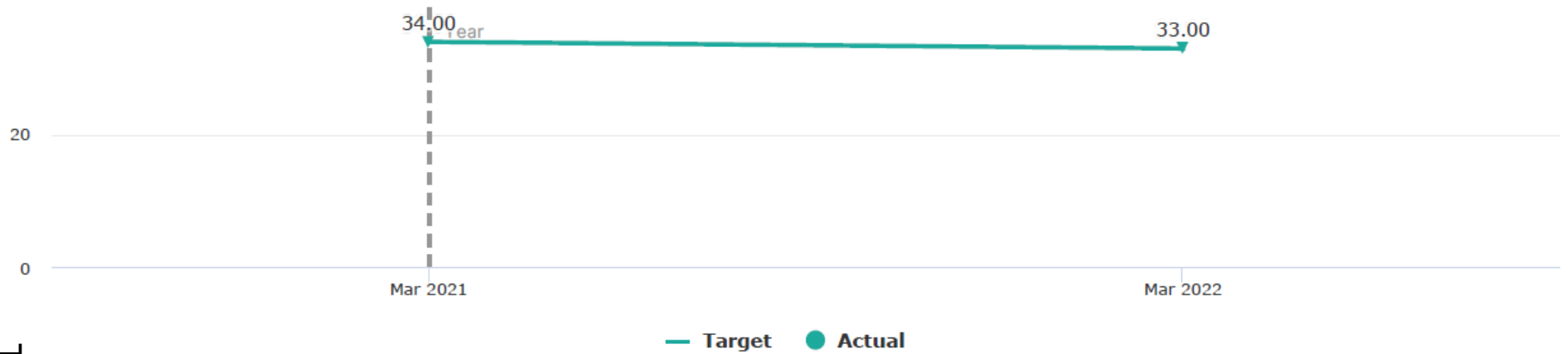
Actual (YTD)	Target (YTD)	Current RAG Rating
33.00		N/A

Comment
This measure includes individuals who are supported within their community through reablement services, domiciliary care, day services and occupational therapy, and therefore are not requiring a residential care placement.

Tudalen 59

Local Dementia Strategy Actions

| Action	Percentage Complete	RAG	Outcome RAG	Comment
Developing a Flintshire Dementia strategy that sets a shared vision, and action, for the next phase of developing good dementia support for individuals, families, carers and communities	100%	★	★	A new co-productive and inclusive steering group has been established to oversee the implementation of prioritised actions following public consultation on the Flintshire Dementia Strategy. This groups includes three people living with dementia and their carers. The group also has representatives from Social Services and other Council portfolios, dementia specialists from the Health Board, regional dementia strategy leads and third sector partners. The group will support actions to improve services and help to develop dementia friendly communities in Flintshire. This is alignment with services and projects that have supported approximately 600 people living with dementia in residential care, extra care or in their own homes in Flintshire.
Working with registered Care homes providers and health partners to develop more long term nursing care placements for people who have dementia	100%	●	●	There continues to be significant pressures on the care market nationally and locally. Work streams are underway to support the recruitment of care workers into care and nursing home settings. A recruitment event was held in February 2022.

Tudalen 60

Local Dementia Strategy Measures

Number of people supported through the Dementia Strategy

SS/005M
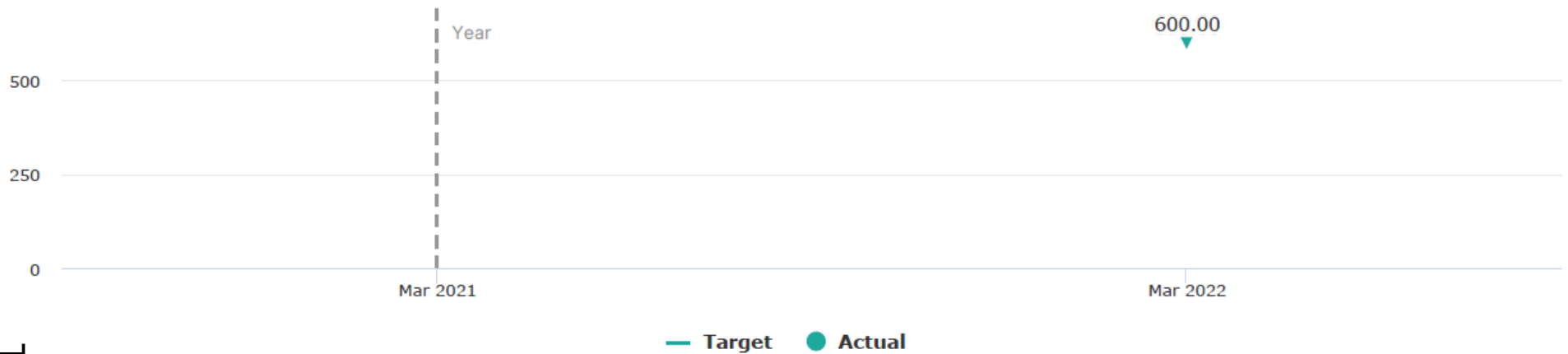
Actual (YTD)	Target (YTD)	Current RAG Rating
600.00		N/A

Comment
A new co-productive and inclusive steering group has been established to oversee the implementation of prioritised actions following public consultation on the Flintshire Dementia Strategy. This group includes three people living with dementia and their carers. The group also has representatives from Social Services and other Council portfolios, dementia specialists from the Health Board, regional dementia strategy leads, third sector partners. The group will support actions to improve services and help to develop dementia friendly communities in Flintshire. This is alignment with services and projects that have supported approximately 600 people living with dementia in residential care, extra care or in their own homes Flintshire.

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A Well-connected, Safe and Clean Local Environment Actions

Action	Percentage Complete	RAG	Outcome RAG	Comment
Working with local communities to inform a long term vision and delivery plan for using the Flexible Funding Grant programme to achieve positive outcomes for people	100%	★	★	Following on from the Community Centre Open Day in Holway, a number of taster sessions were ran in quarter four based on requests from the community. Some very successful family events were held and will further support community engagement. The Working Group has continued to meet throughout the year bringing a strategic view of need to the table. In Shotton, initial consultation and engagement did commence with targeted stakeholders and other public consultation activity was conducted for broader projects/initiatives. We are now planning further work in this area for the late spring/early summer.

A Well-connected, Safe and Clean Local Environment Measures

A Well-connected, Safe and Clean Environment
Performance Measures

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Off Track
20%

On Track
80%

■ Off Track   ■ Monitor   ■ On Track
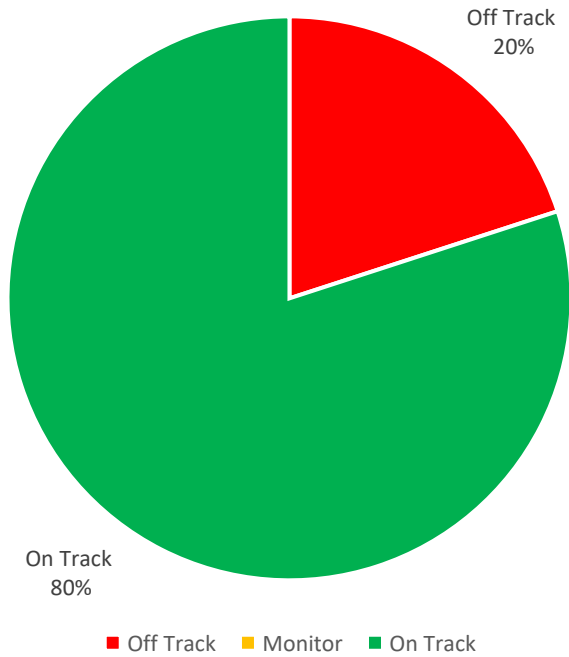
Measures

Area	Title	RAG
A Well-connected, Safe and Clean Local Environment	Achieve minimum level of agreed Streetscene standards	⭐
	Deliver Local Masterplan - Shotton	⭐
	Number of communities consulted to inform a co-produced area action plan	⭐
	Number of targeted environmental educational campaigns	⭐
	Progress actions to avoid non-payment of all Fixed Penalty Notice (FPN) / Penalty Charge Notice (PCN)	🔺

A Well-connected, Safe and Clean Local Environment Measures

Number of communities consulted to inform a co-produced area action plan

SS/002M

Actual (YTD)	Target (YTD)	Current RAG Rating
2.00	2.00	⭐

Comment
Following on from the Community Centre Open Day in Holway, a number of taster sessions ran in quarter four based on requests from the community. Some very successful family events were held and will further support community engagement. The Working Group has continued to meet throughout the year bringing a strategic view of need to the table. In Shotton, initial consultation and engagement did commence with targeted stakeholders and other public consultation activity was conducted for broader projects/initiatives. We are now planning further work in this area for the late spring/early summer.

CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL

Social & Health Care Overview & Scrutiny Committee	

Date of Meeting	28 July 2022
Report Subject	Audit Wales Review of Commissioning Older People's Care Home Placements by North Wales Councils and Betsi Cadwaladr University Health Board
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

As part of its Audit programme, in August 2020, Audit Wales informed Local Authorities and the Betsi Cadwaladr University Health Board area that it would be undertaking a review of Commissioning of Older People's Care Home Placements by North Wales Councils and Betsi Cadwaladr University Health Board.

A workshop was held by Audit Wales with local authority and health board partners in September 2020. The workshop worked through the draft brief for the review and the final brief for the review was issued to Local Authorities in November 2020.

Having undertaken a series of engagement activities as detailed below, Audit Wales issued the draft final report to Local Authorities and the Health Board to comment on matters of accuracy and balance in July 2021. The Health Board prepared their own response and a collective response was prepared by the North Wales Local Authority CEOs and Directors of Social Services.

The CEOs and Directors of Social Services felt strongly that report was not balanced, contained some factual inaccuracies and was not fair refection of commissioned care home placements for older people in North Wales. As a result further discussion with Audit Wales took place and Audit Wales published their final report on the 16th December 2021.

In response to this report, each of the North Wales Local Authorities and the Health Board have been asked to prepare an agreed collective management response detailing how they will work collectively to address each of the recommendations. This was submitted to Audit Wales by the 31st January 2022 deadline.

RECOMMENDATIONS	
1	Members note the recommendations in the Audit Wales report on Commissioning of Older People's Care Home Placements by North Wales Councils and Betsi Cadwaladr University Health Board.
2	Members the agreed actions in the Management Response to address these recommendations and receives regular updates on the implementation of the actions going forward.

REPORT DETAILS

1.00	**EXPLAINING THE AUDIT WALES REVIEW REPORT**
1.01	Adult Wales publish their annual Audit Programme and as part of this work in 2020, Audit Wales informed North Wales Local Authorities and the Health Board that they would be undertaking a review of Commissioning of Older people's Care home Placements by North Wales Councils and Betsi Cadwaladr University Health Board.
1.02	Audit Wales held a workshops with all 7 partner agencies in September 2020 and shared the draft brief for the review, the final version of which was issues to the local authorities and the health board in November 2020.

1.03	As identified in the final brief, the purpose of the review was:
	 "*In our Assurance and Risk Assessments for North Wales councils we identified strategic commissioning of residential and nursing care placements as a risk to both councils and the Health Board for the following reasons:*
	     a) *high level of spending on these services;*
	     b) *forecast increases in numbers of older people expected to need these services;*
	     c) *limited availability of new staff to support these services and recruitment competition with other health and social care providers; and*
	     d) *as yet untapped potential benefits of strategic commissioning across North Wales public sector bodies.*
	
	 Since identifying strategic commissioning of residential and nursing care placements as a risk, COVID-19 has highlighted the fragility and current capacity of the care market and the need to plan strategically and manage the market"

1.04	The brief explained that the review would seek to answer the question "*Are partners collaborating effectively to take account of demographic changes and other external pressures in the strategic commissioning of residential and nursing home care?*" and focused on the following key questions: a) Are partners collaborating effectively to take account of demographic changes and other external pressures in the strategic commissioning of residential and nursing home care? b) Have partners formally committed to the strategic approach to commissioning residential and nursing home care? c) Have partners identified and secured commitment for the resources needed to deliver the strategy and is there commitment to manage these through the pooled budget arrangement? d) Does the strategy for commissioning residential and nursing home care align with other key strategies and meet legislative requirements? e) Is change related to delivery of this strategy being managed and reported effectively?
1.05	The Audit Wales team undertook Fieldwork, Document reviews, Meeting observations and Interviews with staff and service users from November 2020 to February 2021.
1.06	**Report Detail**
1.07	Audit Wales issued the draft final report to Local Authorities and the Health Board to comment on matters of accuracy and balance in July 2021. The Health Board prepared their own response and a collective response was prepared by the North Wales Local Authority CEOs and Directors of Social Care. They felt strongly that report was not balanced, contained some factual inaccuracies and was not fair refection of commissioned care home placements for older people in North Wales.
1.08	Following further discussion with Audit Wales regarding the feedback and key objections, they prepared a revised version of the report in November 2021 which was accepted by the Local Authority Chief Executives and Directors of Social Care. Audit Wales published the North Wales report on the 16th December 2021 as per their audit schedule [see Appendix 2].
1.09	Audit Wales prepared a corresponding report for Welsh Government in relation to the legislative and policy framework for regional partnership working, commissioning and funding care home placements with key national messages and recommendations for Welsh Government to consider. This report for Welsh Government was not shared but was published at the same time as the North Wales report and is given in Appendix 4.

1.10	The Audit Wales report on the Commissioning of Older People's Care Home Placements by North Wales Councils and Betsi Cadwaladr University Health Board makes 5 recommendations: • R1 North Wales councils and Betsi Cadwaladr University Health Board need to ensure the consistent use of pre-placement agreements across the region. • R2 The current approach for commissioning care home places can cause tensions between partners and result in poor value and poor service user experience. North Wales councils and Betsi Cadwaladr University Health Board need to work together to review local arrangements for commissioning care home placements to eliminate avoidable adverse impacts on service users, and each other. • R3 Accountability is a cornerstone of public sector decision making. Governance arrangements need to scrutinise decisions and hold decision makers to account. North Wales councils and Betsi Cadwaladr University Health Board need to strengthen their partnership governance arrangements to ensure proper accountability and effective scrutiny. • R4 North Wales councils and Betsi Cadwaladr University Health Board through the Regional Commissioning Board need to develop a regionally agreed care home commissioning strategy and following this, develop an associated delivery plan. • R5 North Wales councils and Betsi Cadwaladr University Health Board need to review their commissioning arrangements for care home placements to ensure they fulfil their statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act.
1.11	In response to the report, each of the North Wales Local Authorities and the Health Board was asked to prepare an agreed collective management response detailing how they will work collectively to address each of the recommendations. Audit Wales asked for this collective response to be submitted by 31st January 2022. The Management Response submitted is in Appendix 3.

2.00	**RESOURCE IMPLICATIONS**
2.01	Local and regional officer time will be required to ensure that the recommendations and management response actions are implemented.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	Officer capacity and time to implement the actions in the Management Response may delay meeting the deadlines given Mitigation: Allocated regional leads with dedicated time to undertake the work require have been put in place

3.02	Relationship between local commissioning plans and the required regionally agreed care home commissioning strategy and associated delivery plan. Mitigation: Regional mapping of the relationship between local and regional plans and clarity on which aspects of the delivery plan are implemented locally and which are implemented regionally have been put in place.
3.03	Failure to ensure that all partners fulfil statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act in our care home placement provision. Mitigation: Mwy na Geiriau Framework implementation is in place for all partner agencies. The Local Wellbeing Assessments and 7 Wellbeing Goals inform our local and regional commissioning plan for the future as part of the Population Needs Assessment and Market Stability Report.

4.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
4.01	Audit Wales consulted with service users and providers in the research for the report. They also consulted with Local Authorities and Health Board officers on the circulation of the draft reports and took on board their feedback to inform revised drafts of the report.

5.00	**APPENDICES**
5.01	Appendix 1 Audit Wales Project Brief for the review of the Commissioning of Older People's Care Home Placements by North Wales Councils and Betsi Cadwaladr University Health Board
5.02	Appendix 2 The Audit Wales report on the Commissioning of Older People's Care Home Placements by North Wales Councils and Betsi Cadwaladr University Health Board
5.03	Appendix 3 North Wales Local Authorities and the Health Board collective management response
5.04	Appendix 4 Audit Wales report to Welsh Government on Care Home Commissioning

6.00	**CONTACT OFFICER DETAILS**
6.01	Contact Officer: Jane Davies Telephone: 01352 702503 E-mail: jane.m.davies@flintshire.gov.uk

7.00	**GLOSSARY OF TERMS**
7.01	Audit Wales – is the trademark of two legal entities, the Auditor General for Wales and the Wales Audit Office. It's role is to assure the people of Wales that public money is being managed well as well as explaining how public money is being used and how it meets people's needs.
7.02	Mwy Na Geiriau Framework - A Strategic Framework for Promoting the Welsh Language in Health, Social Services and Social Care. It was published in 2016.

Project Brief – Commissioning Older People's Care Home Placements – North Wales Councils and Betsi Cadwaladr University Health Board

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Project brief

Background to the review

1   The COVID-19 pandemic has had an unprecedented impact on Health and Social Care Services as they work to help contain this virus and avoid the spread to particularly vulnerable people, such as those who are elderly, or have underlying health problems. North Wales councils and Betsi Cadwaladr University Health Board (the Health Board) have worked hard to maximise bed capacity in hospitals and care homes and have commissioned and equipped three new rainbow hospitals to accommodate the increase in demand for care and treatment. The impact of this virus has highlighted the critical role that care homes have all year round and particularly when unexpected peaks in demand occur.

2   There is a cost to both human life and the sustainable financial viability of care home businesses. Business plans of these homes will rely on minimum occupancy levels and the COVID-19 virus, and other wider factors may affect demand for placements and numbers of residents going forward, resulting in the closure of some homes.

3   Notwithstanding the pressures on care homes described above, demand for these services from an ageing population continues to grow, increasing budgetary pressures on public bodies. There is a risk that care home provision is not shaped to meet demand, such as specialist provision.

4   The latest published data from StatsWales shows that North Wales councils spent approximately £66 million in 2018-19 on Nursing Placements and Residential Care Placements and NHS financial reports indicate that Betsi Cadwaladr is spending over £100 million per year on continuing healthcare. In addition to these costs, many councils have their own residential care provision.

5   The Well-being of Future Generations (Wales) Act 2015 requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. All 6 councils and the Health Board have a statutory responsibility to meet requirements set out in the act.

6   Any strategic approach to improve residential and nursing care should meet requirements of the Social Services and Well-being (Wales) Act 2014 (SSWBA), Well-being of Future Generations (Wales) Act 2015, Welsh Language (Wales) measure 2011 and the Equalities Act (2010). Under the SSWBA, councils and health boards have a statutory obligation to establish and maintain pooled fund arrangements in relation to the exercise of their care home accommodation functions. Our recent work in North Wales found that the pooled fund for older peoples care home placement did not provide value for money.

7   The North Wales Social Care and Wellbeing Services Improvement Collaborative published a Market shaping statement – care homes for older people in North Wales in 2018. Its content included what partners could expect in the future and

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what partners would need from care homes and how partners would support developments.

8   This project brief sets out why we are undertaking the review in Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham Councils and Betsi Cadwaladr University Health Board and outlines its focus, method, outputs and timing.

Purpose of the review

9   In our Assurance and Risk Assessments for North Wales councils we identified strategic commissioning of residential and nursing care placements as a risk to both councils and the Health Board for the following reasons:

      a.   high level of spending on these services;

      b.   forecast increases in numbers of older people expected to need these services;

      c.   limited availability of new staff to support these services and recruitment competition with other health and social care providers; and

      d.   as yet untapped potential benefits of strategic commissioning across North Wales public sector bodies.

10   Since identifying strategic commissioning of residential and nursing care placements as a risk, COVID-19 has highlighted the fragility and current capacity of the care market and the need to plan strategically and manage the market.

Focus of the review

11   We will use the 'Market shaping statement – care homes for older people in North Wales' which was published in 2018 as a starting point for the review. We facilitated a scoping workshop on 29 September 2020 with representatives from the councils and Health Board to hear an update of progress in delivering the strategic aims and to inform the shape of this review. Our review will consider the following areas:

      a.   Adjustments to the strategic commissioning plans as a result of COVID-19 to support short, medium and longer term sustainability of care homes;

      b.   Sustainability of financing strategic intentions, including COVID-19 impacts such as increased care needs for patients discharged from hospital, increased costs associated with Personal Protective Equipment (PPE) and modification of care home environment as a result of the pandemic and use of the Welsh Government emergency care home fund;

      c.   Robustness of the data that underpins the strategy;

      d.   Impact of this strategy on other regional and local strategies;

      e.   Workforce planning for example in light of Brexit and COVID-19;

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  f. The extent to which councils and the Health Board are working to reduce demand/need for residential care such as with extra care housing or integrated community care packages;

  g. Partnership governance; and

  h. Change and programme management.

12 The review will seek to answer the question: **Are partners collaborating effectively to take account of demographic changes and other external pressures in the strategic commissioning of residential and nursing home care?**

Legislative basis for the review

13 This project is being carried in line with duties set out under sections 17 and 61 of the Public Audit (Wales) Act 2004.

14 It is also being undertaken to help discharge the Auditor General's duties under section 18 of the Local Government (Wales) Measure 2009 to assess whether improvement authorities are meeting their improvement duties and may also inform an examination undertaken under section 15 of the Well-being of Future Generations (Wales) Act 2015.

Method

15 The review will involve interviews with officers and councillors, document reviews and meeting observations. We also anticipate running remote workshops when required. Our approaches will be in line with Government advice on COVID-19 at the point we carry out the work. Although we anticipate the majority of activities will be undertaken remotely.

Exhibit 1: attendees at the scoping workshop

The table below sets out the people who took part at the Scoping Workshop.

Organisation	Name	Title
Anglesey CBC	Iola Richards	Head of Adult Services
Betsi Cadwaladr University Health Board	Grace Lewis Parry	Assistant Director of Primary and Community Care

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Organisation	Name	Title
Conwy CBC	Claire Lister	Head of integrated Adult and Community Services
Denbighshire CC	Phil Gilroy	Head of Community Support Services
	Katie Newe	Service Manager - Client Services
	Catrin Perry	Regional Collaboration Team
Flintshire CC	Jane Davies	Senior Manager Safeguarding and Commissioning
	Neil Ayling	Chief Officer Social Services
Gwynedd CBC	Morwena Edwards	Corporate Director & Statutory Director of Social Services
Wrexham CBC	Mark Jones	Interim Senior Head of Service - Older People

Main review questions

16   To inform the design of the work, we undertook a scoping workshop with the audited bodies. This helped us focus the review and also incorporate any changes, risks or other factors that needed to be considered as a result of the COVID-19 pandemic response. **Exhibit 1** sets out the key questions we will seek to answer during the review.

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Exhibit 1: main review questions

The table below sets out the main questions we will seek to answer in undertaking this review.

Level 1

- Are partners collaborating effectively to take account of demographic changes and other external pressures in the strategic commissioning of residential and nursing home care?

Level 2

- Have partners formally committed to the strategic approach to commissioning residential and nursing home care?
  - Is the strategic intent underpinned by sound data and clear workforce plans?
  - Is the strategic approach changing in light of the COVID-19 pandemic?
  - Is the strategic approach considering the risks to the sector (for example fees, workforce, sustainability of care homes, changing demand and service quality)?
  - Is the strategic approach considering alternative forms of care?

- Have partners identified and secured commitment for the resources needed to deliver the strategy and is there commitment to manage these through the pooled budget arrangement?
  - Are commitments to resourcing the strategy sustainable?
  - Is there collective accountability and responsibility to deliver a strategic solution?
  - How well do partners deal with barriers (e.g. structural differences, loss of control, individual vs partner commissioning, varying standards and expectations)?

- Does the strategy for commissioning residential and nursing home care align with other key strategies and meet legislative requirements?
  - Are partners considering alternatives other than residential and nursing home care placements?
  - Are partners working to understand and address any inappropriate regional variations (cost, contributions and access to a range of services)?
  - Can partners demonstrate consideration of key legislation as part of strategy design?

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- Is change related to delivery of this strategy being managed and reported effectively?
    – Are partnership governance structures supporting delivery?
    – Are programme management arrangements in place to deliver the strategic change required?

Output

17   The findings from this review will be set out in a report that will also include recommendations where relevant.

Timetable

Exhibit 2: timetable

The table below sets out a proposed timetable for the review at the Council.

Proposed timetable	
Scoping workshop	29 September 2020
Sign off of the final project brief with scoping session representatives	October 2020
Set up meetings	October- December 2020
Project brief issued	November 2020
Fieldwork • Document reviews • Meeting observations • Interviews	November/December 2020 November 2020 – January 2021 January/February 2021 (unless requested earlier)
Report issued	April 2021

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Fieldwork schedule

Interviews

Exhibit 3: interviewees

The table below sets out the initial list of people we would like to interview as part of this review.

Name	Title
Iwan Davies	Chief Executive – Conwy (selected to give a Chief Executive perspective as Accountable Officer)
Anglesey – Fôn Roberts Conwy – Jenny Williams * Denbighshire – Nicola Stubbins Flintshire – Neil Ayling Gwynedd – Morwena Edwards Wrexham – Alwyn Jones	Director of Social Services (Chief officers) We will also speak to Jenny Williams about Regional Workforce perspectives
Anglesey – Iola Richards Conwy – Claire Lister Denbighshire – Phil Gilroy Flintshire – Jane Davies Gwynedd – Aled Davies Wrexham – Mark Jones	Heads of Adult Social Care
Betsi Cadwaladr: Chris Stockport Ffion Johnstone Bethan Jones Rob Smith Kathryn Titchen Jane Trowman	Executive Director for primary and community care Area Director Area Director Area Director Head of CHC Lead for Care Homes
Betsi Cadwaladr – Sue Hill/Rob Nolan Anglesey – Marc Jones	Director/Assistant Director of finance Section 151 officers

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Name	Title
Conwy – Andrew Kirkham Denbighshire – Steve Gadd Flintshire – Gary Ferguson Gwynedd – Dafydd Edwards Wrexham – Mark Owen	
Betsi Cadwaladr – Sue Green Anglesey – Carys Edwards Conwy – Phil Davies Denbighshire – Gary Williams Flintshire – Sharon Carney Gwynedd – Geraint Owen Wrexham – Sue Robin	Head of Human Resources/workforce planning
Denbighshire – Bethan Jones-Edwards	Regional Head of Collaboration
Anglesey – Cllr Llinos Medi Conwy – Cllr Louise Gail Emery Denbighshire – Cllr Bobby Feeley Flintshire – Cllr Christine Jones Gwynedd – Cllr Dafydd Meurig Wrexham Cllr Joan Lowe	Lead Member for portfolio covering Adult Social Care
Anglesey – Cllr Aled Morris Jones Conwy – Cllr Penny Andow Denbighshire – Cllr Jeanette Chamberlain-Jones Flintshire – Cllr Hilary McGuill Gwynedd – Cllr Dewi Wyn Roberts Wrexham – Cllr Derek Wright	Chairs of Scrutiny Committees covering Adult Social Care
Teresa Owen	Chair of the Regional Partnership Board
Judith Greenhalgh	Chair of the North Wales Health and Social Care Recovery Group; and Chief Executive of Denbighshire

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Name	Title
Morwena Edwards	Chair of the NW Regional Commissioning Board
Catrin Perry	Business Manager – Commissioning
Grace Lewis-Parry	Vice Chair of the NW Regional Commissioning Board
Betsi Cadwaladr – Jonathan Lloyd Anglesey – Emma Edwards Conwy – Fran Lewis Denbighshire – Nicola Kneale Flintshire – Jay Davies Gwynedd – Rhion Glyn Wrexham – Suzanne Price	Lead officers – performance management and data analysis
Anglesey – Sandra Thomas Conwy – Fran Lewis and Emma Roberts Denbighshire – Alan Smith Flintshire – TBC Gwynedd – Hawis Jones Wrexham – TBC	Change and programme managers
Betsi Cadwaladr – Kamala Williams Anglesey – Fôn Roberts & Iola Richards Conwy – Fran Lewis and Emma Roberts Denbighshire – Phil Gilroy & David Soley Flintshire – TBC Gwynedd – Morwena Edwards & Aled Davies Wrexham - TBC	Key health board and council managers responsible for the strategic planning of services
Heléna Herklots CBE	Older People's Commissioner for Wales
Mary Wimbury Clare Budden	Care Forum Wales ClwydAlyn Housing Association

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Name	Title
Carer representative on Regional Partnership Board Community Health Council	Voice of the People

Workshops and focus groups

Exhibit 4: focus groups and workshops

The table below sets out the list of workshops and focus groups we would like to run with officers and councillors as part of this review.

Focus groups and workshops
Focus group with selection of Regional Partnership Board Members – to explore the RPB's actual and potential involvement in the strategic commissioning of residential and nursing home placements.
Focus group with members of the NW Regional Commissioning Board – to explore the RCB's actual and potential involvement in the strategic commissioning of residential and nursing home placements.
Focus group with Chair of Care Forum Wales and up to 6 local care home providers – one from each council area to explore the potential benefits or disbenefits of strategic commissioning from a care home perspective.
Focus group with strategic commissioners at North Wales councils and the Health Board – to understand the current approach to strategic commissioning of residential and nursing home placements and future plans.
Action planning workshop with the Regional Commissioning Board – to consider the review findings and potential way forward.
Feedback workshop with the Regional Partnership Board – to outline the key findings and enable challenge and discussion about the evidence captured during the review.

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Meeting observations

Exhibit 5: meeting observations

The table below sets out the list of meetings that we would like to observe during our review.

NW Regional Partnership Board
NW Regional Commissioning Board
Health and Social Care recovery Group

Document request

Prior to on-site interviews and observations, we will undertake a review of the documents identified below. However, we would be grateful if you could supply us with any additional documents which you feel may be relevant to our work in this area. The list is not exhaustive and requests for additional documents may be made during the course of the review. Where documents in the list below are publicly available on the Health Boards or Council's website, we would be grateful if you could please direct us to where we can find them.

We will also review the findings and evidence relating to councils from our previous local government study undertaken during 2013-14.

Exhibit 5: the table below sets out the documents we would like to request initially as part of this review

Document Title
- Relevant and recent Welsh Government reports covering care homes.   - Relevant and recent Care Inspectorate wales reports covering care homes.   - Progress reports related to the 'Market shaping statement – care homes for older people in North Wales'.   - Council/Health Board/RPB reports demonstrating commitment to and progress in acting on 'Market shaping statement – care homes for older people in North Wales'.   - Agenda and minutes of RCG, RPB and Health and Social Care recovery group.

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Audit Wales contacts

Exhibit 6: Audit Wales contacts

The table below sets out the Audit Wales team that will be working on this review at the councils and Health Board.

Title	Contact details
Performance Audit Director	Huw Rees: Huw.Rees@audit.wales Dave Thomas: Dave.Thomas@audit.wales
Performance Audit Manager	Jeremy Evans: Jeremy.Evans@audit.wales
Audit Leads	Dave Wilson: David.Wilson@audit.wales Andrew Doughton: Andrew.Doughton@audit.wales Gwilym Bury: Gwilym.Bury@audit.wales Alan Hughes: Alan.Hughes@audit.wales

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Appendix 1

Fair Processing Notice: Auditor General for Wales

Who we are: The Auditor General for Wales examines how public bodies manage and spend public money, and **Audit Wales** provides staff and resources to enable him to carry out his work.

Data Protection Officer (DPO): Our DPO is Martin Peters, who can be contacted by telephone on 029 2032 0500 or by email at: infoofficer@audit.wales

Purpose of processing: We are collecting your personal information for our work, which includes audit and other professional, technical or administrative work

The relevant laws (legal basis): We process personal data in accordance with the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR). Our lawful basis for processing is the statutory powers and duties under legislation including Public Audit (Wales) Act 2004, Public Audit (Wales) Act 2013, Government of Wales Act 1998, Government of Wales Act 2006, Local Government (Wales) Measure 2009; Well-being of Future Generations (Wales) Act 2015.

Who will see the data? The Auditor General and the WAO study team will have access to the information you provide. We may share some information with senior management at the audited body(ies) and our published report may include some information. For our local government work, we may share some data with other public service regulators, such as CIW and Estyn, where the law permits this.

How long we keep the data? We will keep your data for 7 years (or 25 years if it is included in a published report).

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Commissioning Older People's Care Home Placements – North Wales Councils and Betsi Cadwaladr University Health Board

Contents

Partners are working individually and collectively to provide care home placements for vulnerable service users, this is made more difficult by complex national processes, resulting in a significant focus on costs, which causes division amongst partners and has the potential to impact adversely on service users and their families. Strengthening accountability and developing a regional strategy and delivery plan has the potential to drive positive change and better partnership working, especially in relation to complex and more specialist care.

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Summary report

Background

1   The Social Services and Well-being (Wales) Act 2014 (the Act) came into force on 6 April 2016. The Act provides the legal framework for improving the wellbeing of people who need care and support and for transforming social services in Wales.

2   Across Wales, the costs of care home commissioning for older people run into several hundreds of millions of pounds each year and many thousands of people are affected.

Exhibit 1: key facts about care home commissioning

The exhibit sets out some key facts about adult care home services in North Wales.

4,353

People aged over 65 receiving adult care home services in North Wales from local authorities in 2018-19.

Of these, 1,034 are also receiving nursing services.

2016 data[1] indicates 6,048 care home residential places in North Wales, made up of:

2,636 residential places

1,194 residential Elderly Mentally Ill (EMI) places

1,555 general nursing places

663 EMI nursing places

£74.2 million

North Wales Local Authority spend on nursing and residential placements aged 65 and over in Wales in 2019-20. (Stats Wales)

£98.8 million

Health Board continuing healthcare and funded nursing care costs in 2019-20. (Annual Accounts)[2]

[1] Market Shaping Statement: Care homes for older people in North Wales

[2] Data sourced from Health Board Annual Accounts. The majority but not all Continuing Healthcare costs relate to care home placements.

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3   The Act requires councils and health boards to work together to assess the care and support needs of the population in their area. Partners are to identify what services are needed and to use their resources effectively; for example, by establishing and maintaining pooled fund arrangements in relation to the exercise of their care home accommodation functions.

4   The Act established Regional Partnership Boards (RPBs) to prioritise the integration of services including for older people with complex needs and long-term conditions, including dementia. In North Wales, the RPB includes the statutory partners – Isle of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham Councils and Betsi Cadwaladr University Health Board.

5   In early 2020, we identified strategic commissioning of care home placements for older people was a risk to both councils and the Health Board for the following reasons:

- high level of spending on these services;
- forecast increases in numbers of older people expected to need support;
- recruitment and retention competition between health, social care providers and parts of the independent sector as well as retail and hospitality employers; and
- potential untapped benefits of strategic commissioning across North Wales public sector bodies.

6   During 2020-21, the COVID-19 pandemic has highlighted the fragility and issues around capacity of the care market and the need to plan strategically on a regional level.

About this report

7   This report sets out the findings from the Auditor General's review of care home commissioning arrangements across North Wales. The work has been undertaken as a part of our statutory programme of local audit work at each of the local authorities in North Wales and the Betsi Cadwaladr University Health Board. Reflecting the cross-sector focus of this review we have presented our findings as a single report that includes recommendations for strengthening the pan-North-Wales approach to care home commissioning and associated partnership working. We have used the term care homes to reflect all types of residential and nursing care homes in a generic sense although where we specifically refer to one type we have noted that in the text.

Key messages and overall conclusions

8   Care home commissioning requires collaboration between councils, the Health Board, and providers to ensure that service users are accommodated in suitable placements.

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9   **In overall terms, our review found that partners are working individually and collectively to provide care home placements for vulnerable service users; this is made more difficult by complex national processes, resulting in a significant focus on costs, which causes division amongst partners and has the potential to impact adversely on service users and their families. Strengthening accountability and developing a regional strategy and delivery plan has the potential to drive positive change and better partnership working, especially in relation to complex and more specialist care.**

10   Whilst some of the significant issues and challenges for care home commissioning that we identify in this report may be unique to North Wales, many exist because of the frameworks, policy and legislation which are nationally set out. While there is need for regional improvement, there is real opportunity to consider both the extent of these issues in other regions, and how national reform may help provide a platform for sustainable services. We have reported separately to the Welsh Government, recommending action that they should take to improve the framework within which regional partners operate. Private sector care home providers are not audited by the Auditor General per se, but public money paid to such providers is subject to the Auditor General's examination as part of the audit of public bodies. As part of commissioning and procurement activities, the Welsh Government and local authorities should consider how private sector providers can be encouraged further to support public bodies to improve care home provision. The findings that underpin the above conclusions are considered in the following sections.

Partners are working together to provide care for vulnerable service users but are carrying significant risks associated with market stability, workforce, and pre-placement agreements, along with a reliance on spot purchasing

11   At an operational level, officers continue to work through and around the complexities of the national funding structure to get the best they can from the care home market. When commissioning care home placements, operational managers work hard to ensure service users receive the best care to meet their needs, but those with budget responsibilities must also balance this against costs.

12   Sustainability of the care home market is a key issue for North Wales. There are publicly and privately owned care homes and income is dependent on demand and fee rates. The funding approach is short term in nature and does not address the longer-term financial viability of the market. Nor does it properly anticipate long-term changes in need and how to adapt the market to meet that need.

13   In business it is essential that supply and demand are closely aligned, and in North Wales, care home provision does not reflect demand. Managers told us that there is a lack of some specialist provision such as for people with dementia and some

parts of the region have an oversupply of care homes that are not specialist in focus. Where there is an under supply of suitable care homes in an area, a person may be placed some way from their home and local community, or it could result in a delayed discharge from hospital. If a placement was made, this could be in other parts of Wales or sometimes outside Wales altogether. Placement outside of Wales may well be sensible for residents of more easterly counties and at times, a placement away from where the resident lived is the correct decision: for example, to be nearer to relatives or to ensure that the resident can live in a home where the staff are predominantly Welsh speaking. However, this can also lead to relatives having long journeys to visit their relatives.

14 The care home market in North Wales also has some vulnerabilities. Some care-home owners are nearing retirement and will want to sell their businesses. Some homes do not currently meet the environmental standards required under the regulations[3]. Once sold, the new owners may need to comply if the homes are unoccupied at the point of sale. This will affect the marketability of their businesses, and the cost of building work to comply with the standards may not be reflected sufficiently in the fee toolkit methodology. Officers continue to contract with these care homes even though they do not fully meet the environmental standards, as without using them capacity would be too limited.

15 Partners, through the Care Home Operational Group, have supported care homes to improve quality standards such as practice development nursing support, monitoring officer support in development processes and improvement action plans and business continuity plans, recruitment and advertising vacancies, environmental health support with food hygiene, health and safety officers and Welsh learning courses for care home staff.

16 In addition, partners provide support to help people to stay well, be self-caring and to prevent escalation to managed care. This support includes falls prevention services and community wellbeing programmes.

17 Commissioners and providers continue to work together despite the obvious challenges posed by the current complexities of the market. Managers meet regularly with providers, and the Chief Executive of Care Forum Wales which represents providers is now the chair of the RPB. Frustrations are mainly around the process and fee structure, but providers and commissioners continue to work through this imperfect arrangement.

18 The social care workforce is another vulnerability and one that has been clearly documented in the North Wales Social Care and Community Health Workforce Strategy 2018-2021, developed by the North Wales Workforce Board (NWWB), which sets out its priorities as:

- stabilising the workforce – recruitment and retention;

[3] The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

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- learning and development – develop a workforce across the sector that has the skills, knowledge, and competencies to deliver high quality personalised services; and

- workforce planning and development in the care home sector.

Whilst the NWWB reports to the RPB and has undertaken work to begin delivery of these priorities, these are not part of a comprehensive regional delivery plan.

19   In line with other regions in Wales, the challenges that currently exist include a high turnover of staff, vacancies in both the health and social care sectors, variable pay in identical posts within the Health Board and councils, the impact of BREXIT, qualification requirements and the large sums paid out for agency staff by providers. The NWWB is working on the Foundation Economy Challenge Fund project which is developing a business model for a not-for-profit staffing agency to help tackle the workforce challenges across North Wales around recruitment, retention and training of the region's social care and health workers.

20   The Social Care Workforce Development Partnership circulates information on training and recruitment which informs and encourages staff and potential recruits to get involved across North Wales. And Flintshire is working on value-based recruitment to attract people who want to work in the care sector.

21   The region is currently in the process of agreeing a new North Wales pre-placement agreement (PPA) and has extended the current version where these are in place, until the new version can be introduced. However, some placements are not covered by a PPA because those providers have decided not to sign the agreement. PPAs cover things like registration requirements, quality monitoring, reference to payment processes and payments after death. Service specifications are also not in place across the region. In working to introduce a new version of the PPA, partners should be aiming to limit and ideally eliminate instances where providers refuse to sign the new PPA. Not having these agreements and specifications in place poses a significant risk to the service users' placement especially where disputes arise.

22   Councils and the Health Board commission on a spot purchase basis, generally within a pricing framework. Whilst this means that they only pay for the services they use, it also means that if there are potential financial benefits from block contracts or cost and volume contracts, they are not realised. As a result, service users and partners could be paying more than they should.

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The Regional Partnership Board's 2018 Market Shaping Statement set out some aspirations for care home commissioning which were added to by the RPB's response to 'A Heathier Wales' in 2019, however, neither of these have driven the development of a clear regional strategy for commissioning care home placements for older people in North Wales or a delivery plan to take forward the aspirations that have been identified

23   The Social Services and Well-being (Wales) Act 2014 'codes and guidance' state that local health boards and councils should, in relation to care homes, agree an appropriate integrated regional market position statement and regional commissioning strategy. These should specify the outcomes required of care homes, including the range of services required. There should also be an agreement on the methods of commissioning (for example, some services may require a block contract, step up, step down intermediate care services, respite care, etc).

24   Partners in North Wales hold considerable data locally on their service users, the range of services across the region such as service users in care homes, those receiving domiciliary care support, extra care housing provision and other support services. Whilst the Statement projects potential increased care home placements based on current numbers and population forecasts, it does not provide any data or projections of the impact of preventative services on care home placements.

25   In North Wales, partners' preferred model of care home provision for older people differs. The demographics across the region vary considerably, which means that demand and commissioning needs vary. Some councils have retained their in-house care homes whilst others rely on the independent sector for care home placements. Those remaining councils have a mix of in-house and independent provision. Some parts of the region have an oversupply of some types of care home places although others lack capacity in specialist areas such as dementia care. Whilst some partners may prefer larger, newer care homes others prefer smaller care homes, but choice is largely down to what is actually available, or what could be supported in the locality. Most see extra care housing replacing some of the current care home capacity.

26   Despite these differences, to comply with the Act, North Wales regional partners developed their Market Shaping Statement – **Care homes for older people in North Wales** (the Statement) in 2018 based on its population assessment. The statement commits to tackling a range of issues including workforce skills, the Welsh language, and the fee methodology. The Market Shaping Statement stated

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that: 'There may need to be a rationalisation of provision across North Wales; for example, in some areas there is a shortage of residential care provision and in others there is an over-supply – this will require joined-up strategic development to ensure that home owners are aware of projected future demand and that commissioners and owners work together to develop the workforce to meet the anticipated needs (dementia and complex physical health conditions).' Whilst it set out some of the issues, and aspirations for care, it did not provide a clear regional strategy or delivery plan for care for older people in care homes in the future.

27   Of course, a regional strategy does not mean that everything must be done on a regional footing. A regional approach may be appropriate where there is an explicit need for services to be commissioned and delivered consistently or where demand is low for very specialised services. A regional approach may also provide the platform for a North Wales solution and prevent costly and sometimes poor service-user experiences from out of area placements. There may also be opportunities to create economies of scale through regional commissioning and delivery. On the other hand, a sub-regional approach could be achieved where partners want to work together to shape and adapt services to meet local circumstances. A local approach could continue where things work well, but could benefit by alignment with regionally agreed standards, processes, and fee structures. Whilst national policy assumes a regional approach, partners will need to agree how a regional approach can benefit North Wales and what remains best managed locally. In North Wales, partners operate with a mix of regional, sub-regional and local arrangements but the merits and limitations of each have not been formally considered by the RPB.

28   Partners will need to be bold if they are to shape the care home market. This starts with an agreed vision, an understanding of the shape of the care market in the future and transparency in how they will deliver the transition, engaging meaningfully with providers.

29   Although the Market Shaping Statement committed to publishing a delivery plan to underpin it, this work has not been completed. Whilst the COVID-19 pandemic had major capacity implications for social care and health partners during 2020 and to date, it should be noted that the Statement was approved in 2018. Partners could therefore have been developing a delivery plan during 2018 and 2019 to set out how the important issues it raised would be addressed.

30   While the RPB through its response to 'A Healthier Wales', in 2019, talks about the potential changes needed in the volume and type of care home placements needed for older people, it did not capture this in an overall care home commissioning strategy or a delivery plan to explain how it will get from where it is now to where it needs to be.

31   We observed the North Wales Commissioning Board meeting on 24 February 2021 as part of this review. At this meeting attendees agreed the Board's priorities for 2020-2022 in respect of planning for the next iteration of the Market Shaping Statement. This gives the RPB an opportunity to update the Statement and

develop a clear strategy and delivery plan, to shape the market and pattern of care home provision especially in relation to the more complex and specialist care, which for some users is currently provided out of region.

As previously reported, the current pooled fund arrangement does not provide value for money or any of the intended benefits associated with the pooled fund model

32   As referred to earlier in this report, partners are required under the Act to establish and maintain a pooled fund arrangement to support the delivery of their care home accommodation functions. In 2020, Audit Wales raised concerns about how the six North Wales councils and Health Board had sought to meet these obligations. We concluded that whilst the current pooled fund arrangement meets the minimum technical compliance, as agreed by the Welsh Government, it does not provide value for money. The Auditor General wrote to each North Wales council and the Health Board in September 2020, proposing that they should review the current pooled fund arrangement for residential care for older people, to ensure that transfers of funds between public bodies have a tangible benefit such as better, more integrated commissioning of residential and nursing home care. The Auditor General also wrote to the Welsh Government raising his concerns.

33   The RPB was also advised about recommendations made in a separate Welsh Government commissioned report[4] on pooled budget arrangements for older people's residential care across Wales. All RPB chairs have been asked by the Welsh Government for their improvement plans detailing how they will address the nine recommendations set out in that report, including how they will use the Association of Directors of Social Services Cymru toolkit, which has been available since summer 2019, to support the development of pooled funds. These plans were expected to strengthen pooled fund arrangements and identify the steps which can be taken at an all-Wales level to share learning. To support this approach, the Welsh Government asked the National Commissioning Board to work with RPBs to develop regional commissioning and pooling of resources.

34   The RPB chair replied to the Welsh Government on 1 March 2021 setting out partners' reasons for delaying any progress with the pooled fund arrangement until the Welsh Government had considered responses to the White Paper – **Rebalancing Care and Support** because of its potential impact on the role and function of the RPB. The RPB has clearly stated its view that pooled budgets should be based locally and not on a larger regional footprint. It is understood that

[4] Welsh Government, Welsh Government Pooled Budgets Evaluation Framework focusing on the use of pooled budgets relating to care home accommodation for people aged over 65, June 2020.

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the RPB is in ongoing dialogue with the Welsh Government on the best way to implement the Act more broadly, and not just in relation to the use of pooled budgets.

35   Whilst the stance of partners on pooled budgets at the regional level up to this point is noted, there has been a recent Ministerial Statement setting out the next steps following the consultation on the White Paper. The Statement sets out an expectation of effective partnership working at all levels, including regionally. It also highlights the benefits of a regional approach in providing care to service users with complex needs. With that as context, the existing recommendation we made to all North Wales RPB partners in respect of pooled budgets remains in place. This stated that RPB partners should review the current pooled budget arrangement for residential care for older people, to ensure that transfers of funds between public bodies have a tangible benefit such as better, more integrated commissioning of residential and nursing home care.

Whilst the RPB network brings partners together to 'think regionally', its structures, largely set out by the Welsh Government, are extensive and complex, and lines of accountability need to be strengthened

36   The Act sets out RPB membership; it can comprise a councillor from one council in the region, Directors of Social Services, a Local Health Board member, a council housing and an education representative, a registered social landlord, a member of the public and a carer. Additional members can be co-opted as necessary such as members from the Wales Ambulance Service, Fire Service and Police. With the North Wales RPB comprising six councils and the Health Board, this routinely results in over 30 people attending each meeting.

37   The RPB structure has evolved over time; whilst it is subject to local context, much is as set out by the Welsh Government. The North Wales RPB is supported by a Regional Leadership Group and Regional Collaboration Team. Four Transformation Boards covering Learning Disabilities, Community Services and Children and Young People and the Together for Mental Health Board underpin the work of the RPB. There are three Local Implementation Teams, specific to mental health and three Area Integrated Service Boards operating sub regionally, covering Wrexham and Flintshire, Gwynedd and Anglesey, and Conwy and Denbighshire. The establishment of these boards and Local Implementation Teams shows that partners recognise the benefits of sub-regional working and have developed arrangements that cover local differences whilst supporting the regional approach. The RPB is further supported by groups, boards and networks as follows:

- Carers Operational Group
- Commissioning Board

- Workforce Board
- Mwy na Geiriau Forum
- Dewis Cymru network
- Pooled Budgets Group
- Welsh Community Care Information System Board
- Social Value Steering Group
- Integrated Care Fund Operational Group
- Research Innovation and Improvement Hub
- Integrated Autism Service Strategic Group

Appendix 1 sets out these groups in an organisation chart.

38   The establishment of these groups shows that partners come together to address some of the detailed aspects of RPB business. Attendance at these meetings can be considerably time consuming but demonstrates commitment to partnership working across the region. Although this shows that the RPB is maturing in the way it conducts its business, the scale of the RPB structure and operation makes it quite unwieldy and presents challenges for the way it operates.

39   The Welsh Government has set out its expectations for integrated services clearly in legislation and supplementary guidance, which includes the role of the RPB in delivering this change. We identified barriers to more regional integration in North Wales as follows:

- organisational difference – priorities, approaches, and accountability;
- perceived reduction in accountability presented by the additional layer of governance;
- funding source and additional costs;
- local control versus regional control;
- scale and diversity of the region;
- lack of willingness to share resources; and
- lack of trust amongst some partners.

40   When taking part in RPB meetings, officers, and councillors, may not have delegated authority to commit their own organisation's resources or decide on policy and strategic direction. Whilst RPB members are accountable within their own organisational governance arrangements, there is no evidence to demonstrate decisions are taken back for approval, or that the RPB business is subject to formal scrutiny to hold it to account or challenge its proposals.

41   The Regional Leadership Board is briefed by members of the RPB on the activities and proposals made. However, this Board does not have the delegated authority to commit individual councils' resources or decide on policy and strategic direction. In addition, the RPB is not held to account for delivering impact or meeting legislative requirements by partners or the Welsh Government.

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Nationally set fee structures are complex and result in a significant focus on cost which causes division amongst partners and has the potential to impact adversely on service users and their families

The fees paid for care home placements fluctuate depending on the service user's own resources, which public body makes the placement and contractual arrangements with providers, and fee rates do not necessarily reflect the complexity of residents' care needs

42   The funding arrangements for care homes are complex. At a high level, responsibility for care home fees is straightforward. A person can choose to move to a care home at their own expense if they have the resources to pay. If a person has primary health needs, then the health board is responsible for meeting the full costs. If a person has social care needs, the council is responsible for meeting these costs, but the service user will be assessed to determine how much they should pay towards their care. And if a person has a combination of health and care needs then the council and health board will share the costs. However, the detail that sits behind how this works in practice is complex and confusing.

43   For example, if a council contracts for the placement, the maximum amount a service user pays for their care per week varies depending on where they live. For example, a person with over £50,000 capital, living in Anglesey or Gwynedd, receiving the lowest level of care in a care home would pay £586.32 per week if they were placed in Anglesey or Gwynedd. However, if the same person were placed in Conwy, they would pay £611 per week, a difference of £1,283 per year. Alternatively, if placed in Wrexham, they would pay £608.72 per week, a difference of £1,164 per year. Some people may choose to move into a care home outside their area; but if the decision is made because of limited local care home capacity, service users are directly affected financially by market capacity.

44   Councils and the Health Board negotiate with providers each year to agree fees for residential care and nursing home placements. Councils pay an enhanced rate in each category for people with mental health problems.

45   The fees are calculated using a toolkit originally adapted in 2013 for North Wales. This toolkit is designed to set out the costs that have been considered in the calculation of the care home fees. It provides transparency in the process and should provide a fair fee structure, although some providers do not routinely share their business accounts to support the process. We were told during the review that over a third of providers consider that their costs are not covered by the toolkit

assumptions, so they renegotiate their fees separately with each council. One council told us that a provider in their area had six homes all with different fee rates and around 20% of providers in that area had renegotiated their fees in 2019-20. If a council places one of its residents into the home in a neighbouring council, it will pay the rate set by that council, whether it be higher or lower, not the rate it has agreed with that provider for in-county placements.

46   Where councils commission the placement, these should be at the agreed rates or the individually renegotiated weekly rate. Service users will be financially assessed in line with Welsh Government guidance to determine how much they should pay per week towards their care costs, and if they are able to pay the full cost themselves then they will pay the rate agreed by the council. Under the Welsh Government's COVID-19 hardship fund, a £50 per week per resident temporary fee uplift was awarded for council commissioned residential care and in-house residential care provision; this is in addition to the care home fees.

47   If a service user chooses a care home where the provider will not accept the prices agreed with the councils, another person, normally a relative or a friend may agree to pay a third-party top up which is the difference between the care home fees and the amount the Council would normally pay. If the third-party ceases to pay the top up amount there are three choices:

- the care home accepts the lower agreed rate;
- the service user moves to a care home that accepts the agreed fees; or
- the Council agrees to pay the top up in addition to the fees it has agreed to pay.

We understand that often councils agree to pay the top up to avoid disruption to the service user.

48   If the service user is entitled to Funded Nursing Care[5], the Health Board pays £179.79 per week in addition to the Council's agreed fees. And if the Health Board makes a placement under its Continuing Health Care (CHC) arrangements, it will pay different fees again.

49   In 2019, the Health Board had started to review its fees and the method used to set the CHC rate. The review of fees is set to take up to three years. If the service user has higher than average complex care needs, the Health Board will assess the additional costs and agree a rate above the standard CHC rates.

50   In some cases, councils and the Health Board will agree to jointly fund a placement. This sometimes increases the complexity of the placement process. In such cases this may require a separate agreement with a different fee.

51   In some cases, the Health Board may place a person in a nursing home and their health might improve, resulting in the Health Board no longer being liable for the

[5] NHS-funded Nursing Care (FNC) is funding provided by the NHS to cover the cost of care by a registered nurse in a care home or nursing home. The rate is set nationally.

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costs. In these cases, councils may come under pressure to pay the same rates as agreed with the Health Board, which may exceed the agreed standard rate.

52   The Health Board has also been allocated additional COVID-19 hardship funding and has been able to use some of this funding to speed up discharge from hospital. Having another funding stream adds further complexity to the care home fee structures. However, it may in turn add further pressures to councils where they take over responsibility for the placement for which providers have been receiving a higher weekly rate but now need to drop to agreed rates.

53   When a service user's needs change, this can result in changes in funding packages, at which stage responsibility for funding may change from council to health board. In line with national policy, care funded by a health board is free to the service user. The Health Board is planning work to support care homes to help the homes better identify and evaluate when changes to care packages are needed.

Providers consider the fees paid to be unfair and inequitable

54   The public sector in Wales has been dealing with the consequences of financial austerity for many years. The emphasis has therefore been on providing and commissioning services at the lowest possible cost. For care homes this has resulted in scrutiny of their fees to set affordable rates balanced against the need for providers to remain viable as businesses. In North Wales, this is done using the fee setting toolkit.

55   Providers we spoke to during this review raised concerns about the toolkit used to calculate the fee levels. The size of the homes differs considerably, therefore economies of scale may vary. Providers accepted that there needs to be a transparent process to agree fees but questioned the extent to which the toolkit satisfies this need, and we noted that many providers do not share their accounts. The need for change is recognised within the Statement where in 2018, partners committed to 'Reviewing the true (full) cost of council homes & cost of care at home in relation to value for money comparisons and to develop an urgent response procedure to react to changes in the cost of running homes or when the providers identify a financial problem.' The Unit Cost and Financial Modelling Subgroup which includes providers' representatives has begun work to assess the true cost of care in line with the Welsh Government's 'Let's Agree to Agree' Framework.

56   Some providers have several homes in different parts of North Wales where the agreed fees are different for what they see as the same service level and infrastructure costs. And some providers may have homes in other parts of Wales where fees are higher than in North Wales. While in many cases this will be because of local differences in costs, in some cases these variations could

potentially result in other councils effectively cross subsidising the lower care home fees paid by North Wales councils and the Health Board.

57   Providers recognise that they compete when recruiting staff but raised the perceived inequalities in the toolkit calculation. The toolkit includes carer costs based on the minimum wage[6] whereas councils and the Health Board pay their own staff the living wage[7] or above.

Commissioners consider they have little control over the fees they pay

58   Care home costs are considerable. For example, basic care in a Denbighshire or Gwynedd care home would cost £30,489 per year, increasing to £48,776 for nursing home care with continuing health care in Conwy or Denbighshire. In some cases, councils are sometimes left with no choice other than to accept responsibility for commitments made by the Health Board or relatives or friends who discontinue third-party top up payments at higher rates than those described here. This is a symptom of two separate national funding models across Health and Social Care as well as an interface between partners that is not truly integrated. It is unsurprising therefore that public sector bodies have such a keen focus on managing cost.

Partners need to do more to demonstrate they are meeting their statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act, when commissioning care homes provision and making individual placements

The Well-being of Future Generations (Wales) Act 2015 is not fully embedded in practice

59   The Well-being of Future Generations (Wales) Act 2015 (WFG Act) places a well-being duty on public bodies. To do this, they need to consider the sustainable development principle, acting in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The WFG Act requires public bodies to implement five ways of

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[6] A 23-year-old and over would be entitled to £8.91 per hour living wage.

[7] The UK Living Wage is £9.50 per hour for 2021-22.

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working in respect of their future decision making. Our observations on the five ways of working in respect of care home commissioning is as follows:

- **Long-term**. Partners are facing considerable growth in the North Wales older population as referred to in the Shaping the Market Statement, but partners have not yet set out their plans for meeting the consequential increasing care home needs.

- **Prevention**. Under the WFG Act, public bodies are required to deploy resources to prevent problems occurring or getting worse. In the case of older people's need for care home placements, partners face a clear challenge with the forecast increases in the older population in North Wales. The Market Shaping Statement lacks detail about how partners plan to reduce the demand for care home placements by investment in preventative services, although preventative action is evident through the RPB demonstrating that partners are meeting the prevention obligations under the Act.

- **Integration**. Whilst the precise wording of well-being objectives varies across public sector bodies in North Wales, there is commonality around care for vulnerable people, suitability of where people live and addressing inequalities. North Wales partners have developed a Dementia Strategy and a Carers Strategy, which demonstrates integrated planning in these areas, however, the lack of a strategy or delivery plan linked to the Shaping the Market Statement indicates that integrated planning to meet the needs of older people requiring care home accommodation is in its early stages.

- **Collaboration**. The WFG Act states that a public body must take account of how acting in collaboration with others could assist the body to meet its well-being objectives or assist another body to meet its objectives. Partners meet in a range of settings to consider the challenges they face in relation to the increasing older population, however, what is less clear is how partners are 'acting' collaboratively to address the challenges within the commissioning process.

- **Involvement**. In North Wales, the RPB includes a carer, and they can contribute to the business based on their experiences. However, in practice many discussions take place outside the RPB meetings between statutory partners or in sub-groups, forums or boards which will not generally involve the carer representative. North Wales partners have processes in place to seek the views of people living in the care home. Whilst those involved in the commissioning of care home placements are aware of service users' experiences, such as the costs they bear through third-party top ups, partners do not collate, report, or quantify these experiences and have not acted effectively as partners to learn from this feedback.

Service user language requirements are sometimes not protected, leading to communication difficulties

60   The Welsh Language Act 1993 put the Welsh language on an equal footing with the English language in Wales, and the Welsh Government has subsequently set legally binding standards[8] to improve the bilingual service that the people of Wales can expect to receive from certain public and statutory bodies. The Language Standards are divided into five different categories that include service delivery and policy making. Partners are working with providers to improve access to care services in the service user's language of choice.

61   The North Wales More Than Just Words Regional Forum was awarded a special commendation for their work which promotes collaboration, to fulfil the requirements of the Welsh Government's strategic framework relating to the quality and availability of the Welsh Language in social care and health settings.

62   However, as described earlier in this report, the shape of the care home market in North Wales sometimes results in service users being placed in other parts of Wales or in England, because the specialist nature of the care is not available locally or to accommodate family links elsewhere. For relatives and friends this can mean long journeys to visit the service user and for people whose preferred language is Welsh, this makes communication difficult if the home does not employ Welsh-speaking staff, with potential consequences for the quality of care for the individual. This also represents a break in culture and a sense of place.

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[8] www.welshlanguagecommissioner.wales/public-organisations/welsh-language-standards

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Recommendations

Exhibit 2: recommendations

Exhibit 2 sets out recommendations for North Wales councils and Betsi Cadwaladr University Health Board arising from this review.

Recommendations
R1   North Wales councils and Betsi Cadwaladr University Health Board need to ensure the consistent use of pre-placement agreements across the region.
R2   The current approach for commissioning care home places can cause tensions between partners and result in poor value and poor service user experience. North Wales councils and Betsi Cadwaladr University Health Board need to work together to review local arrangements for commissioning care home placements to eliminate avoidable adverse impacts on service users, and each other.
R3   Accountability is a cornerstone of public sector decision making. Governance arrangements need to scrutinise decisions and hold decision makers to account. North Wales councils and Betsi Cadwaladr University Health Board need to strengthen their partnership governance arrangements to ensure proper accountability and effective scrutiny.
R4   North Wales councils and Betsi Cadwaladr University Health Board through the Regional Commissioning Board need to develop a regionally agreed care home commissioning strategy and following this, develop an associated delivery plan.
R5   North Wales councils and Betsi Cadwaladr University Health Board need to review their commissioning arrangements for care home placements to ensure they fulfil their statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act.

Appendix 1

Regional Partnership Board structure chart

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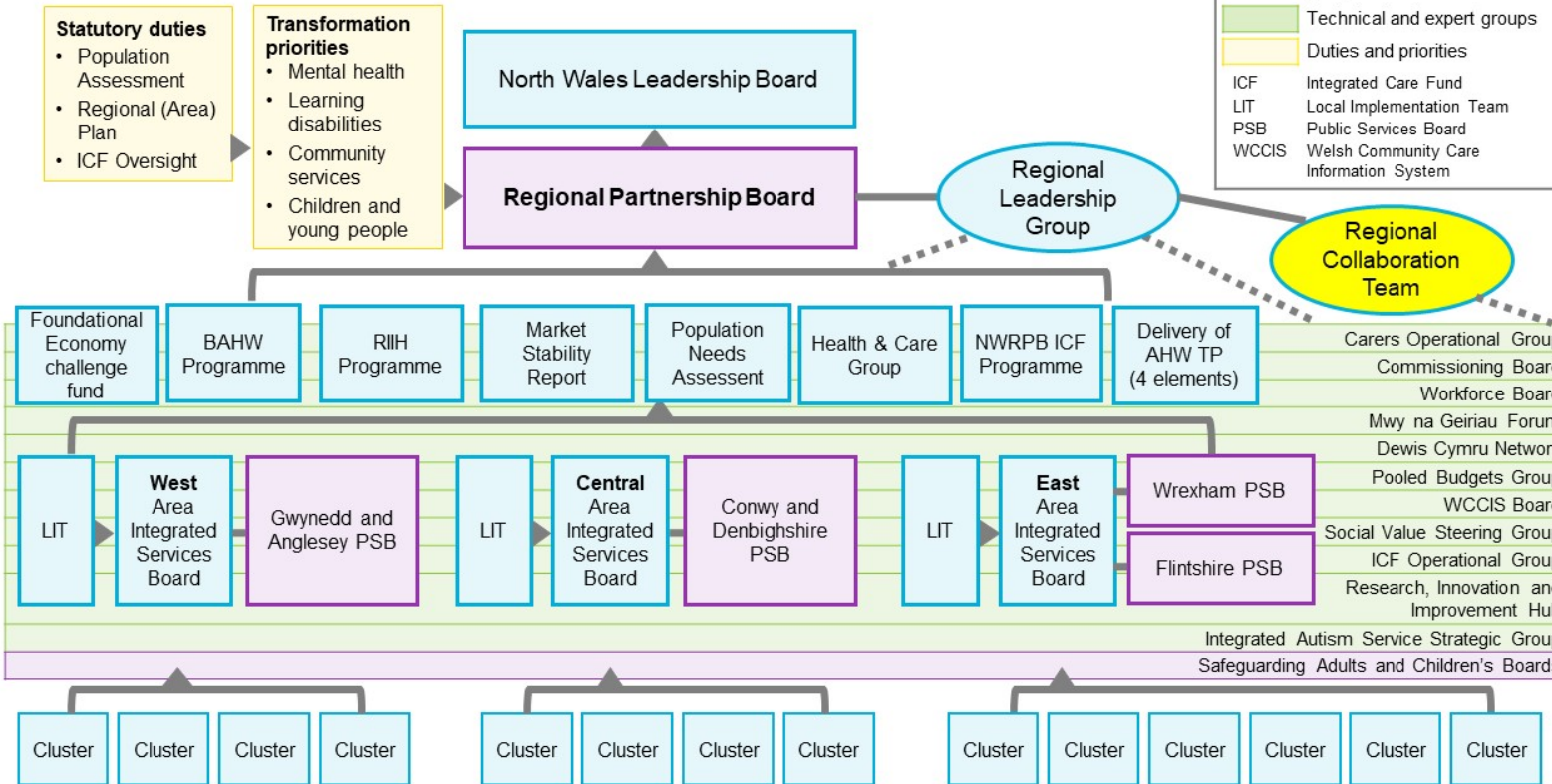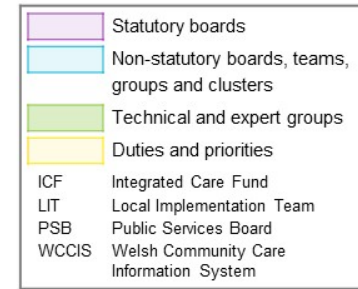
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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Management response

Report title: Commissioning Older People's Care Home Placements – North Wales Councils and Betsi Cadwaladr University Health Board

Completion date: December 2021

Document reference: 2467A2021-22

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Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R1	North Wales councils and Betsi Cadwaladr University Health Board need to ensure the consistent use of pre-placement agreements across the region.	Increased transparency of roles and responsibilities to support the contracting process. Additional level of service user protection.	Yes	We are currently finalising the review of the North Wales PPA. A new PPA agreed with CFW will be in place by April 2022. Following this LA and HB commissioners will issue the new PPA to their providers and track providers who have signed and returned the PPA. We will also develop an agreed consistent approach and process for dealing with those providers who refuse to sign the PPA.	Sept 2022	**Lead:** Joint Chairs of Regional Commissioning Board **Operational:** Local Authority Commissioning Managers Health Board Commissioning Managers Regional **Supported by:** Business Manager – Commissioning & Workforce

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R2	The current approach for commissioning care home places can cause tensions between partners and result in poor value and poor service user experience. North Wales councils and Betsi Cadwaladr University Health Board need to work together to review local arrangements for commissioning care home placements to eliminate avoidable adverse impacts on service users, and each other.	Identification of organisational blockages within the process to aid resolution	Yes	We will hold workshops with all Local Authority and Health board commissioners to review their current care home commissioning arrangements in order to: - ensure all commissioners are aware of each other's processes - to identify and share process improvement ideas and learning - to identify common practice and why / where different commissioning practice and processes occur.	Sept 2022	**Lead:** Local Authority Commissioning Managers Health Board Commissioning Managers **Supported by:** Regional Business Manager – Commissioning & Workforce

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Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R3	Accountability is a cornerstone of public sector decision making. Governance arrangements need to scrutinise decisions and hold decision makers to account. North Wales councils and Betsi Cadwaladr University Health Board need to review and strengthen their partnership governance arrangements to ensure proper accountability and effective scrutiny.	Better accountability of people working in partnership by increasing transparency and opportunity for robust challenge and scrutiny of decisions by sponsoring organisations. This will also reduce the potential for external challenge and/or judicial review.	Yes	Review of RPB membership, terms of reference, accountability and decision making scope is currently underway. This will look at the link between local decision making and RPB decision making with a focus on how to ensure and evidence local decision making input in to the RPB's decisions and also how the RPB is accountable to local democratic structures in the Local Authorities and the Health Board.	Dec 2022	**Lead:** Chair of Regional Partnership Board **Operational:** Head of Regional Collaboration **Advice from:** Regional Legal Service & Local Authority Governance leads

R4	North Wales councils and Betsi Cadwaladr University Health Board through the Regional Commissioning Board need to develop a regionally agreed care home commissioning strategy and associated delivery plan.	A clear, agreed and approved approach for public sector partners in North Wales to address the major strategic challenges experienced both currently and projected in the longer term in relation to care home commissioning. Together with an approved plan detailing how they intend to get from where they are today to where they want to be in the future.	Yes	We will build on work undertaken to develop the Regional PNA and MSR documents and the Steering Group will remain in place to move forward with the themes from the PNA-MSR in to the Regional Commissioning Strategy for Care Home Commissioning. They will also be responsible for developing the delivery plan which will cover regional, sub-regional and local actions and link in to the local MSR and PNA documents / analysis.	March 2023	**Lead:** Joint Chairs of Regional Commissioning Board **Operational:** MSR-PNA Steering Group Members Regional Business Manager – Commissioning & Workforce Local Authority Commissioning Managers Health Board Commissioning Managers

| R5 | North Wales councils and Betsi Cadwaladr University Health Board need to review their commissioning arrangements for care home placements to ensure they fulfil their statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act. | Clear and upfront consideration of statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act in strategic planning of care home placements. | Yes | The Mwy Na Geiriau Steering Group are already looking at way to improve staff confidence and capabilities in providing services in Welsh. Recruitment of Welsh speaking staff is a priority and a focus in the Regional We Care campaign.

The Regional PNA-MSR Steering Group will build on their existing links with the Wellbeing Assessments and embed the delivery of the WFGA wellbeing goals in to their commissioning of care home placements and wider social care and community health provision. | March 2023 | **Lead:**
LA Directors of Social Care and Health Board Welsh Language Lead

WFGA Goals = PNA_MSR Steering Group members

Operational:
Local Authority Commissioning Managers

Health Board Commissioning Managers

LA and Health Board Workforce Managers

Supported by:
Regional Business Manager – |

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
						Commissioning & Workforce

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Responsible Officer / Key Leads

Regional Partnership Board	
RPB Chair	Mary Wimbury
Regional Commissioning Board	
Joint Chair of Regional Commissioning Board	Morwena Edwards and Clare Darlington
Local Authority Commissioning Managers	
Mon Local Authority	Bethan Williams / Iola Richards
Gwynedd Local Authority	Rhion Glyn / Hawis Jones
Conwy	Mark Bowler
Denbighshire	Lianna Duffy
Flintshire	Jane Davies and Dawn Holt
Wrexham	Victoria Bishop and Angharad Owen
Health Board Commissioning Managers	
Contracts and Commissioning	Tracy Pope
CHC Commissioning	Kath Titchen
Regional Collaboration Team	
Head of Regional Collaboration	Catrin Roberts
Regional Business Manager	Catrin Perry
Regional Legal Support lead	??
PNA-MSR Steering Group leads	
Mon	Emma Edwards
Gwynedd	Hawis Jones
Conwy	Mark Bowler
Denbighshire	Sue Hudson
Flintshire	Emma Murphy
Wrexham	Victoria Bishop
BCUHB	Wendy Hooson
Mwy Na Geiriau Steering Group members	
TBC	??

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Care Home Commissioning for Older People

Report of the Auditor General for Wales

December 2021

This document has been prepared as part of work performed in accordance with statutory functions.

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This document is also available in Welsh.

Contents

◄ **Summary report**

Current arrangements for commissioning older people's care-home placements are not resolving some long-standing issues; the Welsh Government must assure itself that proposed policy reforms go far enough

About this report

1   We have recently completed a review of the commissioning of care-home placements for older people in North Wales. Our work involved a range of commissioning partners but focused primarily on the six local authorities[1] and Betsi Cadwaladr University Health Board. We have prepared a detailed report for these organisations to help drive improvement specifically in North Wales: Commissioning Older People's Care Home Placements – North Wales Councils and Betsi Cadwaladr University Health Board. Our review enabled us to consider in more detail, across the region, issues raised in previous audit work on social services budgetary pressures in two of the local authorities[2].

2   We have prepared this short report to draw out from our work in North Wales some issues of wider national significance and to make recommendations for the Welsh Government to consider. Our aim is to highlight challenges that should be considered as part of planned policy reform and to secure meaningful change and better outcomes for people across Wales. The report is rooted in evidence from our work in North Wales, but we have also drawn on our wider audit intelligence such as from our all-Wales review of the Integrated Care Fund in July 2019 and publicly available data on spending and activity.

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1   The councils involved are Isle of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham.

2   In 2020, we reported on social services budgetary pressures in Conwy County Borough Council and Denbighshire County Council.

Across Wales, the costs of care-home commissioning for older people run into several hundreds of millions of pounds each year and many thousands of people are affected

3   Care-home commissioning is the result of assessing population need, planning, shaping, procuring, and sometimes providing care-home services. It involves monitoring and managing service quality. It should be undertaken with the aim of delivering sufficient good-quality care-home capacity to meet current and expected future need. It should focus on value for the taxpayer and outcomes for service users. It is much more than the spot purchasing of care-home placements.

4   The public funds involved with care-home commissioning flow from local-authority and health-board budgets. Care-home commissioning also draws on large parts of individuals' life savings. At a high level, responsibility for care-home fees is straightforward:

   • a person can choose to move to a care home at their own expense;

   • if a person has continuing healthcare needs, then the health board is responsible for meeting the full costs;

   • if a person has social care needs only, the local authority is responsible for meeting these costs, but the service user will be assessed to determine how much they should pay towards their care; and

   • if a person has a combination of health and care needs then the council and health board will share the costs.

   Complexity can arise when health boards and local authorities need to agree on eligibility for funding.

5   **Exhibit 1** provides some key facts and figures relevant to care-home commissioning across Wales. The figures are for different years depending on the latest available published data, as at the end of June 2021. We have reported 2019-20 costs for health boards for the purpose of comparison with local authorities. **Appendix 1** includes an additional breakdown of certain costs for individual local authorities and health boards relative to their populations. The data used in this report is the latest information available from before the pandemic; to use more recent data would not reflect normal activity levels.

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Exhibit 1: some key facts relevant to care-home commissioning

6.24 million days

Total number of days adults aged 65 or over were supported in residential care homes in 2018-19 (StatsWales)

£297 million

Local authority spending on nursing and residential placements aged 65 and over in Wales in 2019-20 (StatsWales)

16,144

Aged over-65 receiving adult care-home services from local authorities in 2018-19.

Of these, **5,534** are also receiving nursing services.

Latest data indicates:

677 care homes in Wales

263 of these provide nursing care

96 Welsh local-authority-run care homes

22,706 care-home beds in Wales (CMA 2017)

25,500 residential care staff

£415 million

Health Board continuing healthcare and funded nursing-care costs in 2019-20 (Annual Accounts)

833 days

Average period that adults over 65 were supported in residential care homes as recorded in 2018-19 (StatsWales)

Sources:

- Social Care Wales – workforce profile 2018
- The future of care in Wales, Wales Fiscal Analysis
- Health Board Annual Accounts. The majority but not all continuing healthcare costs relate to care-home placements
- Competitions and Market Authority (CMA) – Care-homes market study 2017
- StatsWales

The Welsh Government expects local authorities and health boards to collaborate effectively as they deliver their care-home commissioning duties

6   The Social Services and Well-being (Wales) Act 2014 (SSWB Act) came into force on 6 April 2016. The Act provides the legal framework for improving the wellbeing of people who need care and support and for transforming social services in Wales. It includes some key requirements around care-home commissioning. The SSWB Act requires local authorities and health boards to work together to assess the care and support needs of the population in their area[3]. Local authorities and health boards were required to publish their first combined population assessments as required by April 2017. Thereafter, local authorities and local health boards are required to prepare one combined population assessment report per local government electoral cycle.

7   As well as existing specific public-sector equality duties[4] for public authorities in Wales, the socio-economic duty which commenced on 30 March 2021 in Wales places a legal responsibility on relevant bodies. These include certain local authorities and local health boards[5], when they are taking 'strategic decisions' to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Welsh Government guidance states strategic decisions are those which help a relevant body fulfil its intended statutory purpose. There is not an exhaustive list of decisions that will engage the duty, although examples include strategic policy development, major commissioning decisions such as those for care home commissioning and the setting of well-being objectives[6].

8   The SSWB Act requires local authorities to undertake market stability reviews but did not set a commencement date for these. Regulations introduced in April 2021 have set specific requirements to publish the stability report by 1 June 2022, six years after the Act came into force. Therefore, the impact of these requirements on the care-home commissioning for older people remains to be seen.

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3   Code of Practice in relation to measuring social services performance issued under section 145 of the Social Services and Well-being (Wales) Act 2014

4   The Public Sector Equality Duty Section 149 of the Equality Act 2010; The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011

5   Section 2(6) of the Equality Act 2010; The Equality Act (Authorities subject to the Socio-economic Inequality Duty) (Wales) Regulations 2021, relevant bodies include Local Health Boards and a County Council or County Borough Council

6   Welsh Government Guidance – A More Equal Wales – The Socio-economic Duty Equality Act 2010

9   The SSWB Act Statutory Guidance relating to partnerships arrangements[7]
        states that local health boards and local authorities should in relation
        to care homes undertake a population needs assessment and market
        analysis to incorporate the needs of self-funders. They should also agree
        an appropriate integrated regional market position statement and regional
        commissioning strategy. These should specify the outcomes required of
        care homes, including the range of services required, and consensus on
        the methods of commissioning. In addition, the guidance states that local
        authorities and health boards should:

        • agree a common contract and specification.

        • agree common contract monitoring criteria and processes that include
          service user feedback.

        • develop an integrated approach to agreeing fees with providers.

        • develop an integrated approach to quality assurance.

        • adopt a transparent use of resources. Budgets must be aligned with
          overall expenditure identified, together with the financial commitments
          of both agencies to the commissioning of care homes. These
          arrangements will need to be subject to a written agreement.

10   The Well-being of Future Generations (Wales) Act 2015 requires bodies
        covered by the Act – including health boards and local authorities – to
        work differently. They must show they are applying the sustainable
        development principle. This includes balancing short and long-term
        needs, considering how their objectives integrate with other partners,
        working in collaboration, involving stakeholders, and seeking preventative
        approaches. As mentioned above, when carrying out existing duties which
        could be strategic, such as the setting of well-being objectives, relevant
        bodies are also now required to demonstrate paying due regard to the
        socio-economic duty in their decision making.

11   In our recent regional report on Commissioning Older People's Care
        Home Placements, we recommended that North Wales Councils and
        Betsi Cadwaladr University Health Board review their commissioning
        arrangements for care-home placements to ensure they fulfil their statutory
        responsibilities around the Welsh language, and the Well-being of Future
        Generations Act in particular.

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7   Welsh Government 'Social Services and Well-being (Wales) Act 2014' Codes and guidance:
    Part 9 Statutory Guidance (Partnership Arrangements) Issued under Section 169 of the
    Social Services and Well-being (Wales) Act 2014

The Auditor General has raised concerns previously with the Welsh Government about whether regional pooled funds in relation to care homes for older people are delivering value for money

12   Our July 2019 report on the Welsh Government's Integrated Care Fund noted that before the SSWB Act and the introduction of the fund in 2014, health and social care partnerships had explored the potential to pool funds to develop integrated services. However, there had been only a handful of practical examples and the willingness of key public bodies to release funds into joint arrangements was a key barrier.

13   The SSWB Act led to statutory Regional Partnership Boards (RPBs) being established and with an expectation that they would develop pooled funds. Our report on the Integrated Care Fund noted that pooled funds for the commissioning of adult care-home provision had been in place across Wales since April 2018. The report reflected the view of Welsh Government officials that the maturing of partnership arrangements because of the Integrated Care Fund had provided a solid basis for taking pooled funding arrangements forward. However, it also found that there was little evidence of successful projects being mainstreamed and funded as part of public bodies' core service delivery.

14   In September 2020, the Auditor General wrote to the Welsh Government and copied the letter to all local-authority and health-board chief executives in Wales, raising concerns about regional pooled funds in relation to care homes for older people. These concerns emerged from audit work at two of the local authorities in North Wales earlier that year (**paragraph 1**). We had found that while funding from the relevant organisations was initially deposited into a pooled fund administered by Denbighshire County Council, each contributor got their funding returned to them 24 hours later.

15   Our findings raised some significant concerns around the practical application of pooled budgets for care-home provision in North Wales, and potentially more widely in Wales. While we had not tested the arrangements in other regions, we believed that they were of a similar nature. From speaking to Welsh Government officials at the time, we understood that the arrangement in North Wales met the minimal technical requirements under the SSWB Act. However, we concluded that the arrangement neither offered value for money, nor any of the intended wider benefits of a pooled fund. Welsh Government officials also emphasised to us that they did not regard this type of arrangement as a satisfactory response to the policy intention of enabling closer co-operation between care-home commissioners to benefit care and support recipients.

16   In response to the Auditor General's letter, he was informed that the [then] Deputy Minister for Health and Social Services had already discussed these matters with RPB chairs and had challenged regional partners to step up delivery.

17   In November 2020, the Welsh Government published a Pooled Budgets Evaluation Framework report (the Framework). The Welsh Government had commissioned the report to assess the progress each of the seven RPBs had made in developing pooled funds. The review focused on the use of pooled budgets relating to care-home accommodation for older people (aged 65 or over).

18   The review concluded that RPBs were predominantly meeting the minimum requirement in relation to the pooled funds for care homes for older people, but many RPBs did not physically pool the budgets or share risks for care homes for older people. Only two of the seven regions in Wales physically pool funds for older people's care homes, and most RPBs highlighted care homes for older people as a challenging first area to pool funds, under the legislation which demonstrates different levels of maturity across the RPBs. Some of the key challenges that were highlighted in the Framework were around managing a diverse cohort of need across localities as opposed to specialist services, which they deemed to be more suited to a pooled-fund approach, and the risk of cross-subsidisation across local-authority boundaries.

19   We found through our regional work in North Wales that the response to the Deputy Minister by the North Wales RPB provided no assurance that partners intended to act in the short term to address the Auditor General's concern. The response indicated that the RPB did not intend to make any changes to its pooled-budget arrangements until the Welsh Government had progressed further its White Paper proposals on Rebalancing care and support. We understand that the RPB is in ongoing dialogue with the Welsh Government on the best way to implement the Act more broadly, and not just in relation to pooled funds.

20   In 2020-21, we have seen many examples of partners effectively coming together in incredibly complex and challenging environments. For example, to develop the new COVID-19 test, trace and protect, and vaccination services. Goodwill and commitment of partners have led to improvement.

21   This, and some of our earlier work on the Integrated Care Fund, suggests that where partners come together to jointly manage additional funding, they have had some success but when they come together to share their own core resources, they have had much less success. Although the Welsh Government has directed local authorities and health boards to work collaboratively and pool funds for older people's care homes, progress is limited with little if any benefit seen by the service user.

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Our work on commissioning older people's care-home placements across North Wales identified some fundamental issues that are likely to be reflected throughout Wales to some degree

22 Based on the findings from our previous Integrated Care Fund review and the Welsh Government's Pooled Budgets Evaluation Framework report, we anticipate that the findings from our North Wales review will be reflected throughout Wales to some degree. In our most recent work in North Wales, we concluded that **partners are working individually and collectively to provide care home placements for vulnerable service users; this is made more difficult by complex national processes, resulting in a significant focus on costs, which causes division amongst partners and has the potential to impact adversely on service users and their families. Strengthening accountability and developing a regional strategy and delivery plan has the potential to drive positive change and better partnership working, especially in relation to complex and more specialist care**.

23 While there is room for improvement in North Wales, where regional partners are responsible for the way that national legislation, frameworks and policy are implemented, some of the underpinning issues arise because of long-standing national legislative frameworks and policy and funding arrangements.

24   The findings from our regional work and our additional all-Wales analysis are summarised as follows:

- **Access to care homes by older people is complex and hard to navigate**. Commissioners are aware of the impact on service users but have not been able to simplify the process; the overall policy and guidance is set out by the Welsh Government.

- **Public-sector funding approaches for different aspects of care can create division among partners**. Care-home placements are costly which can encourage an overemphasis on cost; while the implementation of the approach at a local level can increase tensions, the basis of the funding responsibilities is set out by the Welsh Government.

- **The intended benefits and actual achievement have not been quantified**. Performance information collected and reported relating to health and social-care commissioning is fragmented across sectors and does not provide a good indicator of whether policy aims are being achieved, well-being goals delivered and there is no evidence of changes to service-user outcomes. Welsh Government officials and the Deputy Minister for Social Services meet RPB chairs and partners regularly to assess progress in implementing national policy but neither the Welsh Government nor regional partners have developed a performance framework to assess outcomes.

- **Minimum technical compliance with the pooled-fund requirement fails to deliver any tangible benefit**. To comply with the law without achieving any benefits from the arrangement is a poor use of public money and poor value for money. The Welsh Government is aware of the overall progress in the implementation of pooled fund arrangements for older people's care home placements. It has developed a tool kit launched through the Association of Directors of Social Services Cymru to help tackle the challenges. However, this has had little impact and pooled fund arrangements are in general not being strengthened while the rebalancing care and support white paper is developed.

- **The governance and operation of RPBs is maturing but, in line with legislation, structures are extensive and complex, and there are still issues about their accountability**. Following our Integrated Care Fund work, RPBs were expected (in line with 2020-21 ICF Guidance) to have been putting in place arrangements to support effective scrutiny of their decisions. In addition, our work in North Wales has challenged governance and accountability more widely. The Welsh Government has a role in setting out how they should be held to account and to hold them to account for delivering on Welsh Government policy. However, RPB partners also have a responsibility to ensure suitable scrutiny and approval of key agreements takes place using their own organisations' governance arrangements.

- **There is inexplicable variation in expenditure on residential care and continuing healthcare costs, suggesting inequitable application of policy across Wales**. Factors such as local decision making and availability of preventative services to support people to live in the community will affect local spending on care-home placements. **Appendix 1** shows these variations in more detail.

- **The charging cap on service user contributions is different for care-home placements compared to people supported in the community**. This provides a potential perverse incentive for commissioners to place a person in a care home, or for a person to choose to remain at home, as many would prefer.

25   While most local-authority and health-board officers we spoke to during our North Wales review were able to describe the problems from their experiences, none felt able to have any influence or impact on the scale of changes needed within the national policy framework. As a result, they collectively accepted the need to make the best of the current situation and hope for change.

There is a timely opportunity for the Welsh Government to ensure planned reform resolves some of the long-standing and challenging issues around care-home commissioning and integrated care

26   In April 2021, the Welsh Government completed the consultation on its white paper Rebalancing care and support (**paragraph 20**). The white paper proposed a national framework, regional organisation and more powers for the RPBs. We responded to the Welsh Government as part of its consultation, drawing on relevant evidence from our audit work.

27   The issues highlighted from our most recent work on care-home commissioning in North Wales indicate that current legislation and policy are not having the desired positive effect. However, they also point to some practical issues and cultural reluctance that might question whether the proposals in the white paper go far enough to address these fundamental issues. At the heart of our findings, discrete and separate budgetary responsibilities and accountabilities create division, result in a focus on cost, require complex pathways to navigate and can have a negative impact on the wellbeing of service users and their families. We acknowledge that the Welsh Government is proposing reform to the foundation of legislation and policy that causes these issues, but it needs to assure itself that the changes go far enough to resolve them.

28   The pandemic has exposed the fragility of care services across Wales,
      but most of the issues now faced were there before to some degree.
      The issues include the capacity and capability of RPBs to facilitate
      regional working and, for example, concerns around fee levels, which are
      considered by councils to be local issues rather than regional or national.
      We were told during our review that a regional approach does not always
      suit commissioning of care homes. It is unclear whether the solutions
      proposed by the rebalancing care and support white paper around regional
      working are practical and will deliver the required change.

29   There is now an opportunity to build consensus amongst providers,
      commissioners, service users and the public, about the changes that are
      necessary to deliver much needed improvements, ensuring these fully
      address all the issues that remain in the sector.

◀ Recommendations

Exhibit 2: recommendations

Recommendations

We recommend that the Welsh Government:

R1   considers what the findings from our work in North Wales mean for planned policy reform and whether these reforms will go far enough to tackle the root causes of the issues; and

R2   more specifically that it:
- should reduce the complexity of the funding responsibilities across partners to streamline arrangements;

- clearly describes and communicates how it expects pooled funds to operate across health and social care partners;

- takes measures to require strengthened scrutiny arrangements and accountability of Regional Partnership Boards (following through with further action in response to a recommendation in our previous report on the Integrated Care Fund); and

- develops a framework for outcome-based performance reporting, which links to policy ambition and the seven well-being goals for Wales.

Appendices

1 Spending on commissioned care-home placements across Wales

1   Spending on commissioned care-home placements across Wales

Exhibit 3: net expenditure (£) on residential-care placements (excluding nursing care) for those aged 65 years and over per 1,000 population (2019-20)
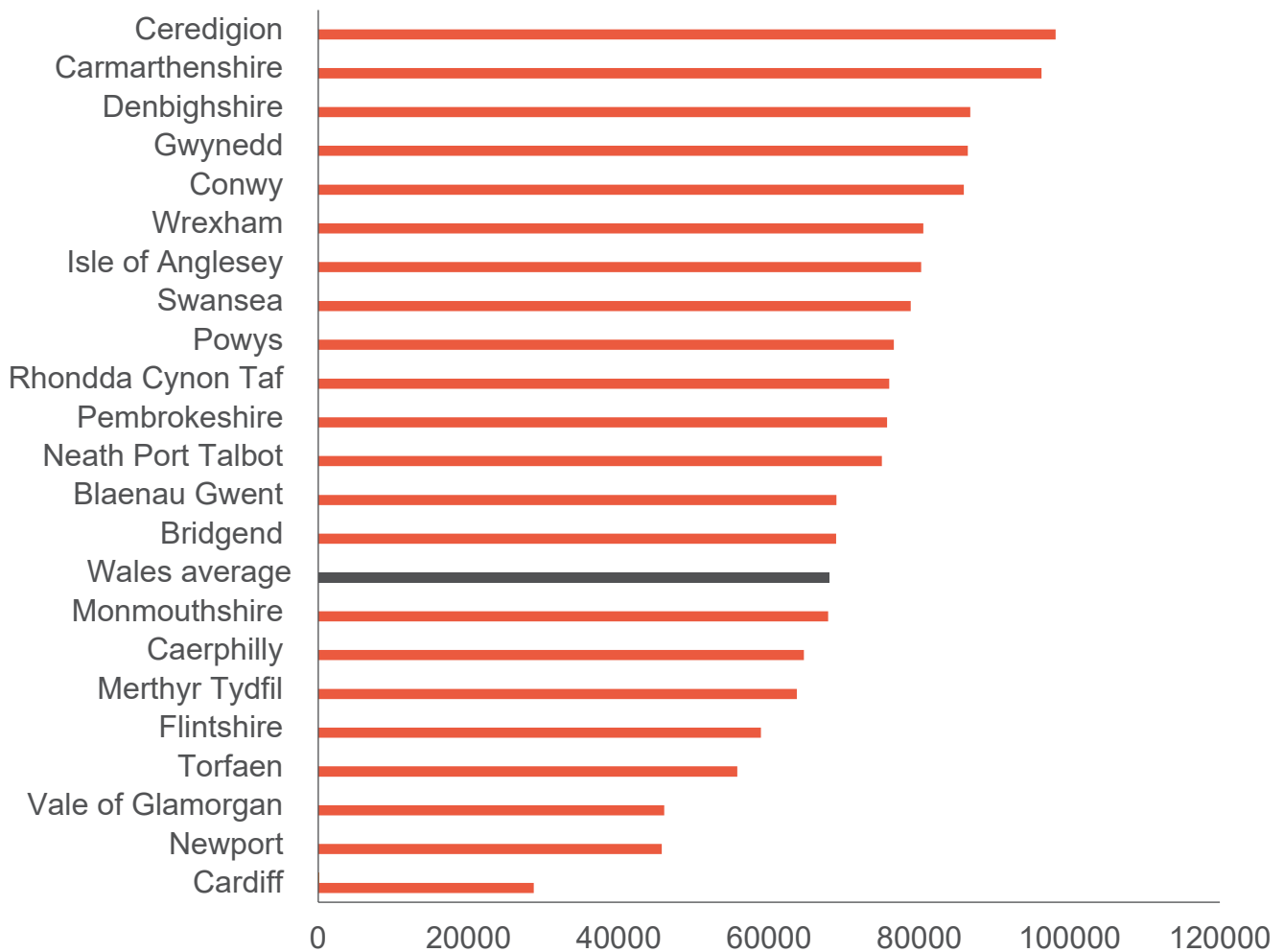
Source: StatsWales – Social services revenue outturn expenditure by client group (Older People, residential care placements) and 2019 mid-year population estimates (latest available information as at 31 August 2021)

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Exhibit 4: continuing healthcare expenditure (£) per 1,000 population, 2019-20
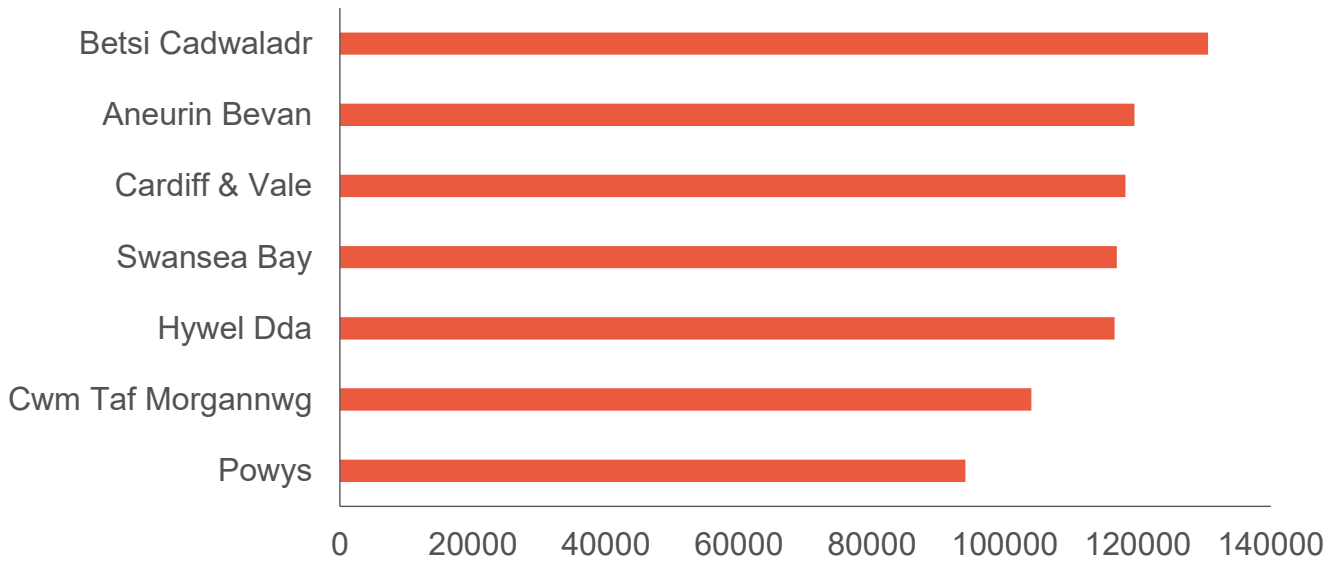
Source: Health Board Annual Accounts and Stats Wales population statistics

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SOCIAL & HEALTHCARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 28 July, 2022
Report Subject	North Wales Market Stability Report
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

To provide an overview of the North Wales Market Stability Report 2022 [MSR] which has been produced as a requirement of the Social Services and Well-being (Wales) Act 2014.

A single regional MSR report must be produced for the North Wales Region and be approved by Full Council for each of the local authority areas (Gwynedd, Ynys Mon, Conwy, Denbighshire, Flintshire and Wrexham) and the Board of the Local Health Board.

The assessment of the care market should be produced and published by June 2022. A draft of this report has been shared with Welsh Government. However it has been made very clear to Welsh Government that this is an early draft that has not been approved yet by the full Councils of each Local Authority and the Health Board. This approval process is taking place July – October 2022 with the Final version of the MSR going to the Regional Partnership Board (RPB) at their November 2022 meeting before being submitted to Welsh Government.

The final MSR report must be published on all local authority websites, the health board website and the regional partnership website in both English and Welsh. A copy of the report will be submitted to Welsh Ministers. The Full Regional MSR is a lengthy document and summary reports and an executive summary and accessible formats will also be made available in order to make the content and key messages more accessible and digestible.

RECOMMENDATIONS	
1	That members approve the North Wales Market Stability Report 2022

REPORT DETAILS

1.00	**EXPLAINING THE MARKET STABILITY REPORT**
1.01	The Welsh Government has introduced the Code of Practice for the preparation of Market Stability Reports to support this requirement stated in the Social Services and Wellbeing Act (2014).
1.02	The MSR Code of Practice requires that local authorities and local health boards work in partnership to prepare and publish market stability report based on data for each local authority area as well as an aggregated version on an Regional Partnership Board (RPB) footprint. The Code of Practice states that: *"The duty to prepare and publish a market stability report, as set out in the 2014 Act, sits with each local authority, but the Regulations require them to carry out this function on a regional footprint and in partnership with the Local Health Board, so that one market stability report will be prepared for each of the seven RPB areas across Wales"* [CoP Section 3.11]
1.03	However, local authorities must ensure that the market stability report also contains an assessment of the market for care and support within each local authority area as well as across the RPB area as a whole [CoP Section 3.13].
1.04	In this way, the report will inform both regional and local decision-making around commissioning care and support (especially, but not exclusively, regulated services), feeding into the strategic area plan for the RPB area and helping shape local and regional commissioning strategies [CoP Section 3.14].
1.05	In preparing their market stability reports, local authorities must carry out, in partnership with the Local Health Board and other RPB partners, an assessment of both: • the sufficiency of care and support in meeting the needs and demand for social care as set out in the population needs assessment, and • the stability of the market for regulated services providing care and support [CoP section 4.2]. The market stability assessment focuses on regulated services. These are: • care home services (adult and children's) • secure accommodation services (for children) • residential family centre services • adoption services

	- fostering services - adult placement ('shared lives') services - advocacy services - domiciliary support service
1.06	The MSR Code of Practice also states that whilst preventative services are not regulated services it requires local authorities and Local Health Boards to set out the range and level of preventative services that will be required to meet those needs identified in the Population Needs Assessment and assess how the availability of preventative services can also have a major impact upon the need for regulated services. Therefore, preventative services must be considered as part of the MSR.
1.07	The Code of Practice also notes other themes that must be considered in the MSR including: - Social Value - The Welsh Language - Workforce - Direct Payments and self-funded provision
1.08	There is a strong link between the MSR and the recently produced North Wales Population Needs Assessment 2022 where the population needs assessment sets out current and projected need and demand for care and support, and the range and level of services that will be required to meet that demand. The market stability report will assess the sufficiency of the care and support provided in meeting the needs and demand established through the population needs assessment.
1.09	Whilst the MSR is a statutory requirement, this is not the main reason for undertaking the work. The MSR is a vital document that provides an evidence base to support organisations and services across the region, specifically it is to be used for strategic planning cycles underpinning the integration of services and support partnership arrangements.
1.10	Significant officer time has been involved in the production of local information, data analysis and research to inform the regional report. These documents, although not published as part of the regional report, are valuable local planning documents.
1.11	A Flintshire Market Stability Report has been developed, which includes the narrative that has been contributed to the development of the regional document, alongside local key messages. This may differ in some areas from the regional MSR, as we have incorporated updated information as we a results on producing the recent Children's Commissioning & Placement Strategy for Welsh Government. The local version is attached as Appendix 2.
1.12	Both the PNA and MSR documents will be used to plan local and regional delivery plan and service development plans going forward.

1.13	It is also vital that both documents are kept up to date and are used as live document for on-going planning. Therefore, the PNA-MSR Steering Group will continue to meet to undertake this updating and ongoing review of both documents and to work with the local teams on the development of the regional and local implementation/delivery plans.
1.14	The requirement to produce an accessible, regional report in a short timescale has limited what can be included. The work has been carried out during a very challenging time due to the pressures and capacity across the partner organisations. It has involved a significant effort by officers to ensure that a meaningful document was produced.
1.15	It should also be noted that very little national data on the care market was available and thus local and regional commissioning information has been relied upon.
1.16	The regional steering group recommend updating the document as new national data becomes available and more work is carried out locally e.g. the impact of Covid, financial challenges and the impact of re-balancing social care on the on the care market. The regional steering group will develop an on-going process to improve and update the MSR so that it remains meaningful and current. This will also help make it a more manageable process.
1.17	The MSR is a co-produced document and engagement led. Local and regional lead officers undertook data analysis, background literature reviews, service reviews and additional focussed local engagement work. The key issues and themes identified are based on consultation and feedback from staff, partner organisations, Public Health Wales and local Health Board colleagues, service users and the general public to identify strategic needs for care and support. This included information from existing commissioning strategies and needs assessments.
1.18	This co-production approach results in a meaningful and informed MSR document that involved a wide variety of people, as opposed to a document created in isolation via a desk-top exercise, which has been the approach employed by some other regions of Wales.
1.19	The full MSR document will be used locally to inform future service planning, particularly in post pandemic recovery. It will be a key document to consider in the development of the Market Stability Report as well as informing the local Wellbeing Plan and also will feed in to other documents, including the Community Strategy, Tacking Poverty plans and Housing/Supporting People plans.
1.20	As well as informing local plans, the next phase of the project will also involve using the population assessment and the market stability report to develop an 'area plan' for the region. Future work on the area plan may involve further research and consultation to explore priority areas in more depth before agreeing which areas to prioritise for regional work. The area plan is to be developed and published in 2023.

2.00	RESOURCE IMPLICATIONS
2.01	The North Wales Social Care and Wellbeing Services Improvement Collaborative has utilised existing staff to support the development of the MSR. Associated costs, such as translation and for specialist engagement was also funded by the partnership.
2.02	There has been a cost to the local authorities, BCUHB and Public Health Wales in staff time and resource to support the project. This includes staff to carry out engagement work to support the analysis and writing of the report. The majority of this work took place between December 2021 and July 2022 for the MSR.
2.03	Going forward the MSR will identify regional and local priorities, it may be the case that these priorities require some level of investment at either regional or local level.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	It has not been possible to gain approval from all six councils and the Board of BCUHB by the original date given in the MSR code of practice of June 2022 due to time needed to capture data and undertake the market analysis as well as the timetable of governance meetings of each local authority and health board. To mitigate this, we have liaised closely with Welsh Government regarding out revised timescales and have also sent them an early draft of the document for information.
3.02	An Equality Impact Assessment for the regional MSR is attached as Appendix 4

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the work for the technical, engagement, data and other theme-based groups to lead on specific tasks. Membership of the groups is from each North Wales local authority, Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales and other parties with an interest in the needs assessment such as officers for the PSBs. The Governance structure can be found in Appendix 3
4.02	Engagement for the MSR included: a questionnaire for organisations that asks for their views and evidence; engagement with different sector providers e.g. third sector and also local workshops with providers. This has provided rich qualitative data to inform the MSR. 38% of respondents operated in the Flintshire area.
4.03	Locally, workshops were held with Responsible Individuals across residential, domiciliary care and supported living services to understand where they felt the strengths, weaknesses, opportunities and threats were

	to the market. The feedback from these events is embedded in Appendix 2.
4.04	Feedback was sought from senior managers and colleagues in Social Services to ensure a wealth of information has been submitted.

5.00	APPENDICES
5.01	Appendix 1 - North Wales Market Stability Report 2022
5.02	Appendix 2 - Flintshire Market Stability Report
5.03	Appendix 3 – North Wales Market Stability Report Approach and Governance Structure
5.04	Appendix 4 – Equality Impact Assessment

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Social Services and Well-being (Wales) Act 2014: Code of Practice https://gov.wales/market-stability-reports-code-practice-html
6.02	North Wales Population Needs Assessment 2022 https://www.flintshire.gov.uk/en/Resident/Social-Services/North-Wales-Population-Assessment.aspx#:~:text=Undertaking%20the%20Population%20Needs%20Assessment,live%20well%20as%20they%20age.

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Neil Ayling, Chief Officer (Social Services) **Telephone:** 01352 704511 **E-mail:** neil.j.ayling@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
	Area plan - The plan sets out how the Regional Partnership Board (RPB) will respond to the findings of the North Wales population assessment. The plan sets out high level principles, outcomes and priorities for regional working across health and social care in North Wales. It is a starting point for formal regional working under the Social Services and Well-being (Wales) Act 2014 and sets a framework for health and social care partners to work together to a common agenda.. The last area plan was published in 2017.

Code of Practice - Section 144B of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') requires local authorities to prepare and publish market stability reports. The document is in two parts: |

- part 1 (chapters 2-5) is a code of practice for local authorities on the exercise of their functions in relation to market stability reports. It sets out the approach that local authorities must take, in collaboration with Local Health Boards and other RPB partners, to prepare and publish a market stability report for their RPB area
- part 2 (chapter 6) is statutory guidance for local authorities and Local Health Boards on partnership working through the RPBs to prepare and publish market stability reports

Co-production - a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all.

North Wales Population Needs Assessment 2022 - The Social Services and Well-being (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment for the care and support needs of regional populations. It also established Regional Partnership Boards (RPB) to manage and monitor services to ensure partnership working for the delivery of effective services.
The population needs assessment is produced by the North Wales Regional Partnership Board. The first population needs assessment was published in 2017 and has been used as a foundation for the 2022 report.

North Wales Social Care and Wellbeing Services Improvement Collaborative - includes the six local authorities in North Wales, Betsi Cadwaladr University Health Board and other partners. The aim is to improve services, make the most of the resources available, reduce duplication and make services more consistent across North Wales.

Preventative services – These services:
Help prevent or delay the development of people's needs which require care and support;
- Reduce the needs for care and support for those who have these needs;
- Promote the upbringing of children by their families, when it is consistent with the wellbeing of the child;
- Prevent people from suffering abuse or neglect;
- Enable people to live as independently as possible;
- Reduce the need for,
  - Care of supervision orders under the Children Act 1989
  - Criminal proceedings against children
  - Proceedings with may lead to children being placed into local authority care.

Regional Partnership Board (RPB) - RPBs have been established as part of the Social Services and Well Being Act to:
- improve the well-being of the population
- improve how health and care services are delivered.

All Regional Partnership Boards must:
- produce a regional population assessments produce a regional area plan
- provide a regional annual report

	• demonstrate citizen engagement and co-production **Responsible Individuals** - The Regulation and Inspection of Social Care (Wales) Act 2016 requires care providers to designate a Responsible Individual (RI) for each place at, from or in relation to which a regulated service is provided as part of the registration process. The RI role is a distinct leadership role to ensure sound governance within the providing organisation.

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales
Market Stability Report

Draft 0.4 (June 2022)

Contact us

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Contents

1. Introduction

1.1 Background

The Social Services and Wellbeing (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment of the sufficiency and sustainability of the social care market. The Market Stability Report has been produced by the North Wales Regional Partnership Board in line with the Code of Practice (Welsh Government, 2021a). This is the first Market Stability Report produced and takes into account the findings from the North Wales Population Needs Assessment 2022.

1.2 Purpose of the market stability report

The report helps us to understand the social care market in North Wales, so that we can effectively commission and support providers of health and social care services to meet the needs of the population effectively.

The market stability report will assess:
- The sufficiency of care and support in meeting the needs and demand for social care, as set out in the population needs assessment
- stability of the market for regulated services

Regulated services are those listed in The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021. Currently these are:

- a care home service (adult and children's)
- a secure accommodation service (for children)
- a residential family centre service
- an adoption service
- a fostering service
- an adult placement
- a domiciliary care service
- an advocacy service

The assessment is the basis on which the Regional Partnership Board should make decisions for future planning and commissioning of care and support services. This will include local area plans, strategic commissioning strategy and market position statements.

This assessment has been undertaken as a joint exercise by the six North Wales local councils, Betsi Cadwaladr University Health Board (BCUHB) and Public Health Wales. The six local councils are Wrexham County Borough Council, Flintshire County Council, Denbighshire County Council, Conwy County Borough Council, Gwynedd Council and Isle of Anglesey County Council.

The market stability report aims to improve our understanding of the social care market in North Wales, and how this will evolve and change over the coming years. The findings within this assessment will assist all public service providers within the region in providing better and sufficient services for our citizens who are in need of care and support.

1.3 Research methods

The research methods include:

- Analysis of local and national data sets to identify trends.
- Evidence from the local authorities and health board.
- Evidence from local, regional and national research.
- Priorities from local, regional and national policies / strategies / plans.
- Responses to the regional survey and other consultation exercises from citizens, organisations, staff and providers.

1.4 Consultation and engagement

The Code of Practice (Welsh Government, 2021a) states that local authorities must take reasonable steps to engage with citizens. As a precursor to the market stability report, the population needs assessment had undertaken a large scale regional consultation and engagement exercise based on the national principles for public engagement in Wales and principles of coproduction. This exercise gave an insight of the direct impact of stability and sustainability of the social care market on people with care and support needs, their carers and families. Further details can be found in the population needs assessment.

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Registered providers of social care services were engaged via a regional provider's survey. An invitation to complete the survey was sent via commissioners to all registered providers across the region.63 responses were received.

Additionally, local teams have also undertaken their own engagement where this was not being covered at a regional level. Draft chapters were also shared with partners for feedback and comments.

1.5 Project governance

The Regional Partnership Board tasked the North Wales Commissioning Board with oversight of the project. They established a regional steering group to coordinate the development of the Market Stability Report, which included representation from the six local authorities, the health board and Public Health Wales. The project management arrangements ensured that there was consistency for all partners in producing a regional report. Regular project reports were produced and shared with the regional boards as necessary.

This report has been approved by the six local authorities, Betsi Cadwaladr University Health Board and the Regional Partnership Board.

Diagram 1: Project governance arrangements
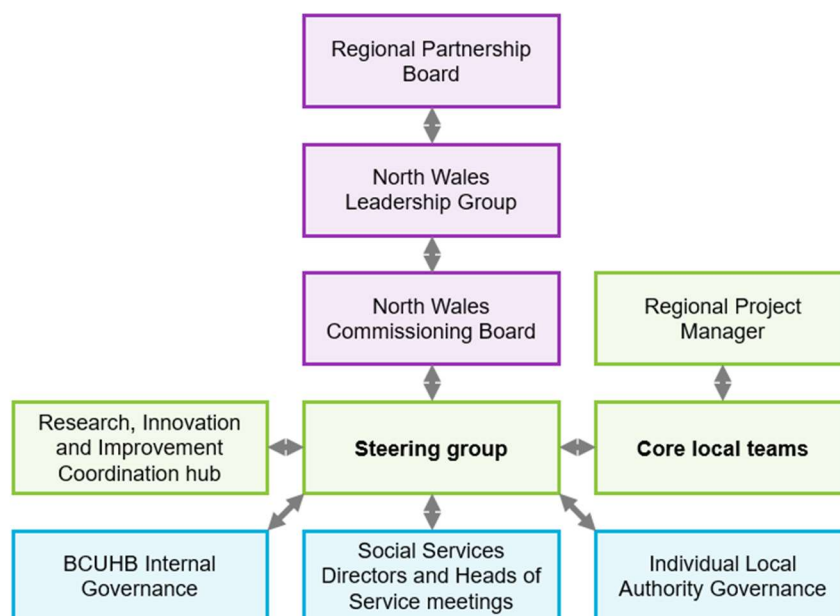
1.6 Limitations, lessons learnt and opportunities

Preparing a single accessible population needs assessment and market stability report across six local authorities and one health board area within the timescales has been a challenging process. Particularly with the additional pressures of Covid-19. Thanks to the efforts of the project team, the project steering group comprising of local leads, the data-sub group, the engagement group, partner organisation teams, people who use services and providers co-produced this report.

One of the main challenges has been access to good quality data about the population and the social care market. The 2021 census data will not be published in time to include in the assessment and many indicators were unavailable due to changes in the way data is collected since the last assessment and because some data collection paused due to Covid-19.

It is recommended that the joint population needs assessment and market stability report steering group continues regularly scheduled meetings to oversee the updates and to make further recommendations about how to improve the quality, availability and coordination of data to inform future needs assessments.

2. Summary of regional priorities

Domiciliary care (care in people's own homes) is a priority market identified by commissioners, with current private sector providers unable to fulfil the demand for a significant amount of time now, due to staffing challenges. As such, growth and development of services including general and specialist domiciliary care have been identified as opportunities for the future.

Commissioners are keen to work with providers to increase care capacity to meet population needs. The key themes and priorities for providers and commissioners across social care and health are:

- Recruitment of staff. The employment market is highly competitive and competitive pay rates and employment benefits need to be offered in order to attract people.
- Integrated Domiciliary Care recruitment project between local authorities and the health board and development of integrated cross-organisational roles and career pathways.
- Terms and conditions. These need to reflect and be worthy of the social care role, and its importance in the health and care system as well as reflecting that these are skilled roles in the main.
- Retention of staff is poor due to poor terms and conditions in the social care sector. The cost of fuel and the cost of living crisis is now beginning to be felt in the sector where providers are seeing more staff experiencing in-work poverty. Staff are also leaving the sector due to challenging working conditions and lack of respect for the work they do and the levels of responsibility involved. Staff feel undervalued and overworked.
- Staff who are new to the sector are not staying in the sector long term as they feel overwhelmed by the intensity of the roles particularly those supporting people with complex needs and challenging behaviours. Providers and commissioners need to better support for staff to meet the challenges of working in social care.
- Service transformation programmes are a priority and they should accelerate the focus on enabling flexibility in using commissioned care hours, where providers can be trusted to flex the package of care hours in partnership with the individual who is being cared for. While appreciating budget restraints for all, the flexibility

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would improve quality and bring costs savings in terms of reduction in administration costs.

- Development of true partnership working between commissioners and providers was identified as a key focus.
- Providers recognise the benefit of the additional Covid payments and the on-going suitability of the sector is recognised as a key priority due to the important work that home care providers do in keeping people well in their own homes, in enabling hospital discharge and preventing unplanned visits to hospital.
- Develop partnerships with care home providers to provider low level residential care / respite services to ease the pressure on home care domiciliary care provisions.
- Develop opportunities in micro commissioning and direct payments as an alternative to the traditional home care model.
- Increase support for unpaid carers to reduce the pressures on the home care service and look at carer led solutions, such as. increased carer breaks (respite)
- Increase the availability of specialist placements in care homes for older people, adults with mental health needs, learning disability and people with dementia.
- Increase the availability of emergency and longer term accommodation for children and young people with complex needs including mental health, learning disability and emotional behavioural needs.

Summary of local themes

Anglesey

- We are committed to service transformation and modernisation is an area of focus with further ambitions to develop accommodation options, building on the work of the transformation programme.
- We have an aging care workforce on the Island and therefore need to attract and retain new social care staff.
- We want to work with providers to ensure stability, particularly in relation to staffing costs, supply, choice, services and delivery.

Gwynedd

- Recruitment and retention problems are a recurring issue, with all services reporting a real shortage and concern.
- Lack of financial support. All services have raised concerns about the ability to maintain quality services with limited resources. The lack of funding often results in having to use out of county providers which results in higher costs which in itself adds to the problem.
- Significant shortfall in care within the county for children who need to be in residential care compared to other services available to children. There is relatively good provision of foster families within the county and there are many resources and services within the county for supporting disabled children. There appears to be inconsistency in provision.

Conwy

- Recruitment and retention of staff across the sector including social workers, care staff and nursing staff. This is linked to pay and conditions but not exclusively.
- Children's residential services. Provision of accommodation for both emergency and longer term placements is needed urgently and we are considering a range of options to increase provision in county and reduce reliance on costly temporary arrangements and out of county placements that are far from the family.
- Provision of domiciliary care services, with current private sector providers unable to fulfil the demand for a significant amount of time now.

Denbighshire

- We want to increase care capacity to meet population needs within Denbighshire including residential care for children, young people, people with complex disabilities, older people (including those with mental health needs), foster care, domiciliary care and reablement.
- We are committed to improving communication internally across services / teams and with partner organisations and sharing of good practice
- Increasing the availability of overnight respite accommodation is a priority within Denbighshire.

Wrexham

Key priorities within Children's Services in Wrexham are:

- Increased placement stability, reducing the number of children looked after through early intervention and preventative services and removing profit from children's placement market
- Provision of emergency accommodation for people in mental health crisis
- Increase in escalation of mental health needs and concerns of children and young people
- Developing new children's homes
- Improvement in quality of practice and performance across Children's Services

Key priorities within Adult Services in Wrexham are;

- Growth and development of services including; Domiciliary Care (includes homecare/reablement; community living and recovery)
- Day and employment services
- Emergency placements

Flintshire

The Domiciliary Care market is a priority in Flintshire to help rebalance the care sector. Independent care providers continue to work creatively with the local authority to ensure the numbers of people waiting for care at home are the lowest possible.

In Flintshire, there are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria.

As of January 2022 in Flintshire, areas of ongoing pressures include:
- double-staffed care
- provision of care in rural areas
- provision of care for patients discharged from hospital
- care packages hand-backs from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, borne in the main by care staff themselves.

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Since the pandemic the market for adult residential care services has become extremely unstable with several factors contributing to the availability of independent care home provision. The council are moving forward with plans to increase in house provision for people living with dementia and new model of step down care planned to support the discharge to assess and recover programme developed by the health board.

Half of all children in residential care from Flintshire are placed out of the country in England and Scotland. In-house residential care is being developed to rebalance the market in Flintshire.

Over the next five-year period, in order to ensure stability within the market for residential services for children, the council aims to:

- Work with new and existing providers and support them to deliver of models of care that will meet the needs of children.
- Work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provides a wider a wider social value to our communities.
- Work with providers who are able to safely care for children with multiple high needs and are able to provide alternative accommodation to secure welfare provision.
- Identify providers who will work in partnership with us during periods of transition, including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

3. Residential services (adults)

Population overview

Demand for care home placements is likely to increase

The population assessment shows that the number of people aged over 65 in North Wales increased by 17% between 2010 and 2020 and is projected to increase by a further 20% over the next 20 years. This is likely to increase the demand for care home services. The table below shows the expected change in each county, with Conwy expected to see the biggest increase and Gwynedd the smallest increase.

Table 1: Estimated number of people aged over 65 in 2020 and projected number in 2040

Local council	2020 number	2040 number	Change number	Change percent
Anglesey	18,650	22,500	3,850	17.2%
Gwynedd	28,550	34,300	5,700	16.7%
Conwy	32,950	43,500	10,550	24.3%
Denbighshire	23,500	30,400	6,900	22.6%
Flintshire	33,300	42,400	9,150	21.5%
Wrexham	27,750	34,500	6,750	19.6%
North Wales	164,700	207,600	42,900	20.7%
Wales	668,600	850,750	182,150	21.4%

Source: Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government

The increasing population of older people is not the only factor affecting demand. There are also changes in expectations and policy which mean demand may not increase at the same rate as the total population. For example, demand can change as people are supported to live in their own homes for longer, or take up extra care accommodation to retain independence with the option of receiving support as needed.

People are tending to move into residential care at a later age and when their needs are more complex, for example, due to dementia. The population assessment

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estimated a 64% increase between 2017 and 2035 in the number of people living with dementia in North Wales, around 7,000 more people. Although previous increases have not been as high as expected because the proportion of people developing dementia reduced, perhaps due to improvements in health and more years spent in education (Matthews *et al*., 2016). It is still likely that the trend for needing increasingly specialist nursing and residential home support for older people's mental health (EMI) will continue.

Market overview

There are around 220 residential care homes and 60 nursing homes in North Wales, which provide around 4,100 residential care placements and 2,500 nursing placements.

Table 2: Current number of **adult care homes** (age 18 and over) by type and area

Local council (a, b, c)	Residential	Residential with mental health	Nursing	Nursing with mental health	Total (d)
Anglesey	12	7	3	2	24
Gwynedd	14	9	7	3	33
Conwy	43	12	13	5	73
Denbighshire	46	13	5	5	69
Flintshire	22	12	7	2	35
Wrexham	16	10	9	2	37
North Wales	153	63	44	19	271

Source: Local authority data collection.
(a) In Anglesey most homes have some mental health beds so these have not been separated out.
(b) Denbighshire has 26 specialist residential homes for people with learning disabilities.
(c) Flintshire has 8 specialist homes for people with learning disabilities included in the residential category.
(d) Flintshire has a number of homes with duel registration. Total numbers do not sum.

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Table 3: Current number of permanent care home placements available to all **adults aged 18 and over**

Local council (a, b, c)	Residential	Residential with mental health	Nursing	Nursing with mental health	Total
Anglesey	341	98	115	64	618
Gwynedd	351	199	353	175	1,078
Conwy	671	226	441	144	1,482
Denbighshire	802	0	321	0	1,123
Flintshire	416	261	179	44	900
Wrexham	223	490	526	108	1,347
North Wales	2,804	1,274	1,935	535	6,548

Source: Local authority data collection.

Notes:

(a) The categories of care have become more fluid since the introduction of the

(b) Regulation and Inspection of Social Care (Wales) Act 2016 so these categories

(c) are only illustrative of the split between types of care.

(d) In Anglesey and Denbighshire most homes have some mental health beds so these have not been separated out.

(e) Flintshire have 50 specialist placements for people with Learning Disabilities, included in the residential category

Care home fees

The need for sustainable and sufficient care home fees was highlighted in the consultation for the Market Stability Report. Fee levels are based on North Wales methodology with each council taking into account local decisions and affordability considerations. There are ongoing discussions around how the sector is funded, recognising the fragility of the sector, including the rebalancing care work and strategic National Framework for care and support being undertaken by Welsh Government (Welsh Government, 2021c).

Care home vacancies

During the pandemic many care homes have carried higher levels of vacancies than previously. Average vacancy levels would normally be around 10%, which is thought to be sustainable for the sector (Laing, 2020). For some this was due to staff absences or staff vacancies due to recruitment issues, while others have needed to use additional rooms for storage of personal protective equipment (PPE) or for

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additional living areas in order to reduce the size of groups of residents sharing facilities. From time to time there have been restrictions on admissions because of Covid-19 outbreaks too.

Care home vacancies were also increasing in Conwy before the pandemic due to the introduction of reablement teams who worked to keep older people in their homes for longer. This work has been less effective during the pandemic as there have been fewer domiciliary care workers out in the community.

Table 4: Percentage of vacant care home placements, 31 March 2021

Local council	Occupied	Unoccupied	Total placements	Percentage unoccupied
Anglesey	548	65	613	11%
Gwynedd	933	122	1,055	12%
Conwy	1,337	115	1452	8%
Denbighshire	1,161	249	1,410	18%
Flintshire	748	152	900	17%
Wrexham	1,059	288	1,347	21%
North Wales	5786	991	6777	15%

Source: Local authority data collection.

Self-funded care home placements

The total number of people who fund their own care home placements across North Wales is not available due to differing council policy. Flintshire had 194 people self-funding placements in care homes as at 1 February 2022.

Estimates from the Office for National Statistics (2021) found that were around 36.7% self-funded care home residents between 2019 and 2020.

Isle of Anglesey market overview

Anglesey has identified the following needs:

- Increased dementia care is required.
- Social isolation may be a particular risk for older people on Anglesey, due to rurality, lack of transport, and the distance many are living from their families.
- There is need for additional specialist services on Anglesey.

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- There are not enough older people's mental health (EMI) residential and nursing beds on Anglesey.
- There is reduced demand for general residential beds.
- For older people with a learning disability who also have physical health and dementia needs, there is a lack of specialist residential and nursing placements.

Gwynedd market overview

Gwynedd has identified the following areas where there is a struggle to meet demand:

- Lack of specialist residential and nursing placements for older people with a learning disability who also have physical health and dementia needs.
- Lack of support workers in the community, and residential especially Tan y Marian and within day provision. This makes it difficult to start a service for new individuals and many individuals receive fewer support days / hours in the community.
- It is difficult to maintain and develop a service tailored to the person who needs workers who have received training in 'Personal Behaviour Support (PBS)' and Active Support.
- Demand for dementia specialist care (residential and nursing). There is currently no dementia nursing care in the Meirionnydd / Llyn area.
- There is no specialist mental health provision including for autism and severe mental illness, in Gwynedd. Conwy is the nearest location but the provision is non-Welsh speaking.
- We have seen an increase in the demand for temporary residential care as a result of a shortage of domiciliary care.
- We are unable to fill empty beds in some of the Council's homes due to the high dependency level of residents.
- Inappropriate discharges from hospital without sufficient time for recovery can result in increased dependency.
- Sickness absence and recruitment are a problem.

Future plans

There are plans to increase residential older people's mental health (EMI) provision by adapting units in the council's residential homes.

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There are currently 33 providers of older people's residential and nursing homes in Gwynedd. Gwynedd Council provides 11 residential homes for older people directly.

Table 5: Gwynedd older people's care home placements

	Total registered placements	Number of dementia placements
Plas Maesincla	23	23
Plas Ogwen	27	-
Plas Pengwaith	31	-
Plas Hedd	28	7
Plas Hafan	30	8
Plas y Don	30	-
Plas Gwilym	27	-
Hafod Mawddach	25	8
Bryn Blodau	41	17
Cefn Rodyn	22	-
Llys Cadfan	33	15

Source: Local authority data

The following provides an update on our efforts to expand the provision of care for people with dementia:

- Plas Hedd. One respite bed unable to open due to construction. New development underway. Plan to change a further 8 bed unit to support people living with dementia.
- Plas Hafan. Used to full potential.
- Bryn Blodau. 9 beds for people living with dementia, due to staffing situation, unable to support individuals living with dementia, but offering a different service.
- Hafod Mawddach. New development will increase registered places to 30 with 8 beds for people living with dementia. Due for completion in September 2022.
- Cefn Rodyn. 5 beds on the first floor unused due to fire safety issues and wait for new lift. New developments completed in 2021. One room has been developed for bariatric use, the others for people with more intensive residential needs.
- Llys Cadfan. Used to full capacity. 1 respite bed for people living with dementia and 1 residential respite bed.

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Over the last 5 years the Council has increased the number of older people's mental health (EMI) residential beds in their in-house homes. There were originally 38 beds between Plas Maesincla and the Bryn Blodau and Llys Cadfan units. There are now units at Plas Hafan, Plas Hedd, an additional unit at Llys Cadfan and Bryn Blodau. Further work is underway to create a second unit at Plas Hedd and a new unit at Hafod Mawddach with the hope of opening later this year. While this is significant progress, more needs to be done to change the balance of older people's mental health (EMI) placements in the county and meet needs. There are significant revenue costs associated with each unit changed from residential to older people's mental health (EMI) placements.

The following gaps have been identified:

- Dementia Specialist Care (residential and nursing) in the Meirionnydd area - there is currently no dementia nursing care there.
- Residential / nursing care for young people with physical and sensory needs.

For the future the Council hopes that residential older people's mental health (EMI) provision will be created at Plas Gwilym and Plas Pengwaith. Gwynedd Council is working in partnership with Betsi Cadwaladr University Health Board, Clwyd Alyn Housing Association and the Welsh Government to develop the Penrhos site, Pwllheli. It is intended to submit a business case to Gwynedd Council's Cabinet for the development of an on-site care home. The number of individuals with dementia is increasing, and we regularly review need and try to adapt council homes to be flexible and suitable to meet future need.

Conwy market overview

Most placements in Conwy are commissioned from private care home providers who provide 98% of the bed spaces in the county. Provision across the coast is reasonable, but there is a shortage of spaces to the south / rural parts of the county and concerns about the provision available in the Welsh language. The county is well serviced with residential and nursing places, but has a shortage of specialist mental health provision for both residential and nursing needs, in particular for those who need very specialist care. The majority of buildings utilised as Care Homes are older and often converted residential dwellings. On the whole they are well maintained by the providers, but repairs and maintenance can be costly. The physical layout of many such homes made it very difficult for the providers to

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manage Covid outbreaks during the pandemic, while at the same time, the purpose built homes found that they were better equipped to manage such outbreaks.

Denbighshire market overview

Over 90% of care home placements are commissioned from external providers. There are two in-house care homes. The council closed one of the three residential homes that it had in 2019. The site, in Ruthin, is now being developed to provide more extra care apartments.

There has been a slight reduction in the overall capacity of the care home sector in Denbighshire in recent years. There is reduced demand for residential care without additional support for mental health or complex physical needs.

The majority of care homes in Denbighshire are older buildings that have been adapted. There have been a few occasions where it has not been possible to accommodate people with bariatric needs because of the structure of the buildings – size of doorways or layout of corridors. Also, few care homes have space for ceiling hoists for moving and handling or larger beds. The requirement for more staff input is also a barrier.

There are very few vacancies at the moment.

There are currently around 18 adults placed in care homes because there is insufficient support available to allow them to return to their own homes.

As of May 2021 there are 32 out of county residential older people's mental health (EMI) placements and 29 nursing placements. There are 33 out of county placements in Denbighshire for older people with mental health needs, mainly due to a lack of suitable local placements

Denbighshire has 282 places for specialist learning disability care home provision. They have identified the following trends.

- **Demography**. The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These demographic trends are likely to continue.
- **Attitudes and expectations**. Most individuals and their families want / expect to have a greater level of independence and to be a key part of their community.

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- **Finance.** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money (as a result of reducing local authority settlements, Independent Living Fund (ILF) closure and Housing Support Grant restrictions).
- **Existing provision**. Support is generally provided via immediate family members and / or long term paid care staff. Less use is made of informal community based assets.

Flintshire market overview

There has been an overall increase in residential provision in the last few years due to the reopening of three homes and the expansion of Marleyfield house in Buckley. One large home has changed from providing nursing to residential care which has simultaneously increased residential care capacity and decreased nursing home capacity. A general nursing home in Holywell closed in 2019 and another in March 2022 which decreased general nursing placements by 75. One care home is currently undergoing renovation work which has temporarily reduced market capacity.

Marleyfield, Croes Atti, and Llys Gwenffrwd are purpose built care homes, owned by the Council, situated in the towns of Buckley, Flint and Holywell. The buildings require little refurbishment or renovation. Llys Gwenffrwd differs in that provision is provided over three floors, which requires a change in staffing levels to creatively support people with dementia on the top floor.

There has been a historical shortage of placements which has led to placements out of county.

In addition, the complexity of need coupled with the lack of placements locally leads to in delayed transfer of care from hospital. This was evident during the pandemic, where at one point, due to active cases in nursing homes, there were no available nursing placements in Flintshire in to which to discharge people from hospital.

Within the Learning Disabilities and Physical Disabilities sector, due to the small choice of local providers and the specialist nature of support, some of these residential placements may need to be made out of county and this can incur higher costs. This has an impact on individuals and maintaining links with family and friends.

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Future plans

New homes accessible to all:

- Marleyfield and Croes Atti have separate units for those with dementia related needs.

Supporting people to live at home for longer:

- Llys Gwenffrwd houses rehabilitation placements and all three homes provide a number of respite, step up / step down and assessments placements rather than permanent residential.
- Marleyfield and Croes Atti have adjoining day-care provision which would be affected with some of the options presented.
- Replace Croes Atti with a new care home on the former Flint Hospital site. The new care home will have an additional 25 beds, 12 of which will be accessible to the Health Board ear marked to provide a new model of step down care to support the discharge to assess and recover programme developed within the Health Board.

Provision for people with complex disabilities

Isle of Anglesey County Council have highlighted the need for specialised physical and sensory beds available locally.

Gwynedd Council have identified a struggle to meet demand for residential and nursing care for young people with physical and sensory needs.

Denbighshire County Council identified a lack of capacity for residential accommodation for people with complex disabilities (physical and learning disabilities), which means many people go out of county, away from family and friends. Currently there are 13 placements out of county which can incur higher costs. This also impacts on families visiting and linking to the individual.

In Denbighshire as individuals with complex needs have moved on from health settings to be supported in the community, ongoing work is required to further embed

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Positive Behavioural Support (PBS) methodology within the delivery of support. This will ensure the skills and knowledge is available and maintained within the social care workforce.

Extra care, supported living and sheltered housing

Extra care housing includes specially designed self-contained properties for older adults with care and support available at a sufficient level to allow people to remain at home despite frailty, periods of ill-health or disabilities and often without the need to move to residential care.

In supported living or community living people usually live as tenants in a shared house, with formal paid support provided by a registered domiciliary care agency

Sheltered housing also includes self-contained properties for older adults and usually includes help from a scheme manager (warden) or support staff.

Anglesey extra care, supported living and sheltered housing

There are two extra care developments in Anglesey, Hafan Cefni and Penucheldre, currently providing a total of 118 extra care units, all of which are currently occupied. In March 2022, the Council committed to progress a new scheme in the Aethwy area and this will provide 40 units along with 15 specialist residential care rooms.

Analysis conducted by the Isle of Anglesey County Council suggests extra care provision is on target to meet demand up to 2025 with an additional 127 units needed by 2035 to meet projected demand. There are currently 12 people on the waiting list for extra care housing.

Evidence from local consultation supports a move toward the provision of extra care and supported housing provision and away from traditional residential care homes.

There are 71 units of supported accommodation and all are currently occupied. These are provided by 7 care providers in addition to an in house service. Demand currently outweighs capacity in regards to Extra Care and Supported Accommodation

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Gwynedd extra care, supported living and sheltered housing

There are three extra care housing schemes in Gwynedd providing a mix of 1 and 2 bed self-contained apartments:

- Cae Garnedd, Bangor: 42 units all occupied and 37 applicants on the waiting list.
- Awel y Coleg, Bala: 30 units, 1 unoccupied and 3 applicants on the waiting list.
- Hafod y Gest, Porthmadog: 40 units, all occupied and 21 on the waiting list.

Extra care units are also part of the conversation regarding the development of Canolfan Lleu - the health and care hub in Penygroes with Grŵp Cynefin and the development of the Penyberth site in Penrhos, Pwllheli with Clwyd Alyn. Demand currently exceeds supply and there are plans to develop more.

There are 412 units of sheltered accommodation in Gwynedd, with only 30 units having a full time warden. They are all populated and in general demand exceeds the supply in Gwynedd especially for older people who either don't need or don't qualify for warden support services, which is the main criteria for sheltered housing.

There are 78 supported living settings; 39 third sector (50%), 32 private sector (40%) and 7 in-house (10%).

Historically it is difficult to get staff in rural areas, for example, South Gwynedd and supported housing providers have had difficulty with this. Supported accommodation is a priority for the learning disability field with 75 individuals identified as needing accommodation. A high percentage of these individuals will need a supported housing model so we anticipate a need for market flexibility.

Most providers experience the same type of challenges when it comes to recruiting and retaining staff teams. However, over the last few months we have successfully introduced a number of individuals into new supported housing placements and providers are reporting that they are in a position to submit tender bids for new projects. Some external providers are progressing to develop new accommodation and support opportunities in South Gwynedd. Prior to the pandemic, providers were committed to looking at service delivery differently, such as groups sharing support, but the restrictions have had an impact on this development

Providers working within active support models and 'Personal Behaviour Support (PBS)' have been negatively impacted by the pandemic due to staffing constraints / shortages, so it is essential that we urgently address this with our providers to secure

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training and mentoring to promote this way of working and ensure an outcomes based and preventative approach.

Providers generally work closely with the multidisciplinary teams to respond to demand if there is a change in needs, to respond to a crisis and so on. We have seen examples of collaboration and prioritisation with providers committing to work flexibly to ensure that individuals receive a care and support service that meets their needs.

Usually need within the service is met by tailor made packages for individuals and small-scale provision, which is not necessarily attractive or sustainable for prospective providers. Recruitment is difficult and dependent on the local population as people are unlikely to move into the region for the work because of the low rates of pay and language requirements. We are aware that some of the current providers are not on the framework so reopening the tender process for potential new providers could be advantageous. We foresee an increase in need for supported housing within the coming years in Gwynedd. We need to consider the possibility of using a 'keyring approach' (KeyRing, 2022) and look at commissioning or providing the support needed within cluster areas. Consideration has been made in the past but further considerations are needed in consultation with individuals/families/providers.

Each provider is different with some having more support needs than others. The pressure on them from time to time means that they may not be in a strong position to respond to tender opportunities or to tender for the Supported Housing Agreement. Providers who support individuals with severe and complex needs regularly contact the Council to report that the level of inflationary increase offered by is not sufficient.

Providers are generally stable and able to maintain the required levels of service to supported housing provision. It is difficult to say if they are in a position to meet the demand and the increase in need as each provider's situation is different. Providing extra hours through support services has been difficult and challenging with not enough experienced staff available. This has put pressure on carers and we have had to work together as a 'wrap around' with a number of providers to meet needs.

Need close collaboration between social workers, individuals and families to ensure all options are explored. Work is ongoing through an accommodation project to identify individual needs and plan ahead to look at the most appropriate model of

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support / retention within their communities and as close as possible to their family. Some individuals are receiving support from more than one provider or a combination of direct payments and commissioned provision.

Commissioner to provider relationship

- Relationships are generally good.
- Contact arrangements strengthened over the pandemic.
- Providers attend a two-monthly HR Transformation Group where they can feed into the agenda.
- Regular liaison between the providers / HR Team at different levels to air any issues that arise so that they receive timely attention.
- Providers are integral to planning future services
- Most providers now link in with our Well-being Service- virtual and face-to-face groups.
- Over the last 18 months the structure of the Learning Disabilities Service has changed - there is more emphasis on the areas - strengthening provision by having a lead for South Gwynedd and Arfon. This has strengthened commissioner / provider links.

Provider to provider relationships

Overall the relationship appears to be good although there has probably been less joint planning over the last two years due to the restrictions. We have seen examples where providers have stepped into a crisis situation to support another provider by offering staff to fill gaps. For example, in one case where an individual's situation broke down and needed 24-hour support, up to 4 providers came together to form a rota to support them in temporary accommodation. In another case where a providers had difficulties maintaining a rota when introducing an individual to a new home, another provider stepped in and agreed to work together on a temporary basis to enable needs to be met. We provided support and guidance in relation to the agreement.

Conwy extra care, supported living and sheltered housing

There are four extra care housing schemes in Conwy county, providing a total of 185 flats. Hafan Gwydir in Llanrwst, Hafod y Parc in Abergele, Llys y Coed in Llanfairfechan and Tan y Fron in Llandudno. In April 2022, there were 62 people on the waiting list of which 10 were from out of county (two from Denbighshire and eight from elsewhere in the UK but with family links to the area).

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There are 46 supported living projects run by various private companies, housing associations and the council.

The majority of supported living projects only cater for several people within each project so even though there are 46 projects there are only spaces for 136 people. Which is not a high proportion especially when the population of Conwy is taken into account. There are around only 8 vacancies at present and a high demand for vacant spaces. There are no supported living projects in the south of the county.

Supported living premises are in very short supply and the council struggles to find enough accommodation for clients.

Denbighshire extra care, supported living and sheltered housing

There are three extra care housing schemes in Denbighshire and one soon to open in Denbigh. A recently closed care home in Ruthin will be used as space to expand an extra care housing scheme run by a housing association. There were occasional vacancies due to the pandemic but otherwise it is very rare to have a vacancy in an extra care housing scheme. Although the number of extra care housing flats will be increasing significantly over the year it is expected that demand will continue to increase and exceed the amount of flats available.

Within Denbighshire most people with learning disabilities live in supported housing (community living).

Most new care home placements are viewed as a temporary measure until a suitable tenancy becomes available within a Community Living setting. However, there is still a relatively high number of older people with learning disabilities living in care homes. This is historical and partly a consequence of the closure of the North Wales Hospital. Moving these individuals is not considered feasible or in their best interests.

In Community Living people usually live as tenants in a shared house, with formal paid support provided by a registered domiciliary care agency via block contract with Denbighshire. Within Denbighshire the support service is not provided by (or linked to) the landlord. Support services for all new Community Living schemes are commissioned via an agreed tendering process.

As of September 2021, there are a total of 57 Community Living properties in Denbighshire, delivered between 11 providers. Only 2 of these properties are operated by the Council. There is also a combination of national providers, smaller

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local providers and both local and national providers with a charitable status. Contracts are tendered through the regional framework or commissioned through direct payments.

125 people are currently supported (capacity is 136 people), most with over 20 hours of support per week, either shared or 1:1. Most individuals have a tenancy agreement as is usually the case for Supported Living.

There are providers who are able to offer a range of support from low level to more complex needs and 24-hour support.

Recruitment of staff has been problematic for providers during the pandemic and has impacted the number of places offered periodically.

Many existing Community Living contracts have been extended past their original term and there is now considerable pressure for the whole of the scheme to be re-tendered, in line with regulations. Both the providers and the council staff feel this presents a considerable risk to individuals, providers and their staff at the current time. At worst, re-tendering could see many providers losing business, and large numbers of staff leaving the sector at a time where it is almost impossible to recruit. Any uncertainty could have the potential for many staff to leave, even if TUPE applies. This uncertainty could have a devastating effect on the local social care provider market and the citizens they support. Some providers may just hand their contracts back and not wish to bid for more. Especially with such a large number of contracts, ultimately this could all significantly further destabilize the social care provider market in Denbighshire.

Flintshire extra care, supported living and sheltered housing

Extra Care continues to be an extremely popular housing choice for older people in Flintshire, which offers them the opportunity to live independently whilst having the support of an on-site care and support team, if and when needed. This in turn, releases capacity and time in community based domiciliary care.

The benefits of living in an Extra Care facility include:

- Staying independent for longer with on-site support, in your own living space.
- Support can be increased and decreased based on needs.
- Emergency support available, including at night.
- Enables couples where one partner is highly dependent to remain living together.

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- Opportunities to socialise with other residents in a community setting.

The Council currently has four Extra Care facilities, Llys Eleanor (Deeside), Llys Jasmine (Mold), Llys Raddington (Flint) and the newly occupied Plas yr Ywen (Holywell), with a total of 238 extra care units.

As of August 2021, there are a total of 60 Supported Living properties in Flintshire, delivered between 10 providers. 16 of these properties are operated by the Council. There is also a combination of national providers, smaller local providers and both local and national providers with a charitable status. Contracts are tendered through the regional framework or commissioned through direct payments.

139 people are supported, most with over 20 hours of support per week, either shared or 1:1. Most individuals have a tenancy agreement as is usually the case for 'Supported Living'.

There are providers who are able to support from a low level to more complex needs on the Framework.

When recommissioning existing services, there is a possibility of a transfer of staff (TUPE) to the new company. For new services, the provider has to recruit which can impact on the timescales and attract staff from existing providers who then have to back fill.

Wrexham extra care, supported living and sheltered housing

There are two extra care housing schemes in Wrexham with a total of 116 units. Plas Telford has 56 units and had 5 vacancies at the end of March 2022. Maes Y Dderwen has 60 units and had 10 vacancies at the end of March 2022.

Demand for those with eligible needs is low, work is currently underway to relaunch scheme to attract more applications. Wrexham County Borough Council are currently evaluating their model of extra care housing to inform further service development to ensure its sustainability in meeting changing and increasing needs. Demand is hard to estimate due to current model seemingly not being able to respond to medium and high needs. Population statistics and evidence of older people's aspirations suggest there should be increasing demand for extra care housing. The priority in the short to medium term is to ensure a sustainable model of extra care housing which provides value for money and quality services which offer real alternative to residential care.

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In addition to Wrexham's extra care housing schemes, there is a rolling programme of remodelling being delivered by WCBC Housing Department to deliver improved and increasingly accessible accommodation for older people across the in-house Sheltered Housing Service.

At the time of reporting, 126 people with a range of low-level and complex support needs were supported in the independent sector by 9 supported living providers – a mix of charitable and private organisations. There are 19 people with learning disabilities supported in their own homes by the council's internal supported living service across 10 properties. The majority of the services are 24/7 although some are for day-time support only, where staff are available to support people to become more independent.

Referrals are made predominately from the Disability Service working with people with learning disabilities although there are a number of people living with mental health support needs who are supported by the council's own Recovery Service - 10 people are supported in tenanted properties funded by social care.

It is recognised that re-tendering contracts can be disruptive for the lives of the citizens supported within this model so long-term contracts of 7+3 years are used, with regular quality and wellbeing reviews during the term of the contract. The North Wales Supported Living Framework is now in place and has been used for commissioning new contracts. Recruitment and retention proves to be challenging for providers, particularly for staff who are able to drive and use a supported person's mobility vehicle.

Market stability

Regional challenges

There are some common challenges across North Wales and Wales as a whole affecting the stability of the sector listed below:

- Retention and recruitment of care and nursing staff.
- Care home fees need to be set at a sustainable rate. Increasing numbers of providers are reporting that current financial challenges and are working with commissioners to address these issues.
- Increasing demand for services with decreasing budgets.

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- Increasing complexity of care needs. People are staying at home longer with a support package so when they do need a care home placement their needs are more complex and involved.

Positives identified during consultation for the market stability report were the Welsh Government funding, which has helped with voids in the residential sector along with work to promote the sector and funding to try to achieve a real living wage.

Isle of Anglesey market stability

Home closure
At the end of the last financial year in March 2022, Caledonia Residential Home (15 beds) closed.

Demand for places
The demand for care home places dropped in the early stages of the pandemic during 2020, but saw an increase in 2021-22 as the early effects of Covid started to pass and as a result of shortfalls in the domiciliary care sector. A significant increase was seen in the number of people presenting and needing an assessment, but the mostly private domiciliary care sector was at the same time losing staff and having to hand back existing care packages.

Recruitment
The largest challenge facing the sector has been the recruitment and retention of staff at all levels. Many care homes have reported vacancies which they report has impacted on their ability to take on new placements. The staff shortfall has been made worse by staff who are unable to work because they have Covid. This has meant a significant reliance on staffing agencies. We have also noted a number of changes across the sector in management staff.

Inflation
Since the beginning of 2022, the rate of inflation has increased at a faster rate and higher than the rate of increase for fees that are paid to care home providers. Utilities, fuel and insurance costs have also increased dramatically. This is proving very challenging for many providers, who, after managing through the pandemic, are finding it difficult to absorb these costs at a time when government financial support for COVID-19 has stopped.

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Gwynedd market stability

Older people's care homes

With the increase in demand there are concerns that the market cannot respond sufficiently and quickly enough to demand given the current staffing crisis.

There has been an increase in the number of providers reporting that older people's residential and nursing fees are inadequate. Providers are frustrated when they report cost increases and are not offered higher payments. There is an increase in top-up charges for residential and nursing care. There's also a slowdown in the number of the workforce registering.

The threshold for self-funding has been increasing and is currently at £50,000 which means that less people are self-funding. Self-funders have a right to have their care commissioned through the council which has implications on the ability of care homes to ask for higher fees from self-funders.

Physical disability, mental health and learning disability

Each provider is different with some having more support needs than others. The pressure on them from time to time means that they cannot be in a strong position, for example, to respond to tender opportunities, or to tender for the Supported Housing Agreement. Providers who support individuals with severe and complex needs regularly contact the council to report that the level of inflation offered by the council is insufficient.

Impact of Covid-19

Some nursing providers have made the most of the financial support available, such as voids, general sustainability support, support for staff and visitor testing. It is noted that the largest providers were bidding for support, with smaller providers tending to inquire later and finding it difficult to keep up with the guidelines and guidelines support available. There is concern over the impact that the end of the financial support will have.

Flexibility of the market

There is potential for adaptation within Council care homes. Potential to adapt roles / tasks within domiciliary care plan but need support from provider to implement. Staffing is a major issue at present for domiciliary care providers and care homes.

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Causes of potential business failure and contingency planning

Concerns are identified either through information shared by Care Inspectorate Wales (CIW) or as part of the Quality Assurance Team weekly contact. The team provide early intervention and support if any issues surrounding the viability of businesses arises. Recent financial support (COVID-19 Funds), such as support for additional empty beds due to the pandemic were met by the Hardship Fund and general market sustainability support were offered through a remedial fund through the government's recovery fund. There were no such funds available directly from the council before the pandemic except as a last resort or emergency measures and the current COVID-19 financial aid comes to end at the end of March 2022.

Gwynedd Council are currently looking to start an Open Book Accounting approach with care homes in order to better understand each other's financial obligations/limitations in order to establish whether there are areas we can offer support be that financially or by offering support to the care homes in streamlining their procedures

Care home closures

Gwynedd have had 4 homes close in the last few years. Two residential homes (Llwyn in May 2018 and Foelas in April 2022) and two nursing homes (Penisarwaun in July 2018 and Penrhos in December 2020). It is increasingly difficult for small independent care homes to be financially viable and this may contribute to further closures in the future.

Conwy market stability

Home closure

In the last year two homes have closed in the county. One was a smaller provider and the building maintenance costs of the older converted building exceeded the potential income from residents. The owners tested the market for sale but there were no offers. Conversion to nursing or older people's mental health (EMI) care was considered but the home was not sufficient size or layout to give the required return on investment and the home was closed. The second home that closed was larger and successful. There were no issues with vacant beds or quality of service, but having made enquiries for a lengthy period of time there were no buyers for the business when the owner was ready to retire, so the service closed. In both cases the residents of these homes were successfully re-located to other homes in the county.

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Demand for places

Demand for care home places dropped in the early stages of the pandemic during 2020, but saw a significant increase in 2021-22 as the early effects of COVID-19 started to pass and as a result of shortfalls in the domiciliary care sector. We saw a significant increase in the number of people presenting and needing an assessment, but the mostly private domiciliary care sector was at the same time losing staff and having to hand back existing care packages. Most of the increase was on the coast in Colwyn Bay, Llandudno and the surrounding areas for residential and nursing placements. There is not yet data available on the demand for older people's mental health (EMI) care which we feel has also increased.

The number of out of county placements has slowly reduced.

Recruitment

The largest challenge facing the sector has been the recruitment and retention of staff at all levels. Almost all care homes have reported vacancies for health care assistants, senior health care assistants, nurses and domestic staff which they report has impacted on their ability to take on new placements. The staff shortfall has been exacerbated by staff who are unable to work because they have COVID-19. This has meant a significant reliance on staffing agencies who in some cases have been providing 20% to 50% of the staffing for some providers. We have also noted a number of changes across the sector in management staff. Consultation with providers has identified several possible reasons for the recruitment challenge:

- Exiting the EU has had some impact on health and social care, but has had a significant impact on other sectors such retail and hospitality which are very large in Conwy county.
- Competition from retail and hospitality. Care homes report staff leaving to join these two sectors who have increased pay and conditions to attract new staff. The work is often seen as less stressful with more reasonable hours.
- Early retirement. Many providers report staff members taking early retirement during the pandemic.
- Competition from better paid jobs with the health board, local authority and recruitment agencies.

Inflation

Since the beginning of 2022, the rate of inflation has increased faster and higher than the fees that are paid to care home providers. Utilities, fuel and insurance costs

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have increased two and sometime three fold compared to previous years. Having managed through the pandemic, many providers are not able to absorb these costs at a time when government financial support for COVID-19 has stopped.

Denbighshire market stability

There has been increased focus on supporting people to remain independent in their own homes for longer. Most people say that they do not want to live in a residential care home if there is an option to remain independent. Denbighshire use "What Matters" conversations with people to enable us to agree the appropriate outcomes of their care and support. We use the resource wheel to ensure we include support that people have from family, friends and communities when discussing how to work towards the agreed outcomes.

There is a diverse provider base in Denbighshire. However, there are limited older people's mental health (EMI) residential and nursing placements available.

The market is diverse with homes of varying size, in-house and independent. However, the majority are small, independent care homes in older buildings that are not purpose built.

The Contracts and Commissioning Team work closely with providers and offer support that is required.

There has been a lack of trained nursing staff available in the south of the county, meaning Llangollen Fechan faced prohibitive agency fees and therefore decided to cease dual registration for both residential and nursing care, concentrating only on residential beds. This means fewer nursing beds in the south.

A small provider, Chesterton found it was not financially viable so a managed closure took place with weekly meetings between council staff and home managers. All residents were relocated in a safe and acceptable manner.

The pandemic has highlighted the problems of economic viability of small, independent care homes. Difficulty recruiting and retaining staff, lack of flexibility in layouts and facilities have all indicated that there may in future be a move to larger, more modern or purpose-built buildings where economies of scale give greater resilience.

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Gaps in service / support:

- Welsh speaking support staff (mainly in the north of the county)
- Social enterprises and independent providers who are based in the south of the county
- Short term, progression focused interventions with agreed outcomes
- Alternatives to traditional services (including respite and day activities)

The learning disability register and housing needs data show that numbers are not changing significantly but the complexity of need is increasing.

In the provider survey for this report, Denbighshire providers reported an average required occupancy of 85% for sustainability. Current average occupancy is 78%. At the time of the survey there was a vacancy rate of 25% in Denbighshire, this was higher than the regional average of 20%.

Denbighshire County Council recognises the value of nurturing and supporting good quality providers - for example, during Covid-19 steps were taken to proactively avoid provider failure. At the same time budgetary pressures mean that commissioners cannot always respond to fee requests in the way that providers would like them to. Generally, we have a good relationship with most providers. This can be more difficult to maintain when we need to raise concerns with a provider (e.g. regarding quality or safeguarding) and when negotiating fee increases or de-commissioning a service. During the pandemic we tried to ensure that providers (for example external day services) could survive financially and we also worked closely with providers on helping to keep people safe and well.

Provider to provider relationships improved during the pandemic and there were good examples of peer support and camaraderie between providers. One long standing good example is a local care home who led on the Person Centred Planning (PCP) community of support, with other mainly domiciliary care providers attending - each sharing good practice regarding person centred approaches, and with guest speakers talking about new initiatives in Denbighshire. Relationships in this meeting are supportive

Other challenges identified are:

- Recruitment and retention.
- High sickness absence.

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- Ensuring sufficiency of placements in the local area, are able to meet the individual's level of need, while still supporting choice and control and preventing admission to acute and community hospitals.
- Lack of suitable overnight respite accommodation that can be pre-booked - unpaid carers have difficulty trying to find residential/nursing homes willing to accept people on a one off or occasional basis, particularly if they have higher needs / exhibit challenging behaviour. This may be due to funding, staffing or something else. There is a respite flat in Corwen but this is not well used mostly due to lack of availability of care packages. Staff at a nearby home don't have capacity to cover although not far away. Respite accommodation for people with complex disabilities is very limited - Alexandra House only. Ongoing negotiations with Alexandra House and Conwy CBC.

Flintshire market stability

Flintshire has a diverse provider base with no reliance on one provider but limited nursing and nursing older people's mental health (EMI) placements. The market is diverse with homes of varying size, in-house and independent, family run or as part of a larger organisation. The council is moving ahead with increasing capacity in in-house residential provision. The Contract and Commissioning Team work closely with providers on both entry and exit to ensure the process runs smoothly, offering any support that is required. Although the market is robust and each provider has contingency plans in place to deal with the majority of issues, the COVID-19 pandemic presented exceptional circumstances and providers did not have this included in their plans. These have since been updated.

Business diagnostic reviews conducted with 18 homes in 2017 identified the following issues related to stability:

- Group owned care homes had back of house support and central administration which seemed to reduce time pressures and workload compared to smaller independent homes.
- There was no discrimination identified between private and local authority funded patients but providers were requesting top up fees from local authorities due to financial pressures.
- Recruitment and retention: affected by the size of the home and the way it's managed, it helps to be on a main bus route, some concerns about image of the sectors, wages and competing with the NHS for staff.

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- Sickness and absence rates are high and policies in place. The most common cause of absence is sickness and diarrhoea.
- Many homes are in older buildings with poor energy efficiency and difficult to alter. There was more space to expand and better outside space in rural homes, but these are also less convenient to access. Heating costs were a big concern and some homes suggested a joint procurement policy may help give them stronger buying power. Homes would appreciate advice on waste policy too.
- No clear view on minimum number of residents needed to make the home viable, but aware of whether they were losing money or not.
- Appreciation of a recent grant for asset purchase and recommendation for an asset library where expensive, occasional used equipment could be borrowed rather than purchased outright.
- Finances are challenging requiring top ups to local authority fees and a proportion of private patients to survive. The increase in the living wage, a general reduction in unemployment rates, increase in employment and the unknown impact of Brexit suggests that the pool of candidates will get smaller. Profit margins are tight and any increase in interest rates plus increases in other overheads such as business rates, fuel costs and food costs will have an impact on the long term sustainability of the sector.

Since the pandemic the market has become extremely unstable due to:

- Residential and nursing homes going into administration
- Residential and nursing homes being taken over leading to instability and significant changes in services
- Lack of staff due to retirement or leaving the business
- Low number of nursing placements and no providers with open placements to ensure stability of the placement
- Lack of funding to try to assist the providers during a difficult time
- Care Home closures, this could be due to a number of factors such as financial or lack of qualified staff
- Recruitment within Social Services sector is an ongoing concern, this is having an impact on the sustainability of provisions

Discussions with Responsible Individuals highlighted the following issues:

- Rapid changes in guidance
- Cost of living increases

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- Hardship Fund tapering
- Recruitment and retention
- Good carers who are not IT savvy and not looking to upskill and undertake additional training for registration

Wrexham market stability

All Wrexham's care homes are outsourced and they are currently evaluating the medium to longer term viability of the private residential market and considering how they might deliver intermediate, short term care solutions in the medium to longer term as this market seemingly has some limitations to delivery in this context.

Fee setting methodology, budgets and lack of agreement regionally on the Pre Placement Agreement which sets the overarching terms and conditions is also hampering flexible, responsive residential care commissioning.

Barriers to entry into the market include suitable facilities and properties and the costs involved in development of a potential property. Plus, the already difficult recruitment market/staff shortages in established facilities. Ideas for ways the local council could support include; assistance to source suitable property, cash incentives, loans to assist with set up and possible recruitment assistance. The lack of flexibility in regional frameworks to reopen may also be a barrier. The council could work with Care Inspectorate Wales (CIW) and Social Care Wales to enable swifter registration processes and inflation beating budget uplifts.

All contracts are subject to regular monitoring under the terms and conditions and this should pick up any potential problems/issues at an early stage to enable preventative measures and/or emergency measures to be put in place to try and avoid a crisis. The main indicators would be; reported difficulties in recruitment, retention of staff - large numbers of leavers, always had difficulties in retaining staff in the industry as a whole, monetary losses, no reserve funds, possibly the accommodation not being suitable moving forward and no funds to make changes. Escalating concerns process including engagement with other commissioning councils.

Escalating concerns

Identifying escalating concerns within care homes is part of the council quality assurance process, with the process leading to improvements in service

performance and quality and a positive impact on staff. This information can change quickly but is included below as a snapshot.

- Anglesey: No providers currently under escalating concerns (May 2022).
- Gwynedd: One home under escalating concerns for business/financial reasons. As at 31 March 2021, there were three providers in the escalating concerns process, with one other about to be placed into escalating concerns. The reasons for implementing the escalating concerns process with those four homes can be summarised as leadership, management and oversight.
- Conwy: One provider under escalating concerns at the time of writing and one further provider during the pandemic. There is a good relationship between the providers and local authority on the whole with areas of concern identified early and resolved without the need for the formal procedures.
- Denbighshire: 2 providers currently in escalating concerns (May 2022) but has been up to around 6 at the height of the pandemic. During the pandemic Denbighshire County Council's policy was to use the escalating concerns process during an outbreak in any care home. This ensured that there was a structured approach to meetings and a multi-disciplinary team was involved.
- Flintshire: 5 care homes placed into escalating concerns between April 2015 and March 2021. Non-compliance/immediate action notice issued to 3 care homes between April 2019 and March 2020 (excludes 3 providers with new owners)
- Wrexham: Three care homes placed in escalating concerned during the reporting period to March 2021, with two of those homes having completed the process within the timescales. One home remained in the process supported by social care and health colleagues until April 2021.

Care home closures

Lessons learned from care home closures

What worked well

Experience of recent closures highlight the following:

- Good working relationship between Care Inspectorate Wales (CIW), the council and health board with colleagues from Continuing Health Care (CHC) and community nursing leads involved alongside social services senior staff, social workers and contracts and commissioning officers.
- Linking to advocacy.

- Provision of list of current vacancies in the sector.
- Health colleagues working with social care staff in Community Resource Teams building stronger relationships, shortening time to achieve outcomes and improving experience for residents.
- Social services senior staff, social workers and contracts and commissioning officers working more closely to improve dialogue and co-working across operational and business support teams.
- Person-centred, outcome focussed work across all teams.
- Regular communications with providers
- Importance of initiating discussions as soon as possible to facilitate joint planning and working.
- Allocated team of council staff to support people with their packing and accounting for their belongings, alongside providing a council presence in the home.

Challenges
- Could provider failure have been anticipated, risk assessed before notice given? Difficult to anticipate based on intelligence available. Perhaps a joint process could be developed based on experiences to guide future scenarios.
- Ensuring sufficiency of placements in the local area are able to meet the individual's level of need, while still supporting choice and control. Also, preventing admission to acute and community hospitals.
- Managing expectations and emotions of staff and residents during the process.
- Understanding equipment ownership – what belongs to the home, Health Board, Stores, Welsh Government such as personal protective equipment (PPE) and ensuring this is moved to a new setting alongside the resident.
- Working with third parties such as administrators. Differing opinions and expected outcomes, accuracy of information, understanding of Welsh policy.
- Maintaining safe level of staffing at the closing setting.
- Accessing staff files to support ease of employment to new employers.
- Complexities of a new provider taking over the home as a going concern. In particular, if there are restrictions on their registration.

Denbighshire supported providers to update contingency plans during the pandemic when new and exceptional difficulties were experienced. Denbighshire Council staff have worked alongside providers when staffing has been impossible to resource otherwise. Brought providers together to foster better relationships and share best

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practice, for example, around infection control. Monitoring visits are not yet back on track since the pandemic but all homes with possible risks have been visited and interim measures included phone calls. Provider engagement meetings are now monthly but very poorly attended.

Flintshire has also found that moving away from systematic annual monitoring visits to a practice development approach has helped develop effective constructive and professional relationships with providers, which have been critical in enabling them to meet the challenges of the pandemic together.

Feedback from care home residents

All counties have systems in place to consult and engage with care home residents. A summary of feedback received is below:

- Positive feedback, particularly focussed on staff providing support. They were described as very caring, having time for people and supporting with all aspects of personal care and related needs. Managers and office staff were also mentioned in terms of being approachable and sorting out problems when they arrive. Everyone also said they felt safe in the buildings.
- Some issues were raised by individuals, not often but still important, including training and reminders to staff about issues such as knocking and waiting at doors, use of mobile phones and how their approach to tenants is important. For example, not rushing, treating them as an adult.

Feedback from providers

- Citizen's having rapid deterioration or life changing events such as a stroke then losing mental capacity with finances. Often no Lifetime Power of Attorney (LPA) in place. It would help to promote LPA more and this could reduce the council deputyship waiting list and workload.
- Transport is a huge issue for older people, particularly those living in rural areas and those with limited mobility. Bus services are very limited especially in rural areas and public transport is often not fully accessible or wheelchair friendly. Dial a ride is excellent but only operates in the North of the county and is not cheap. Taxis are expensive and not always available or accessible. One did need a mobile phone to book the new Flecsi bus – now amended.
- Welsh language capacity is problematic.

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- Pressures around recruitment and retention with staff leaving sector following the stresses of COVID-19 and the ability of the sector to pay a competitive wage (compared to other sectors such as retail). Regulatory requirements. Lack of skills regarding bid writing and understanding the requirements of a tender process.

Impact of commissioning processes on the market

Each council has systems in place to support and liaise with providers, including regular meetings and discussions with providers and support with training and resources. Examples include Flintshire's 'Progress for Providers' Programme in Care Homes which is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes.

Supported Living

North Wales commissioners from the six local councils and health board worked together to develop a Supported Living Framework which went live on 1 April 2020. Multiple service providers have already been admitted to the framework agreement following the requisite due diligence and quality checks. This enables commissioners to commission services adopting the framework agreement which can streamline processes while remaining in accordance with relevant legislation and the local authority Contract Procedure Rules.

Denbighshire County Council have 41 supported living contracts due to end 31 March 2023. These have been in place for many years and extended numerous times with a view to re-tendering. Discussions are currently underway regarding how best to re-tender. The concern is that re-tendering could have a destabilising effect on the local market exacerbating existing issues with retaining staff and risking providers handing existing contracts back rather than bid for more. Discussions are underway about what approach to take.

Welsh language

Around 24% of social care staff in North Wales can communicate effectively through the medium of Welsh (Social Care Wales, 2018b)(Social Care Wales, 2018). Across

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North Wales 20% of registered care home managers are fluent Welsh speakers, which is highest in Gwynedd where 57% fluent Welsh speakers.

Engagement in Denbighshire identified receiving services in Welsh was a high priority in the Denbigh area and there is not enough care provided through the medium of Welsh in the south of the county. Many staff have some Welsh language skills but lack confidence so an internal project is looking at ways to improve this. An inspection of Cysgod y Gaer care home in Corwen in March 2022 identified that the service does provide an 'Active Offer' of the Welsh language and that it anticipates identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Social value and preventative services

The concept of social value includes the following.

- The value experienced by the users of a service, delivering 'what matters' and co-producing services with people who use them.
- The added social, environmental or economic value a contract can provide over and above the core requirements.
- The duty local councils have to promote social care and preventative services provided by social enterprises, co-operatives, co-operative arrangements, user led services, and the third sector (Welsh Government, 2014).

The Wales Cooperative Centre (2021) has produced a guide to raise awareness of potential social enterprise and co-operative models in the care home sector.

We want to promote 'social value models of delivery' that:

- Achieve well-being outcomes.
- Work co-productively – giving users a strong voice and real control.
- Have a preventative and dependency-reducing orientation.
- Incorporate collaboration, co-operation and partnership.
- Add value - social, economic and environmental.

As well as to promote activities that maintain or strengthen the well-being of unpaid carers and community capacity beyond the market – without which the market cannot be stable.

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Each county supports a range of preventative services which can help people to remain in their homes and avoid the need for residential or nursing care. This includes regional projects funded through the Integrated Care Fund (ICF) including falls prevention projects and step up / step down care. 'Step up' is an intermediate care function to receive patients from home/community settings to prevent unnecessary acute hospital admissions or premature admissions to long term care. 'Step down' is an intermediate care function to receive patients from acute care for rehabilitation and to support timely discharge from hospital.

Projects include; community agents, navigator and social prescribing projects which link people up to support and activities available in their local community. They also include; befriending, advocacy and respite services.

The Micro Care and Community Catalysts projects provides support to micro providers to enter the care markets. Direct payments are used to help people access personal care and live as independently as possible.

There is more information about preventative services available in North Wales in the Population Needs Assessment.

Workforce

The table below shows the number of registered adult care home managers in North Wales at the 1 April 2020. Analysis of the data shows:

- In the last year 46 managers left the register and 31 joined, a turnover of 14%.
- The ratio of women to men is 6:1 and 230 are aged over 51.
- Around a third of registered managers have some Welsh language skills and 20% are fluent.

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Table 6: Number of registered adult care home managers, 31 March 2020

Local council	Care home managers
Anglesey	30
Gwynedd	61
Conwy	67
Denbighshire	66
Flintshire	39
Wrexham	47
North Wales	310

Source: Social Care Wales, Registered adult care home managers

A regional survey carried out for the Market Stability Report identified that 1 in 5 care worker roles are vacant across the region, including senior care worker and care worker roles.

There are some concerns that since the introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 more homes are offering both residential care and older people's mental health (EMI) residential care without necessarily providing separate facilities for different residents and possibly without having suitable skill sets and arrangements in place.

There is an increase in training needs due to the lack of available training on offer during the pandemic, which include basic training such as inductions and manual handling.

There are some concerns that staff may have moved away from a reablement ethos due to pressures during the pandemic. For example, individuals becoming very deconditioned due to lack of activity and staff not promoting simple forms of independence, such as going to the toilet unaided.

Local authorities report that it is becoming more difficult to recruit care home managers. Alternative approaches such as the 'Grow Your Own' (The King's Fund, 2006) may have the potential to create the conditions for sustainable workforce development.

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4. Domiciliary care services

Population overview

It is predicted that the number of people aged 65 and over who struggle with activities of daily living will increase by 25% increase by 2040

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 Census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area (Regional Partnership Board, 2022).

Moreover, around 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW, 2016). It is anticipated that 30% of people have enough capital to fund their own care in both domiciliary care and care homes (CSSIW, 2016).

Table 7: Predicted number of people aged 65 and over who struggle with activities of daily living

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number	Change percent
Anglesey	5,100	27%	6,550	29%	1,500	23%
Gwynedd	8,000	28%	10,050	29%	2,050	20%
Conwy	9,450	29%	13,050	30%	3,600	27%
Denbighshire	6,450	27%	8,800	29%	2,400	27%
Flintshire	9,150	27%	12,350	29%	3,250	26%
Wrexham	7,550	27%	10,000	29%	2,450	24%
North Wales	45,700	28%	60,900	29%	15,150	25%
Wales	185,300	28%	248,900	29%	63,600	26%

Numbers have been rounded so may not sum
Source: Daffodil, Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government

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Market sufficiency

Market overview

The average number of hours of domiciliary care per week commissioned by each local authority and the health board is summarised in the table below.

Table 8: Average local authority/health board Commissioned domiciliary care hours per week

County	Older person	Learning disability	Older person mental health	Physical disability	Total
Anglesey	3644	390	-	582	4616
Gwynedd	-	-	-	-	11144
Conwy (a, b)	8024	5523	382	-	13930
Denbighshire	-	-	-	-	5150
Flintshire (c, d)	6,047	913	22	1,160	8142
Wrexham	5599	638	1196	955	8388
North Wales					44558

Source: Local authority data collection. Some figures are rounded so may not sum.
 (a) Learning disability figure also includes physical disability
(b) Figure includes direct payments
(c) Learning disability floating support (not in supported living accommodation)
(d) Older person mental health - independent sector, but majority of support provided by in house mental health team

In terms of the balance of the market, on average more than 70% of the North Wales domiciliary care market is comprised of independent sector providers with the remainder a mixture Local Authority and Third Sector providers. However, this does vary according to local authority. For example, Gwynedd have 44% of domiciliary care being provided internally currently and 56% through the independent sector, whereas in Flintshire the local authority currently provides around 10% of the domiciliary care provision.

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Table 9: Percentage market estimated share of domiciliary care sector by type

County	In House	Independent sector
Anglesey (a)	18.5	81.5
Gwynedd	44	56.0
Conwy	9.7	92.3
Denbighshire	10	90.0
Flintshire	10.5	89.5
Wrexham	3	97

Source: Local authority data collection

(a) Should be in-house/external provider (independent sector and third sector) split of 30/70%

Table 10: Number of providers working in each local authority area

County	Number of providers
Anglesey	1
Gwynedd	1
Conwy	3
Denbighshire	6
Flintshire	6
Wrexham	4
Regional (a)	52

Source: North Wales Domiciliary Care Framework

(a) Providers noted for each county are -ones who only provide services in that county. Regional providers are those that work in more than one county in North Wales.

Table 11: Average hourly rate of domiciliary care by population group (£)

County	Older person	Learning disability	Older person mental health	Physical disability
Anglesey	17.83	16.04	17.83	17.83
Gwynedd	19.13	19.13	19.13	19.13
Conwy (a)	20.60	20.60	20.60	20.60
Denbighshire (a)	19.53	19.53	19.53	19.53
Flintshire (b, c)	18.67	16.84	-	18.67
Wrexham	20.33	16.90	20.58	20.28

Source: local authority data collection

(a) Average rate across all population groups

(b) Supported living

(c) Majority of older person mental health supported in house, no average provided.

Regional market overview

Domiciliary care is a priority market identified by commissioners, with current private sector providers unable to fulfil the demand for a significant amount of time now. As such, growth and development of services including general domiciliary care (includes homecare, re-ablement; community living and recovery) have been identified as opportunities for the future.

Isle of Anglesey market overview

In Anglesey, demand is currently exceeding supply (March 2022) due to shortage of staff within domiciliary care providers.

Gwynedd market overview

In Gwynedd there has been insufficient domiciliary care provision to meet need across Gwynedd, particularly in the Eifionydd and Pwllheli area at present.

In Gwynedd, currently there is a lack of available domiciliary care, and the nature of current arrangements mean that providers can refuse to give care, or return

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packages. Frequent emergencies can occur, where providers report that they are no longer able to provide care due to staffing problems.

Currently, people have little choice in the field. Getting any care is a challenge, let alone having a choice. People can choose to get Direct Payments to arrange their own care, but it is not easy to find people who can offer care. A project with 'Community Catalysts' has started, to encourage people to set up a small company to provide care, and hopefully this will improve the situation.

Conwy market overview

The numbers of people who receive domiciliary care packages in Conwy has declined over the past four years, as can be seen in the table below.

There have been a couple of principle reasons for this, the impact of COVID and carers workers leaving the sector with the sector unable to recruit new staff.

As it can be seen that during the last 12 months the numbers of citizens receiving domiciliary care had dropped dramatically and evidence from providers is that this is directly due to lack of domiciliary carers. During the May to November 2021 period approximately 950 hours of domiciliary care packages have been handed back due to private sector agencies unable to meet demand.

Table 12: Numbers of people who receive domiciliary care packages in Conwy

Year	Total clients
2017/18	898
2018/19	818
2019/20	799
2021/22	717

Source: Local authority data collection

As of this week 2 of April 2022 there are 698 packages begin delivered to older people across Conwy.

The table below shows the total number of packages and hours that are being delivered, week 2 April 2022. The areas in this table are shown as the Community Resource Team (CRT) Areas.

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Table 13: Total number of domiciliary care packages and hours that are being delivered in Conwy (April 2022)

CRT area	Packages	Hours	Average hours per package
Abergele	146	1,709	11.7
Colwyn	206	2,251	10.9
Llandudno	172	2,217	12.9
Coastal	91	1,166	9.0
Rural	83	747	9.0
Total	698	8,091	11.6

Numbers have been rounded so may not sum
Source: Local authority data collection

It can be seen that the Colwyn CRT area has the most packages and Rural has the least. It is also interesting to see that the Llandudno and Coastal areas don't have the most packages but the average hours per package is higher than any other area, this is probably due to the average age of the population in those areas and the fact that they need more intensive support packages.

Denbighshire market overview

There were 585 people who received domiciliary care in Denbighshire during 2020-21. This number has increased over the last year.

Table 14: Demographic of people accessing domiciliary care in Denbighshire

Age group	Percentage of Provision
18-24	1%
25-64	19%
65-74	11%
75-84	24%
85+	45%

Source: Local authority data

Denbighshire does not have enough providers to give people a real choice or to give an element of competition in the market. Commissioners have unmet demand and are unable to provide domiciliary care for all requests. For example, at the end of March 2022 there were 116 people waiting for domiciliary care packages, of which 26 were receiving interim support. The Interim Support Team's function is to provide domiciliary care and support for a short period of time whilst care packages are secured through the provider sector. There are particular challenges in the south of the county where we have minimal independent provision. Our in-house team are only working in the south and their intervention often ends up being long term due to lack of alternative provision. Moreover, the re-ablement teams, both north and south, are finding they are picking up urgent care packages on a regular basis and this in turn has an impact on our ability to offer re-ablement services.

The range of care needs is wide and includes:

- frailty due to age related conditions
- physical disabilities
- learning disabilities, including autistic spectrum disorders
- sensory impairments
- chronic illness
- long term health conditions
- dementia
- mental health, including depression, anxiety
- substance abuse
- palliative care

We are working with Community Catalysts to ensure that Denbighshire residents are able to access the kind of care and support that suits them best. In addition Community Catalyst   supports citizens who wish to, to provide care and support in a way that fits with their lifestyle.

Community Catalysts

Community Catalysts is a social enterprise working across the UK to try to make sure that people who need care and support to live their lives can get that help in ways, times and places that suit them, with real choice of attractive local options. They help people across the UK use their energies and talents to set up 'community micro-enterprises'. Community micro-enterprises are really small businesses or ventures or groups that offer help with care or health or wellbeing to local people in their area.

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Community Catalysts has lots of experience and expertise and can offer people who want to set up a new care enterprise specialist advice and guidance, so they can do this safely and well.

In Denbighshire, Community Catalysts has been commissioned by the Council to use its expertise to help to tackle social care challenges.

Moving with Dignity / Right sized Care

For many years, it has been established practice across health and social care for people who need to be hoisted, or cared for in bed, to have a care package with two people to assist and carry out the care.

It is unknown where or how, this practice became established, but with innovations in moving and handling equipment and a move to a more person-centred care & support approach, this requirement is increasingly being questioned and challenged.

It has been estimated that at least 37% of Denbighshire citizens could be assisted by one carer (instead of two), with the additional benefits of maintenance of dignity and comfort together with the increased flexibility derived from the provision of only one carer. More specialist moving and handling equipment is being designed and manufactured to facilitate single handed care allowing our Citizens to have their care needs addressed with the minimum of support and intervention.

Denbighshire have been promoting this way of working across Health and Social care and training staff so that they become more familiar with specialist moving and handling equipment and so they are more confident about supporting our Citizens to have their Care needs addressed with the minimum of intervention.

The Moving with Dignity project incorporates promoting independence and appropriate handling techniques for care provision. Using kindness and a gentle, compassionate approach, it involves looking at the number of carers required to attend to a person's needs, when being lifted, transferred or repositioned using specific techniques and items of equipment.

During the last year 5 sessions were held with Occupational Therapists to refresh skills using bed management systems. As a result, the Nordic bed management system is now core stock and can be ordered directly from our Community Equipment Service (CESI) which has reduced the delay between the initial assessment and providing beds to citizens.

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Formal training sessions were held with 22 care staff from our in-house Independence at Home team. Following on from the training, the team are now working towards ensuring that care packages for those being discharged from hospital are considered within the ethos of Moving with Dignity before the care is transferred to external domiciliary care providers.

A pilot project was implemented with one Domiciliary Care agency, whereby the Manager and Moving and Handling trainer received an awareness training session to discuss the ethos of Moving with Dignity, which they are now rolling out with their care team. The aim is that once all training has been completed, work will be carried out to review all double handed packages of care

Our Moving with Dignity project lead completed a training session with Betsi Cadwaladr University Health board (BCUHB) Moving and Handling trainers to discuss single handed care.

The newly created Adult Social Services Edge of Care Team fits with our strategic vision for a modern, more effective way of delivering social care support that strengthens individual and community resilience. The Edge of Care team is unique in that it is based within Adult Social Care Services and recruits, trains and deploys Volunteers. The Manager is a qualified Social Worker and Outcome focussed mentor. Two Edge of Care Coordinators support the Manager to deliver the project.

The Team has demonstrated how the project can positively impact on planned care pathways, supporting discharge from hospital for citizens, working closely with our Community Resource Teams in delivering a 'team around the individual' approach, reducing demand for traditional planned care. For example; we have volunteers providing respite to carers, with careful and considered matching of 'cared for and volunteer', the result has been an experience that is meaningful and enjoyable for both carer and cared for. We have examples of where citizens have remained on the 'edge' of planned and unplanned care for example Mental Health Services, Care Home placement and traditional domiciliary care, keeping citizens in the community

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Flintshire market overview

With regard to the demographic of people accessing domiciliary care in Flintshire, the largest group are people aged 85 and over, see the table below.

Table 15: Demographic of people accessing domiciliary care in Flintshire

Age group	Percentage of provision
18 to 24	1%
25 to 64	17%
65 to 74	12%
75 to 84	27%
85 and over	43%

Source: Local authority data collection

Of those under the age of 65, a similar proportion of people receive support for a learning disability as a physical or sensory impairment.

As previously reported, the population changes over the next five years will have an impact on the sufficiency of provision. This increase number of people living in the community with dementia and complex needs may increase the demand for domiciliary care services, in particular 'double staffed packages of care'. This is something the authority needs to consider in order to continue to support individuals to live at home for longer.

Flintshire In-house Community Support Service provides care and support for adults who have an assessed need in their own homes. The service is split into three geographical localities and the service is delivered via a team of care staff who work across the whole of Flintshire. These three localities replicate social work and health teams locally and this aids in continuity and developing working relationships across different professions. The three localities are:

- Locality North East – Deeside area
- Locality South – Mold / Buckley area's
- Locality North West – Holywell / Flint area's

The Community Support Service adopts an ethos of re-ablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014. The Community Support Service provides services to people over 18 years who have

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been assessed as having a social care need living in Flintshire. The Community Support Service provide support for a range of health and care needs, including:

- frailty due to age related conditions

- physical disabilities

- Learning disabilities, including autistic spectrum disorders

- sensory impairments

- chronic illness

- long term health conditions

- dementia

- mental health, including depression, anxiety

- substance abuse

- palliative care

The Community Support Service support people via three different care and support models/approaches which vary depending on the individual and what matters to them.

Re-ablement - designed to support people to regain, improve and maintain their daily living skills and maximize their independence whilst continuing to live in their own home. This is a short term service which can be provided for up to six weeks. The service has close links with hospital discharge teams and plays an important role in contributing to a reduction in hospital admissions and readmissions and works closely with a range of professionals including Occupational Therapists, Social Workers, Physiotherapists and District Nurses. The service also plays an important role in working with people to achieve their own personal goals to aid integration back into their own environment at home and into their local community. The aim is to support people to maximize their independence as quickly as possible and ensure that if people need ongoing care and support this is at the appropriate level.

Living Well - provides flexible care and support for people living with dementia. The service is designed to allow independent living and aims to support people to stay active in their home and active in their community for as long as possible. The care and support is tailored around the individual. Care, support and activities are developed over time as the staff build up a relationship with the person and they understand what they need. This approach delivers positive outcomes and contributes to people living with dementia maintaining their independence for as long as possible.

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People who have long-term complex care needs are supported to remain independent in their own home. This includes daily living support, helping to achieve identified goals, support with medication as well as end of life / palliative care as required. In supporting people with complex needs the service offers stability and reassurance, and can that can support people overcome a crisis as necessary.

In addition to Local Authority's in-house care provision, the Commissioners in Flintshire actively utilise 28 providers from the North Wales Domiciliary Care Framework. There are also a small number delivering supported living exclusively under an alternative framework.

Both independent sector and Local Authority services are currently delivering around 7500 hours of domiciliary care per week. Flintshire County Council in-house provision delivers approximately 12% of this market, but aims to increase service delivery in this area to support more people to live at home, in line with the Council Plan. These figures exclude the provision of Extra Care, from which the Local Authority delivers around 370 hours of care per week.

Wrexham market overview

The population of Wrexham is just over 135,000 according to the 2017 census. Over 45% (58,359) of that population are over the age of 45 years. Further 23% (31,700) of the population is over the age of 60 years. Those in fair health are 19,000 (14%), those in bad health are 6,500 (5%) and very bad health 1,800 (1%). Domiciliary care provision in Wrexham is provided through a patch-based model.

Of those there are a number who provide care services to those in need who are unpaid. These are broken down as follows: 8,900 provide 1 to 19 hours unpaid care a week; 2,200 provide 20 to 49 hours unpaid care a week and 4,000 provides 50 or more hours unpaid care a week. It is likely that over a five-year period all of these people will need to access services at some level.

Market stability

Regional challenges

A gap in services exists in relation to short home calls for support with medication. Neither health nor social care services provide calls only for medication, but older

people with memory problems do need this vital care (Regional Partnership Board, 2022).

The current economic situation with rising inflation and fuel costs, and wider cost of living pressures in early 2022 are creating instability for domiciliary care providers and their staff for example in-work poverty.

Decreasing budgets could present further challenges around the level of services which are able to be commissioned and provided. Across North Wales, providers have appreciated the support funding throughout the COVID-19 pandemic. For example, an additional £1m for domiciliary care which has provided stability during the pandemic. There is concern over the impact the end of the financial support will have.

Isle of Anglesey market stability

Post pandemic, recruitment and retention of staff remains an issue with the staff turnover rate in Social Services having increased in 2021/22.

There is an increasing demand for services, but budgets along with inflationary pressures are struggling to keep up with this demand.

Gwynedd market stability

Gwynedd has recently begun to establish the new domiciliary care model and early indications are very positive with providers having more recruitment successes. The domiciliary care tender opening in early April 2022 will give commissioners the opportunity to establish the new model across the county, and hopefully achieve much more stability thereafter. It is hoped that it will be possible to recruit more staff, achieve more with the same staffing level, and achieve greater efficiency (less travel and less bureaucracy) which results in more time to care and better outcomes for people (through focus on what makes a difference to the individual and tailor the care appropriately), through the adoption of the new model. The intention in the new model is to maintain the 50:50 split between the internal and external sectors for provision. The inclusion of the new contract for the external providers means that we have the freedom to adjust this ratio over the life of the agreement. Frequent emergencies in domiciliary care where providers report that they are no longer able to provide due to staffing problems. As the new arrangements come into effect a transition period will be required including effective shadowing and training.

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Conwy market stability

The Independent sector market has been unable to fulfil the county's domiciliary care requirements since the pandemic. Conwy currently (April 2022) has over 900 hours of un-brokered care that the market cannot supply (60+ packages). This has been consistent for over 12 months and is being met by in house and BCUHB provision. Discussions with providers suggest that this is purely down to staff / recruitment problems faced by the sector. Things are slowly improving but at a pace too slow to meet the rising demand.

Denbighshire market stability

Denbighshire's in house provision adopts an ethos of re-ablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014, providing services to people over 18 years of age who have been assessed as having a social care need and living in Denbighshire.

Denbighshire's in-house provision consists of Re-ablement, Health and Social Care Workers and the Interim Support Team - all services are intended to be short term interventions.

The Interim Support Team's function is to provide domiciliary care and support for a short period of time whilst care packages are secured through the provider sector in the South of Denbighshire. Increasingly, all elements of the in-house provision are holding cases for longer due to the lack of domiciliary care available. Due to the low number of providers able to deliver care in the south of Denbighshire, there is a commitment to expand the in-house provision.

Across social care there have also been high levels of staff absence that are likely to be linked to high levels of stress and anxiety post the pandemic.

Commissioners are struggling to secure packages of care, particularly in the south of Denbighshire. The main reason for this is lack of available care staff. This is a long term problem which is worsening. Domiciliary care providers handed back around 600 hours of care packages in 2021 due to lack of available staff.

There is a good range of providers in Denbighshire, although not all on the framework actively bid for packages. The domiciliary care sector in the county has been severely affected by the pandemic. In particular, sourcing double handed care packages is a challenge, as is the lack of availability of care provision in the south of

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the county and in rural areas. We are also aware that domiciliary care services in rural settings is more expensive – some research suggests up to 20% more, and the average hourly rate is up to 11% higher. Increasing costs of transport fuel is challenging for all providers

Denbighshire County Council are considering opportunities to develop enhanced domiciliary care provision for citizens with higher levels of care and support needs. The model would necessarily be flexible (rather than 'time and task'), to support care staff to build relationships and person-centred working, gain enhanced skills through training and play a key role in care and support planning for citizens. Ultimately, the provision would have a clear outcomes focus, and success would be measured by those outcomes.

Denbighshire is hoping to conduct a pilot involving electric vehicles for provision of care during 2022.

Flintshire market stability

In Flintshire, the market is a mixed model with continued expansion of in-house domiciliary care. This is a priority for the Council to help rebalance the care sector. Independent care providers continue to work creatively with the local authority to ensure the numbers of people waiting for care at home are the lowest possible. However, during the last 2 years of the COVID-19 pandemic, this has been challenging.

We now start to see creative solutions including the use of electric vehicles to support domiciliary care staff through the proposed WG scheme. They will be used to support domiciliary care staff who cannot drive by accessing WG scheme to prioritise driving tests for domiciliary care workers who are awaiting a test date. Flintshire is continuing the expansion of Micro-care to support individuals locally. The market remains challenging, but all stakeholders continue to work in partnership to overcome the well-known challenges currently faced across the UK.

In Flintshire, considering independent providers only, no provider holds more than 12% of the independent market share in the local area when considering delivered hours, with the average for a provider being 4.5%.

With regard to the balance of the market in Flintshire, the vast majority (12 out of the 18) are local providers either exclusively in Flintshire, or within Flintshire and

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neighbouring authorities. Another 4 provider's work across the North Wales region, while they also have 2 national providers.

In Flintshire, there are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. The local authority is looking at how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

There are other challenges that local, regional, and national work-streams are looking to address, such as recruitment with WeCare Wales and children's placements, however it is important to note that these still present as critical pressures for the delivery of social services in Flintshire.

As of January 2022 in Flintshire, areas of ongoing pressure include:
- double staffed care
- rural areas
- discharge from hospital
- hand-back packages from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, impacting on care staff themselves.

Need outweighs supply in Flintshire. Due to the challenging financial climate and need to encourage more people into the care industry, consideration is being given to other ways for care to be provided for example Micro-care.

There is a challenge of a deficit of care workers, those requiring care are struggling with a decreasing pool of care staff. Large care agencies have premises and overheads to pay for and investors/stakeholders to satisfy, so care per hour costs are higher.

Within older people's services, there is a diverse provider base, no reliance on one provider or sector. However, within learning disability and physical disability services, there is a small number of providers to choose from who are relied upon to meet the needs of the service.

There is a broad range of services available depending on what the individual would prefer such as traditional homecare care, Micro-care and Direct Payments.

Wrexham market stability

There are currently (April 2022) significant shortfalls in all areas of domiciliary care and wider health and social care market in Wrexham which was not seen in the April 2021 figures and is likely a result of wider, national workforce and COVID-19 recovery challenges.

Rotational and other respite solutions also present significant challenges. A lack of capacity to deliver regular and flexible respite and short breaks continues to burden unpaid carers who are already feeling increased demands from their caring role as a result of COVID-19 and other workforce challenges.

More rural areas of the county prove most difficult in achieving sustainable domiciliary care services. Since April 2021, microenterprise capacity has grown and Wrexham have approached English agencies to support to meet the demand but the sustainability of these approaches is not evaluated.

There is little flexibility in the current market (April 2022) due to significant workforce and COVID-19 recovery challenges across health and social care. Whilst there has been a 30% reduction in domiciliary care waiting list times since April 2021, it remains significantly high with any short to medium solutions yet to be evaluated and tested in terms of their longer term market stability. COVID-19 recovery funding and hardship funding supported much of this recovery during 2021-22 with longer term financial stability remaining a challenge.

Domiciliary care registration can also hamper commissioning and service delivery flexibility. RISCA requirements, while attempting to drive up quality, can prove a barrier to some organisations and staff when recruitment is already a challenge. In addition, as a border town, Wrexham does rely on providers from England in some areas. Providers are restricted in the numbers of people they can support outside of Care Inspectorate Wales (CIW) registration which can be very lengthy.

Feedback from citizens and providers

While emergency care is being provided for older people who fall and are injured, a response service is needed for non-injured fallers and for out-of-hours domiciliary care. Currently, if an older person needs additional support due to an unexpected incident, such as their carer becoming unwell, they have no access to support (Regional Partnership Board, 2022)

"Independent domiciliary care providers told us they have managed to start care delivery within the 48 hours but it has been a struggle. The biggest challenges and delays are arranging care for people who have complex needs" (Care Inspectorate Wales, 2019a)

"Independent providers of domiciliary care told us about providing care for people who miss out on a period of re-ablement when there is no capacity in the re-ablement team. We found this is often because there is a waiting list for the service due to it being dominated by people being discharged from hospital with low level needs, requiring convalescence" (Care Inspectorate Wales, 2019a)

Feedback from the Regional Provider's survey [February 2022] details the challenges faced by providers as:

- Recruitment of staff. The employment market is highly competitive and we must be able to offer a financial package to care workers, that is both competitive and worthy of the role.
- Retention of staff due to poor terms and conditions in the social care sector. The cost of fuel and the cost of living crisis is now beginning to be felt in the sector where providers are seeing more staff suffering in-work poverty.
- Staff leaving the sector due to poor working conditions and lack of respect for the work they do and the levels of responsibility involved. Staff feel undervalued and overworked.
- Retaining staff who are new to the sector who are not able to deal with the intensity of the job supporting people with conditions such as autism, people requiring personal care etc. Need better support for staff to meet the challenges of the role.

Providers also gave suggestions on ways to improve the sector and the quality of care, including:

- Enable flexibility in using commissioned care hours. Whilst appreciating budget restraints for all, it can be frustrating when trusted providers are not able to be flexible with hours etc. More time is spent justifying any variance, rather than being able to 'bank' these hours to achieve people's outcomes and therefore improve quality. Sometimes flexibility is the best way when supporting someone (make the most of a particular mood or motivation).
- Development of true partnership working with providers.

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- A level pay structure for all providers to stop the swapping from one to another for better rates.
- Recognition of the *true* costs of providing care services to enable providers to continue to provide quality services and attract / retain quality staff.
- More emphasis on using local providers instead of national companies with local offices.
- Shared resources between providers such as training of staff.

Other market stability factors

Consideration of market quality

Flintshire use *Progress for Providers* in care homes, a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes. 'Personalised Support' is a key aim of national policy and means tailoring support to the individual, and enabling them to have as much choice and control over their service and life as possible, rather than supporting everyone in the same way. The programme has been expanded to include domiciliary and extra care services in 2020/21.

In Denbighshire, commissioners have recognised the need to work with domiciliary care providers to embrace a more outcome focused approach. Further work will be done co-productively with providers in the future.

In Gwynedd, commissioners have worked with Health Board colleagues on 'Due Diligence' processes. All providers who apply to be part of the Council's new delivery model must meet certain requirements.

Impact of commissioning practices on the market

The Integrated Care Fund and Transformation Funding moving to the Regional Investment Fund's (RIF) five-year programme is welcomed, however we continue to work though the guidance and impact of the changes. Due to the value of this funding, it is critical that any changes in criteria are articulated with notice so local authorities and other partners can consider and plan services with this in mind.

Where there has been a need to commission directly with a provider, current procurement practice has often been a barrier to the need to act rapidly. Procurement processes have proved onerous and unattractive to certain providers,

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particularly in the third sector, which then hinders the number of suppliers submitting tender applications.

The Contracts and Commissioning Teams in each Local Authority and the Health Board have facilitated regular meetings with residential care, domiciliary care and Supported Living providers. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attended by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed

Alongside these meetings, a dedicated email address has been established where providers could pose COVID-19 related questions and queries where they could be responded to in a timely manner.

The team have also had daily phone contact with providers to collect data, enquire about PPE supplies, discuss any arising issues or just to be there to listen and support in this difficult time.

Denbighshire use Third Party Administered Support Budgets. This is where the money is transferred from the Local Authority directly to a third party who could be directly providing some of the person's care and support or providing a managed account service. The money is spent on whatever is agreed in the citizen's care and support plan to assist them in meeting their agreed outcomes. In this arrangement the third party holding the budget is responsible for paying providers or services and one off purchases and co-produce with practitioners.

Denbighshire will also continue to commission some long term managed care and support including domiciliary and residential care for those who need it.

Provision of service in the Welsh language

Information from the Population Needs Assessment (2022)2022 detailed that many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker. More needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence. Many organisations provide Welsh language training to their staff, either formally or informally. Examples included:

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- Courses offered by the local council or health board.
- Lunchtime Welsh language groups.
- Welsh speaking staff delivering workshops to their non-Welsh speaking peers.

In the Provider Survey (February 2022) providers note that it is a challenge to recruit Welsh speakers within their setting, help and support to advertise/translate would be helpful moving forward for smaller companies.

Providers are actively trying to increase our use of the Welsh language, but difficult to sustain any learning when not using it frequently enough (on a personal level as well as for the organisation).

Flintshire note that as part of the Mwy Na Geiriau framework the Council ensures that service users and their families are in receipt of the Active Offer. Whilst this has been taken up for some social work assessments, individuals and their families are aware of the current shortage in care staff and we have not received requests for care to be delivered by Welsh speaking carers. They are however, very conscious of this and throughout the recent pandemic have observed an increase in the numbers of staff who are learning Welsh and those who are re-kindling previous Welsh language skills which may not have been used for many years. The Council works in partnership with our local Further Education Institutions to provide Welsh Language courses at all levels to meet individual's needs.

Denbighshire ensures residents receive the Active Offer whenever they contact the local authority for information, advice or support. In the provider network there is a general lack of capacity and lack of available services with Welsh speakers is an issue for them. Useful tools such as Welsh language symbols on files are used as timely reminders to staff. However, the recruitment crisis affects both Welsh and English speakers currently. There has been discussion about placing recruitment adverts in local Welsh language publications, such as Y Bedol.

The Gwynedd position in terms of Welsh speaking staff is highlighted in the table below.

Gwynedd has a significant Welsh speaking domiciliary care workforce, a significant proportion of whom are fluent Welsh speakers.

Gwynedd has invested heavily in the promotion and development of Welsh language skills amongst care staff and in recruiting care staff who are able to speak Welsh or

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are willing to improve their Welsh language skills. In terms of care tasks spoke Welsh skills are more important in communicating with citizens and giving care in their language of choice.

Table 16: Welsh Speaking Care Staff in Gwynedd domiciliary care provision (April 2020)

Position	% of registered who are 'fluent' in Welsh	% of registered who have 'some' Welsh language skills	% of registered with no Welsh language skills
Domiciliary Care Workers	51.2	23.0	9.8
Domiciliary Care Managers	56.4	17.9	12.8

Source: Gwynedd Council data collection

Sustainability of provision

Flintshire County Council has recently employed a Planning and Development Officer to support the independent adult social care sector through the recent COVID-19 pandemic, and to become confident and resilient to meet the support needs of older people in Flintshire into the future. The officer will work closely with the adult social care sector to aid sustainability and recovery following the pandemic. This will include supporting with sustainability plans and recruitment drives in house and across the sector.

People often have little choice in reality. Getting any care is a challenge, let alone having a choice. People can choose to receive Direct Payments to arrange their own care, but it is not easy to find people who can offer care.

Risks to market stability

Both in-house and independent care providers continue to have significant staff vacancies as existing carers vacate the care sector for a variety of well-rehearsed reasons. This is of concern with regard to market stability, and particularly the ability to deliver care particularly to harder to reach areas.

Whilst WG have made provision for the delivery of the Real Living Wage to direct care workers, this will have an impact on pay compression and ability to recruit /

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provide career progression to more senior roles. This may have an impact on market stability as the next financial year unfolds.

Business costs, outside of wages are also increasing with inflation escalating and fuel costs in particular increasing significantly. For domiciliary care this has a significant impact on the attractiveness of the role and the financial viability of existing business models.

A consultation exercise with providers [in-house and external] run by Flintshire identified the following market Strengths, Weaknesses, Opportunities and Threats. These themes are shared across the region.

Strengths
- Good Brokerage relationships with providers and excellent communication between the team and providers.
- Support from provider meeting with virtual meetings and senior leadership representation.
- Commissioners are on the end of the phone for support and advice
- Providers work together and not in conflict or competition.
- Additional meetings for Responsible Individuals are positive and helpfully in getting support from peers
- Open working together – developing a support network
- Open book on finances and having honest conversations enables informed decision making
- Commissioners understand "how it is on the ground"

Weaknesses
- Administration of responding to call, for example, if the carer is late
- Still stuck in task and time
- Unemployment in the general economy is low which creates competition for staff, such as with seasonable retail jobs
- Expectations of citizens can be a challenge for tasks over and above the care plan
- Losing staff to other economic sectors, to the health board and to other roles within the social care sector such as care homes / Supported Living
- Carers who are not I.T. savvy
- Providers need better support from Care Inspectorate Wales

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- Salaries we can offer to staff are not competitive enough for the work involved in domiciliary care

Opportunities

- Social care is on the political agenda – decision makers cannot ignore social care any more
- Flexibility within time and task time bands
- Engagement with commissioners and the network of framework providers could be built on
- Providers need to engage with potential employees face to face and show them what the work is
- Greater understanding of the cost of running a domiciliary care agency – looking at the "Unfair to Care" document
- Realistic assessment of the responsibilities of the caring role in comparison with other roles for example police officer
- Need to hear more from the citizens and the benefits that this support gives
- Multi-channel advertising of roles not just online, for example, radio, buses, billboards.
- Opportunity for more joint work with health to ensure people in hospital have access to therapists to support discharge.

Threats

- Young people not attracted by domiciliary care or care in general
- Increasing older workforce and no succession planning
- Terms and Conditions in the sector are poor for the type of work and responsibilities involved
- Care not valued or seen as important in comparison to other sectors, for example, emergency service and health
- The registration and qualification frameworks and requirements are putting carer's off, particularly those will literacy and numeracy challenges
- The care sector is close to collapsing
- The Health sector does not recognise the importance of domiciliary care
- The role of carers is challenging and they are being asked to undertake more complex tasks – need to develop a stronger relationship with district nursing
- Better terms and conditions in local authority care and Health Board roles leading to destabilisation
- State Benefit restrictions disadvantage care workers and creates in work poverty

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Preventative services

A long term priority is to continue to support people to regain their independence and reduce reliance on the statutory care sector. This will be done by providing effective access to the social prescribing / third sector services through the Single Point of Access (SPOA) as well as effective management of admissions to set up / step down beds.

Some local examples of community preventative approaches are:

- Age Friendly Communities - The Ageing Well in Flintshire Action Plan identifies what needs to be done and by whom, to make growing older in Flintshire a good place to be.
- A short term project to establish proof of concept for social prescribing is also being run by Flintshire Local Voluntary Centre (FLVC) on behalf of the Health Board.
- Flintshire Social Services and BCUHB commission a carer respite service for carers. This service provides a sitting and domiciliary care service within Flintshire, which is accessed via Carers Trust North Wales Crossroads Care Services. The respite is currently available to those that have high demanding caring roles, including carers of people living with dementia. This service is offered for a 12-week period followed by signposting to SPOA to explore ongoing respite options.
- Community Navigators – Social Prescribing in Denbighshire employed by The British Red Cross and Age Connects. The Community Navigators are part of the four Community Resource Teams. They use 'Talking Points' in Denbighshire libraries as a place to meet people, although this was not possible during the COVID-19 pandemic and a lot of support was provided via telephone at that time. They are a source of current, accurate and timely information about a range of support that is available in the community. They are key in connecting people, reducing social isolation and loneliness. During 2020-21, the Community Navigators assisted 2,424 Denbighshire residents.

Denbighshire seek to commission services from providers who embrace:
- Having meaningful conversations with people
- Connecting people with what matters to them
- Working with people to take control of their lives
- Building on the strengths and abilities of people to identify individual solutions

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Denbighshire's focus is on earlier intervention, increasing preventative services within the community and helping people maintain their independence. Our mission is to place people at the heart of decisions about the type of community support services they access. For many people, this will mean that they may be given a support budget to manage their own care and support to achieve agreed outcomes. This could be in the form of a Direct Payment, a Third Party Managed Support Budget or a Local Authority Managed Support Budget for the individual. Support budgets will operate under a less restrictive legislative framework, and one that supports innovation. In Denbighshire the following work is taking place.

- Men's Sheds – The national UK Men's Sheds Association is a place for men where they can share the tools and resources they need to work on projects of their own choosing at their own pace and in a safe, friendly and inclusive venue. They are places of skill-sharing and informal learning, of individual pursuits and community projects, of purpose, achievement and social interaction. A local Men's Shed's operates in Denbigh.
- Carers Trust North Wales Crossroads Care Services offer 'Gwalia Care' which takes over the roles of the unpaid carer so they are able to take some time out. This can be on a regular or ad hoc basis and is chargeable.
- Age Connects North East Wales (ACNEW) – ACNEW are part of the national Age Connects Cymru programmes, a social enterprise providing support for people aged 50+. Locally, the service provides short-term housing related support, toe nail cutting, a cleaning and shopping service and social activities.
- Education and Learning – Many local projects are referring people to the University of the Third Age (U3A). U3A provide opportunities for retires and semi-retired people to come together and learn, not for qualifications, but for 'own reward'.
- DEWIS - Dewis Cymru is a website that aims to help people with well-being, whether that is their own well-being or the well-being of a family member or friend. The website contains information that can help people think about what matters to them and has information on services that can be accessed for support. Organisations across Wales can upload their own information to the site
- Community Agent's – at Wrexham the service is commissioned from and managed by Community Councils. Community Agents can tap into third sector services around the county to support people in their community. GP surgeries are linking people in to the Community Agents.

Wrexham County Borough Council supports the following third sector services.

- NEWCIS (North East Wales Carers Information Service) Carers information, advice, support and respite services

- Alzheimer's support: The main theme within the Welsh Government Dementia Action Plan is to enable people living with dementia (including young-onset dementia) to maintain their independence and remain at home where possible, avoiding unnecessary admissions to hospital or residential care and delays when someone is due to be discharged from care or hospital.

- Community Catalyst: Step up and support of an online directory of social care enterprises in Wrexham to allow easier access to information for citizens and professionals. They provide 6 days' worth of support to the development of third sector organisations interested in developing domiciliary care provision.

- Vision support: The purpose of the service is to enable adults who are blind or visually impaired to carry out their daily activities with confidence, through the provision of professional training in new and/or adaptive independent living skills, as well as to register individuals who have been assessed as having sight loss, or severe sight loss as recommended, by a consultant Ophthalmologist through the Cerebral Visual Impairment (CVI) process. The provider holds a small number of specialist pieces of equipment that can be loaned out to individuals in order to support them with their visual impairment.

- Deaf Support Network: The purpose of this service is to provide practical support, information and advice to children and adults who are deaf (member of the Cultural Deaf Community who use British Sign Language as their first language), living with hearing loss or who are Deaf Blind (dual sensory loss). As well as providing direct support, the provider will signpost individuals to other services who may be able to support that individual. The provider will hold a small number of specialist pieces of equipment that can be loaned out to individuals in order to support them with their communication/ hearing loss.

- Delta (Telecare): Telecare is a service that can help to keep you safe at home and enable assistance to be summoned in the event of an emergency. Telecare can help you to live independently in your home, by providing the peace of mind that someone can be automatically alerted if you need assistance or in the event of an emergency situation.

- British Red Cross: A Third Sector Link Worker has been commissioned to work with the Wrexham's SPOA to ensure that information on third sector provision is readily accessible to relevant professionals. The worker supports Wrexham

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citizens to access non-statutory forms of support, including the provision of information, advice and assistance, to enable them to maintain their independence, and prevent escalation of need

- Hafal, part of Adferiad Recovery (partnership with housing): Supported Accommodation and floating support for those with Mental Health conditions
- Recovery Service: Supported Accommodation and floating support for those with Mental Health conditions.
- Stepping Stones: Individual specialist counselling, support and group work for adult survivors of childhood sexual abuse, including counselling support for individual pre-trial, during trial and post-trial. This specialised area of counselling is intended to meet the person's needs, with a commitment to supporting individuals for as long as necessary, recognising that many people are very vulnerable and may at times self --harm or have suicidal feelings.

Other considerations affecting the market

Social value

The North Wales Population Needs Assessment 2022 notes "Co-production and social value: Delivering services for older people must include the views of the population. Older people should have a voice in shaping services that they may access. The Wales Cooperative Centre has published a paper outlining how services, such as domiciliary care, can be commissioned using an outcomes based approach for provision, which focuses on well-being. as well as any immediate need" (Regional Partnership Board, 2022).

Flintshire has moved towards Micro-care delivery models and has a pilot programme as part of the ongoing Social Services offer. To meet the growing demand for care, the Micro-care pilot project has been established to expand both the supply of care in and the choices available for people across Flintshire. Micro-care enterprises are small businesses ranging from sole traders up to businesses employing 5 people who offer flexible and personalised care and support services to vulnerable people, tailored to their individual's needs. The aim is to encourage people to become Micro-carers who are either:

- Interested in providing social care services to older people but may have no experience
- Currently working in the care sector but interested in being their own boss

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- Actively supporting people in their local communities
- Want to do something that support others and makes a difference

The Micro-care team work with individuals to:
- Support them to develop their business or idea
- Provide information on training, funding and other available support and resources
- Support individuals to develop and deliver a quality service in line with current WG legislation and regulations
- Providing links to a network of other Micro-care providers for mutual support

As of February 2022, there were 27 Micro-carers trading in Flintshire. The Flintshire Micro-Care Team have also created Micro-care web pages for use by both micro-carers and people looking for Micro-carers. It provides key information for people considering working as a Micro-carer. For the public it also has explanations about Micro-care and lists Micro-carers and their contact details. This will support our aim to develop ongoing sustainability in the project. The website is located at www.careatflintshire.co.uk This programme is now moving out of the 'pilot' phase and incorporated in to Flintshire's offer.

Also in Flintshire the recruitment of volunteers began at the start of April 2021 initiated by colleagues in FLVC. The Flintshire Social Care Workforce Development Team, supported by FLVC, provided basic training to volunteers, relating to safeguarding, food hygiene, health and safety, consent, data protection, dignity, principles of care and confidentiality. By the end of April 2020, following the training and required Disclosure and Barring Service (DBS) checks, a group of 64 volunteers were available for deployment to volunteering opportunities across the county.

Flintshire benefits from a strong third sector presence and networks and a positive relationship between the Council and FLVC. The Wellbeing Team in FLVC and AVOW (Association of Voluntary Organisations Wrexham) supports the third sector and statutory partners in a number of ways:

- Promoting third sector organisations, services and activities to statutory partners
- Representing the third sector at strategic planning and partnership groups
- Engaging the third sector in consultations and engagement about health and social services
- Promoting partnership working within the third sector and across sectors

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- Signposting to or providing business support and funding
- Providing training to organisations to improve their capacity and effectiveness
- Explaining the complexities of commissioning and procurement
- Helping keep services up to date with the latest evidence base, whilst guiding them through the changes in NHS and local authority structures.
- Helping the start-up of new services or groups
- Supporting the third sector in Flintshire and Wrexham to access FLVC and AVOW's services

Community Catalyst are commissioned as a project through the Community Transformation WG Fund in Wrexham. The project's aim is to support the development of micro-enterprises to support the domiciliary care offer in Wrexham. The enterprises are not to replace the offer from domiciliary care agencies, rather to support stability and allow choice and control for citizens. It supports the direct payment options for citizens. There are currently 37 microenterprises that have completed the 'Doing it Right' standards and actively on Wrexham's register of providers.

Gwynedd notes that there is 44% of domiciliary care being provided internally today. There are several small independent companies that are local to Gwynedd and a few larger companies. The Gwynedd market does not have many co-operatives and social enterprises, but they are developing. There are third sector providers within the county but not a consistent presence as the local authority would like it be in each part of Gwynedd. Commissioners find it very difficult to obtain provision in rural areas often. Some areas have a strong informal community network already in place.

Gwynedd is proposing to develop Social Enterprises through community hubs that focus on the elements of well-being and also to develop a specialist equipment assessment provision - smart house. Gwynedd has currently 15 Third Sector Providers operating in Gwynedd.

As explained above in Gwynedd people have little choice of domiciliary care provision. Securing care is a challenge, let alone having a choice. People can choose to arrange their own care via Direct Payments, but it is not easy to find people who can offer care. A project with 'Community Catalysts' has started, to encourage people to set up a small company to provide care, and hopefully this will improve the situation.

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Direct payments

Local authorities promote Direct Payment through highlighting a person centred service that reflects voice, choice and control by empowering individuals to be as independent as possible in their own local community.

Some benefits of choosing Direct Payments are:

- Individuals choose who delivers their care and support
- Individuals choose when their care is delivered to suit their everyday life
- Direct payments is flexible to meet individual requirements

Isle of Anglesey Council is dedicated to developing the service by consulting regularly with direct payments experts (citizens) and to make sure that the service is fit for purpose.

Our vision and our way of implementing change has resulted in the increase in service take up and its success resulting in 243 individuals taking control of their care package and choosing to receive support through direct payments on the island compared to 35 individuals in 2015.

Denbighshire will continue to develop and utilise Direct Payments, where individuals, or their chosen responsible person, receive money directly from the Council to fund their agreed care and support needs in their chosen way. This might be through recruitment of a Personal Assistant or by paying for services of their chosen agency or organisation.

At present there are not enough providers to give people a choice or to give an element of competition. Community Catalysts are helping small local providers (Micro providers) launch services but few are willing to provide personal care, which is where the biggest gap is. Whilst there may be a reduction in the care and support needed by individuals because of earlier interventions and preventative work, we anticipate growing numbers of people with more complex needs such as dementia. Denbighshire has recruited for two Independent Living Advisers (ILA) posts. Part of their role will be to join things up and offer consistent and helpful advice to families for example about Direct Payments, Micro providers and other support available for citizens and carers.

In Flintshire Direct Payments are an important mechanism by which people can exercise choice, voice and control to decide how to achieve their needs for care and

support and achieve their personal outcomes. In Flintshire the approach focuses on strengths and outcomes, which they aim to enable citizens to retain autonomy over their life, support, self-determination and autonomy and efficient use of resources.

In recent years the Flintshire Direct Payments Support Services has been completely redesigned and now provides a far more holistic service benefitting both Flintshire citizens, social services and third sector partners. Some of the key benefits of the service are:

- Far greater control over the service and how it meets the department's priorities.
- Service works collaboratively with social work teams to embed person-centered practices in line with the SSWB (Wales) 2014 Act
- Shared systems, improved communication, and better access to the service.
- Outcomes focused Referral process centres on what is to be achieved and supports joint working with the individual to own the outcome and develop bespoke solutions.
- Better placed to work in partnership with third sector organisations.
- Autonomy to develop, test and imbed innovation in line with the departments. ambition and priorities.
- Far more holistic approach, centred on the needs of citizens in the first instance, but also practitioners, communities, partners etc.
- Consideration for the Personal Assistant market in terms of standards, quality, training and opportunities for progression.
- Support that is proportionate. Importantly, we don't want to over support people, but enable them to manage their own arrangements.

During Quarter 2 (July to Sept) of 2021/22, 498 people received a Direct Payment in Flintshire. This represents the highest number of recipients per head of population of any Welsh Local Authority. Direct Payments currently make up 39% of home based services.

Table 17: Flintshire direct payments by category Q2 2021/22

Service category	Number of direct payments
Learning disabilities	169
Physical / sensory impairment	104
Children with disabilities	78
Older people	65
Children's services	49
Mental health	24
Vulnerable adults	9
Total	498

Source: Local authority data collection

Working in partnership with a small local film company (Follow Films) Flintshire Direct Payments recipients have been supported to tell their unique stories of their lives and how Direct Payments have contributed towards them achieving positive outcomes and improved life experiences. The impact of these films and the feedback received has been significant and the films are now being utilised by local authorities and institutions far and wide.

Workforce

As outlined in The North Wales Social Care and Community Health Workforce Strategy, the sector is under significant pressure as a result of:

- Changes to legislation as a result of the Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA)
- A new qualification framework
- Competitive pay structures with other sectors
- Competition from other sectors

There is an urgent priority around ensuring a sufficient workforce is in place for the delivery of social services and social care functions. The recruitment and retention of Social Workers, Occupational Therapists and direct care workers has become a particular challenge across North Wales.

The North Wales Social Care and Community Health Workforce is in a time of unprecedented change whereby they are required to deliver services differently with a focus on prevention, protection, intervention, partnership and integrated working,

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coproduction and empowerment; requiring a different emphasis on workforce skills and training.

Much has been written on the issues surrounding recruitment and selection in the Domiciliary Care workforce. In March 2016, WG published a research report on the 'Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care' (Atkinson, Crozier and Lewis, 2016). The research, undertaken by Manchester Metropolitan University sought to identify factors that influence whether people choose to 'become and remain working as domiciliary care workers'.

There are approximately 17,000 domiciliary care staff employed by commissioned care providers in Wales (Social Care Wales, 2018a). WG's consultation in to the Domiciliary Workforce (Welsh Government, 2016) recommends that those working in the sector are recognised as the skilled professionals they are. The negative image of the sector must be challenged to encourage people to join the social care workforce.

The key factors highlighted by this consultation included:
- Low wages
- Work pressures
- Unsociable hours
- Poor terms and conditions
- 'Zero hours' or 'non-guaranteed hours' contracts deterring people from joining the sector, as there were no guaranteed hours
- Some call times not enough to address the needs of the individual
- Lack of training and career development opportunities
- Seen as a low status job compared to healthcare

Local Authorities have extended their Care First and other Employee Assistance Programmes to the external [non local authority] workforce. Care First/Employ Assistance Programmes provide confidential, impartial advice and support 24 hours a day, 365 days a year, online or via the free-phone telephone number. The service is free for all employees to access whenever they need it.

The care provided by domiciliary carers for those with mental health needs could be improved by ensuring staff are encouraged to work in the field where they have most talent. Those working with people living with dementia require specialist training and

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extra time to complete tasks. There is a lack of dementia trained care workers, which should be addressed by the local authorities. Commissioners are keen to ensure the agencies they employ to provide dementia care are fulfilling their obligations and following care plans carefully. The profile of the profession needs to be raised to attract a high calibre of staff. (Regional Partnership Board, 2022).

Gwynedd note that there is the potential to adapt roles / tasks within their domiciliary care plans but need support from providers to implement. Staffing is a major issue at present for both domiciliary care providers and care homes.

In Flintshire, the local authority has also worked with Mind in North East Wales to provide extra support for social care workers. Information, talking therapies and activities designed to support wellbeing during this difficult time is available.

Providers in Flintshire have reported that the All Wales Jobs Fair is difficult to use and the IT is clunky particularly if you have no digital support.

Flintshire has worked in collaboration with citizens to design and implement a unique platform that supports both Direct Payments employers and Personal Assistants. The [Flintshire PA Portal](#) enables Direct Payments employers to search for available Personal Assistants in their area autonomously and for Personal Assistants to promote themselves and their availability to work. Personal Assistants complete a profile describing themselves, their experience, availability etc. and prospective direct payments employers can search the data base and engage with people they feel may be able to help meet their needs and/or achieve personal well-being outcomes. Recently they have added a vacancy page that enables citizens to post their requirements i.e. needs to be met/outcomes to be achieved, making the system a two-way process.

The Flintshire direct payments scheme has consciously set out to change the support available for this significant, but sometimes disassociated workforce. Some of the initiatives to date are:

- Personal Assistant Coordinator engaging with the workforce. Pastoral support for Personal Assistant's working in complex/isolated positions being built into the role.
- Personal Assistant Code of Conduct developed and implemented. This has helped them understand their role, where they fit in and what the expectations of them are.

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- Flintshire Personal Assistant Induction Certificate developed around 7 core modules and designed specifically around the PA role. Since its introduction 11 Personal Assistants have completed the certificate and a further 35 are working towards the award. For those enrolled on the scheme there are a further 50 training modules that they are able to access in their own time. This is the first initiative of its kind and the local authority are in discussions with Social Care Wales regarding the potential for a National approach.
- Personal Assistant Portal developed to aid recruitment for Direct Payments employers and to promote work opportunities for prospective PA's.

The recruitment of care and support staff, has historically been problematic due to the small workforce pool, lack of awareness or recognition of the roles and the risk of destabilising the private market. However, following a review of recruitment and the launch of new initiatives such as, WeCare campaign and the values based recruitment work, we have seen an increase in the number of new and returning candidates to the profession.

5. Residential services (children)

This chapter focuses on residential care services for children and young people. For the purpose of this assessment, the chapter includes those aged between 0 to 18 as well as those who are eligible for services until they are 25 years of age, such as disabled people and care leavers.

Residential services include:

- Care Homes (Children) – care in a home with paid staff
- Secure Accommodation – a secure safe place
- Residential Family Services – accommodation where parents and children stay together to be assessed / receive care

There are separate chapters about fostering and adoption services.

Population overview

The number of children is predicted to decrease

In 2020, there were around 123,700 children aged 0 to 15 in North Wales (Welsh Government, 2021b). There has been little change in the number of children between 2015 and 2020 across North Wales or in each county. The number of children is projected to fall in North Wales by 7% over the next 15 years (Welsh Government, 2020). The level for each local authority varies from a 2% decrease for Gwynedd, to 12% in Wrexham as shown in the chart below. This is a nationwide trend, with numbers also projected to fall by 5% in Wales as a whole.

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Chart 1: Population projections, children aged 15 and under (2018 based)

Lines labelled: Flintshire, Wrexham, Gwynedd, Conwy, Denbighshire, Anglesey. Y-axis: Number (10,000 to 30,000). X-axis: Year (2018 to 2032).
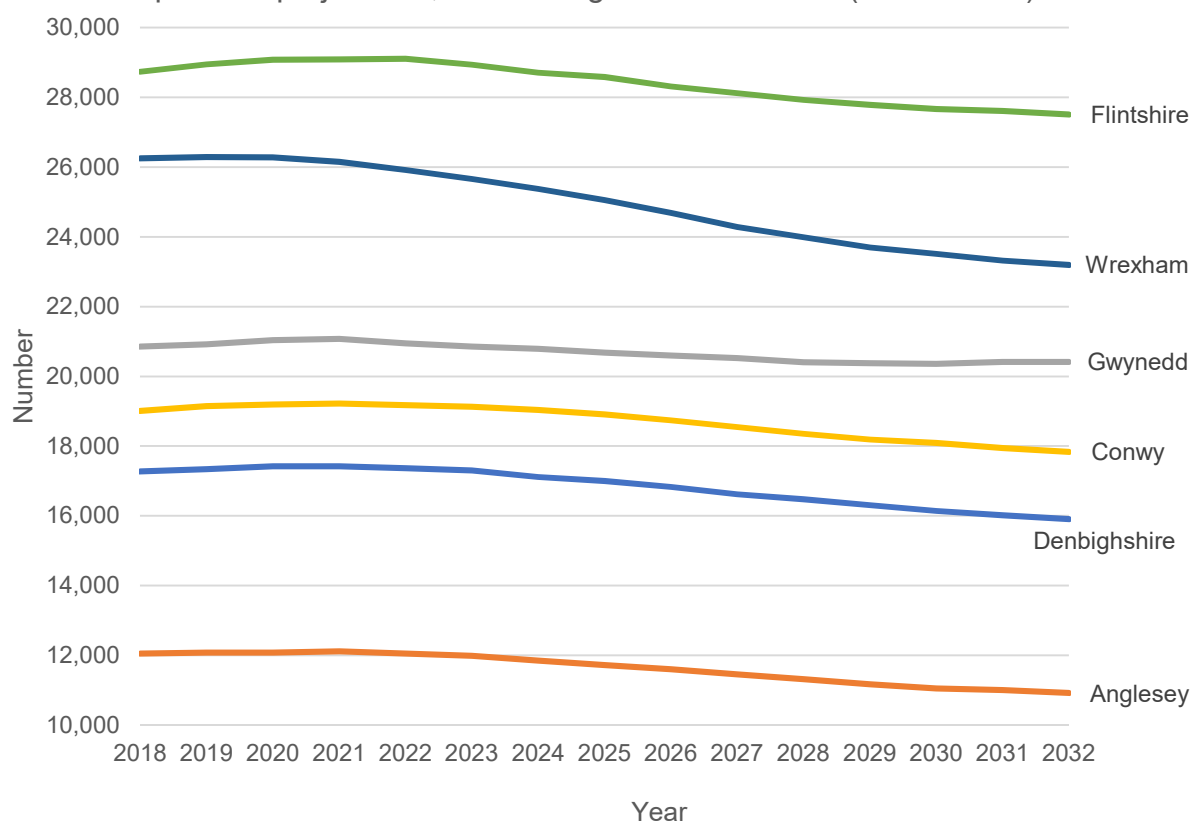
Source: 2018-based local authority population projections for Wales (principal projection), Welsh Government

The number of children receiving care and support has increased

In 2020, there were almost 2,900 children receiving care and support across North Wales. This is 2,300 children for each 100,000 children in the population, which is slightly lower than the rate for Wales as a whole with 2,550 children in need for each 100,000 children in the population. The numbers vary across North Wales and over time with no clear trend.

In 2018-19, there were 575 children on the child protection register in North Wales. Although the numbers vary year to year for each local authority, overall for North Wales, the level has remained similar, with a small decrease of 3% (15 children). Due to the small numbers involved it is not possible to identify clear trends as, for example, a dramatic change from one year to the next may be due to one family moving to or from an area.

The number of looked after children is not expected to continue to increase

Although the overall figures for all looked after children have shown a steady increase year-on-year to date, this is not expected to continue in the future (Regional Partnership Board, 2019).

Children who are care experienced were more vulnerable to the pandemic

The Rapid Review of the Population Needs Assessment (Regional Partnership Board, 2020) highlighted the impact of the pandemic on care experienced children which included isolation and loneliness, and disruptions in access to services. In North Wales, there was an initial dip in child protection referrals but then the rate of referrals returned to expected levels. An increased level of monitoring visits took place to households where there were children on the child protection register – weekly visits instead of the 10-day timescale.

There is an increase in newly accommodated looked after children and young people

In 2021 there were 1,470 local children and young people looked-after by North Wales local authorities, which is similar to the national picture across the whole of Wales. The number of children looked after in North Wales has increased by 350 during the time frame shown in the table below. North Wales has a lower number of children looked after per 100,000 population than the rest of Wales, however there are significant variations across the region, from 800 in Flintshire to 1,300 in Wrexham. It is important to note that the number is currently fluctuating rapidly with a significant increase in newly accommodated young people.

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Table 18: Number and rate per 100,000 of children looked after (under 18) by local authority, 2017 and 2021

Local council	2017 No	2017 Rate	2021 No	2021 Rate	Change No
Anglesey	140	1,039	160	1,214	20
Gwynedd	220	927	280	1,210	65
Conwy	180	829	215	1,015	35
Denbighshire	160	825	180	923	20
Flintshire	210	654	255	795	45
Wrexham	215	736	375	1,304	160
North Wales	1,120	805	1,470	1,063	350
Wales	5,960	949	7,265	1,153	1,305

Source: StatsWales

Market overview

Despite a shared commitment to prevention and early intervention, there will always be a small proportion of looked after children who need residential placements. Depending on care needs this may be in a:

- Residential Care Homes with paid care staff
- Secure Accommodation Unit
- Residential Family Unit

The updated Market Position Statement (Regional Partnership Board, 2019) provided a breakdown of residential care provision in North Wales. As at 31st March 2020, there were 70 North Wales children living in a care home. The total number of children living in a children's home increased by 133% in North Wales between 2016 (30 children) and 2020 (70 children). The table below shows that figure has more than doubled to 158 between 2020 and 2021.

Table 19: Snapshot of number of young people in residential placements at 31 Mar 2021

County	Residential
Anglesey	10
Gwynedd	21
Conwy	37
Denbighshire	20
Flintshire	39
Wrexham	31
North Wales	158

Source: Local authority data collection

Notes: Residential includes children's homes, family residential services, residential school placements

Market share

There were 17 independent providers of residential care for children, operating 42 settings and providing 180 registered places ('beds') across North Wales.

Due to the limited residential in house provision in the region, authorities have to pay external organisers known as 'providers'. You can find information on work to increase residential in house capacity within the Children's Transformation Programme section.

Secure accommodation

There is no secure accommodation provision in North Wales. There is a national purpose built secure children's home in South Wales. Hillside can accommodate up to 18 children and young people of either gender between the ages of 12 to 17 years.

The children placed in secure accommodation are done so by order of a court and numbers are very low, between 0 to 2 per authority each year with no clear trend. There are no plans to extend this provision in North Wales.

Step down provision from secure accommodation and secure welfare placements are discussed in the emergency accommodation section.

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Market sufficiency and stability

Placement within county or nearby is known to be important for children and young people to maintain their established positive social networks both with family (parents, siblings and others) and school – which helps them to develop their identity and emotional maturity (NICE, 2021).

The table below shows that Conwy and Gwynedd have the highest proportion of placements outside of North Wales. Over half of all residential placements across the region are placed outside of North Wales.

Table 20 Number of residential out of county placements

County	Total placements	Placements outside North Wales	% of placements outside North Wales
Anglesey	16	5	31%
Gwynedd	16	10	63%
Conwy	16	12	75%
Denbighshire	10	5	50%
Flintshire	31	17	55%
Wrexham	18	8	44%
North Wales	107	57	53%

Source: Market Position Statement (Regional Partnership Board, 2019)

There is a shortage of local residential providers

In August 2020, ADSS Cymru published a report which examined the case for rebalancing social care provision in Children's Services (ADSS Cymru, 2020). The report identified a significant imbalance of power in the children's residential care market, which is affecting placements and choice, the ability to make the best match to a child's needs, the workload, and the outcomes for children. Without rebalancing, there will be a continued reliance on private providers with, in some cases, high cost, and questionable value for money, greater instability for children and poor outcomes. The aim of any rebalancing must be to develop stable, resilient markets, which offer options and choice, quality care, fewer placement breakdowns, and good outcomes for children.

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An increasing demand for residential placements and a lack of supply in local residential providers has resulted in a 'providers market'. Providers are able to be more selective of the young people they accept, which may result in those with higher levels of complex needs and behavioural challenges being more difficult to place. This may be due to the skill/expertise of the provider, a concern about how behaviour might impact other residents and the local community, and worries that all of this might impact upon the outcomes of the service.

Alongside the financial pressure, there is also a pressure on staff time. In the event of a bed becoming available, a number of local services may be seeking to secure it, resulting in competition.

This high demand puts pressure on local authority finances, with providers able to dictate the cost of the provision. There is a risk that expenditure on out of county placements increases as placement costs increase in a demand led market.

North Wales is currently reliant on the independent sector for children's residential care provision. The Children's Transformation Programme and Integrated Care Funding has been used to increase in house provision and fund preventative activity. Local authorities continue to explore opportunities to facilitate a different approach to help reduce the reliance on out of county placements which lead to unsustainable financial pressures for social services and education.

There is a shortage of specialist provision for children and young people with complex behavioural and emotional needs

In 2019 over half of children placed in residential care were receiving care primarily due to emotional and behavioural needs and two thirds of those children were aged between 13 to 16 years old (Regional Partnership Board, 2019).

There is a significant shortage of specialist placements for young people with significant emotional and behavioural needs in North Wales. Children are often placed in England, away from their families. There is limited provision in England. Social workers struggle to place children with severe needs as providers tend to reserve places to try to place a child with less severe needs.

Some children may have received their education through the Welsh language and therefore have difficulty coping in an English medium school and need a tutor or assistant to provide additional support.

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Young people in crisis often attend Accident and Emergency and stay in hospital settings in an emergency situation.

There is a shortage of emergency accommodation

Social services across the UK are facing increased pressures to find placements in emergencies. Locally, we do have situations where no placement can be sourced for a child. This necessitates the development of a holding position to provide accommodation and support until a placement can be found. These situations may arise from difficulties in placing young people following the breakdown of relationships at home, transfer of children where the police have used their powers of protection to remove children and a lack of secure beds for young people with high level needs and welfare risks.

It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced. Safeguards around unregulated placements include the need for senior manager approval, notification to Care Inspectorate Wales (CIW) as our regulator, a care and support plan, completion of social work visits, involvement of Independent Reviewing Officers and supervision of social workers to look at arrangements / move on plans.

The arrangements that local authorities have to put in place in emergencies can amount to unregulated placements. Under the Regulation and Inspection of Social Care (Wales) Act 2016 it is an offence for a person to provide a regulated service without being registered in respect of that service.

Local market overview

The Market Position Statement 2021 appraised the market and set out what is happening, residential services needed for children in the region and aspirations for future providers.

- The number of children who live in a children's home has increased, some of these children are able to live in a foster placement but there are currently not enough foster carers with the right skills to support them.
- Some of our children who live in a children's home live outside of the local authority boundary despite sufficient in-area capacity.

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What we don't need:

- We do not encourage expansion in North Wales by independent providers of residential care for children whose services are not developed to meet the needs of our children.
- We do not want providers to operate children's homes without a clear model of care or deliver standard provision only.

What we want:

- We want to work with new and existing providers and support them to deliver models of care that will meet the needs of our children.
- We want to work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provide a wider social value to our communities.
- We want providers who are able to safely care for our children with multiple high needs and are able to provide alternative accommodate to secure welfare provision.
- We want providers who will work in partnership with us during periods of transition including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

Isle of Anglesey

There are 3 small group home resources on Anglesey with a potential to offer 5 bed spaces for children that require the service. Our 4th property is being renovated and the works will be finished by August 2022. This will enable the local authority to offer another 3 potential bed spaces locally to reach a total of 8 bed spaces.

The Ynys Môn small group homes service enables young people with complex needs to remain with their birth family for as long as possible. The aim is to avoid the need for specialist Out of County residential placements in the event of family breakdown.

Our multi-disciplinary team of professionals support the family and care staff who will be responsible for the day to day care of the young person. This provides consistency across the range of care and support provided to the individuals.

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Outcomes

- Be able to develop and offer an increased 'shared care' option for individuals and families to delay complete family breakdown.
- Be an opportunity for the young person to develop new skills and experiences that may enable them to move on to alternative supported accommodation to meet their individual needs.
- Be able to provide longer term care and the opportunity to work in partnership at an earlier stage with Adult Learning Disability Services to support them through the transition process.
- Be available to meet the needs of other young people who have complex care and support needs, dependent on their assessed needs.

Gwynedd

There is an identified shortfall of capacity in residential child care settings in Gwynedd and in Wales more widely. Current provision does not address the need and there is no prospect for new provision in the near future. Current providers are very small ones which leads to children having to go to England which can lead to secondary problems, especially as there is no sufficient supply in England either. Social workers encounter difficulties in placing children with intensive needs as providers tend to keep placements for children with less intensive needs. It has been noted that it is possible to ensure a placement for each individual, but that more discussion is needed in order to place those with more intensive needs. The fees are also very high.

The following issues have been raised as barriers to developing residential care:

- There is still a stigma associated with children's care homes.
- Children placed together in a care home setting need to be able to coincide and they can often have very different or conflicting needs which can be very complicated and a daunting prospect for new providers given the financial risks in establishing such a business.
- The substantial increase in housing stock prices in Gwynedd makes a business case in Gwynedd less attractive.

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Conwy

The table below shows the type and number of placements in Conwy over the last five years.

Table 21: Type and number of placements, Conwy, 2017 to 2021

County		2017-18	2018-19	2019-20	2020-21	2021-22
Foster Placements	-	249	221	212	203	208
Adoption/Placed for Adoption	-	11	16	15	17	22
Independent Living		15	16	23	29	23
Residential Homes/Schools/Hostel		30	31	33	37	48
Young Offenders/Secure Accommodation		1	2	2		
Placed with Parent/other parent		46	41	38	24	39
Est Med/Nursing Care		11	4	1	1	
Family Centre or Mother/baby unit					1	5
Section 38(6) Court Directed Unregulated Placement					3	12
Temporary Placements					3	11

Source: Local authority data collection

The number of looked after children has reduced, this is in parallel with a significant investment and focus on early intervention and preventative services. The Conwy Family Support and Intervention team saw 4,400 referrals between April and September 2021. The team has received an increased number of referrals. Anecdotally there has been an increased complexity of cases.

Key challenges to maintaining provision includes:

- Workforce - Recruitment of child care workers, particularly those with experience is a significant challenge. Experienced social workers look for alternative roles due to the nature of child protection work and the impact that this has on work life

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balance and mental health. Local authorities are competing with agencies to attract social workers, who provide higher rates of pay.

- Endeavouring to change the status of looked after children through Special Guardianship Orders (Kinship).

- Working within effective partnerships with Child and Adolescent Mental Health Services (CAMHS) continues to be inconsistent while each agency has different perspectives and conflicting priorities – challenging, high risk, time consuming casework.

- Shortage of emergency accommodation and reliance on out of county / temporary placements. This is a key priority for us at this time.

Costs for placements have almost doubled from an average per week of £3,500 in 2017 to some commanding between £6,000 and £7,000 in 2021/22.

Denbighshire

Denbighshire County Council have 20 children or young people placed within care home provisions, more than half of these children and young people are placed outside of Wales. Whilst these children and young people have been appropriately placed in residential settings based on their presenting needs, the lack of local options have resulted in some placements being made at a considerable distance from their home area.

There is a demand for residential placements for children with mental health issues and who present with complex, trauma induced behaviour. Placements with the ability to support children and young people who have experienced Child Sexual Exploitation or Child Criminal Exploitation are also lacking.

Flintshire

Flintshire County Council commission 39 children's care home services, half of these children and young people are placed out of the country in England and Scotland. A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset. While children have been appropriately placed in residential settings based on their presenting needs, there had been few viable alternative approaches available which could have contributed to a de-escalation, eliminating the need for out of county placement.

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There is a demand for residential services for children who suffer with their mental health, and there is not the sufficient level of care and support with the local authority area to provide this. Services are being sought out of county which incurs further cost implications.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

Over the next five-year period, in order to ensure stability within the sector, the council aims to:

- Work with new and existing providers and support them to deliver models of care that will meet the needs of children.
- Work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provides a wider social value to our communities.
- Work with providers who are able to safely care for children with multiple high needs and are able to provide alternative accommodation to secure welfare provision.
- Identify providers who will work in partnership with us during periods of transition, including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

Wrexham

Wrexham County Borough Council do not commission any in house provision for children's care home services, though we do have 33 children and young people placed in out of the county placements in England and Wales. A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset.

Utilising Welsh Government Integrated Care Capital Funding, this year we were able to launch our Care Closer to Home Programme which will remain a priority into the next 4 years. The Programme focuses on the purchase, repurposing and/or redevelopment of property either by WCBC or in partnership with Registered Social Landlords to deliver supported living schemes and small children's homes within

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Wrexham, enabling people to return to the Borough to meet their housing and/ or care needs and preventing the need to commission out of county placements in future. This year, we secured three properties and more are in the planning under the new and expanded Welsh Government capital grant schemes.

There is a demand for residential services for children who suffer with their mental health, and there is no the sufficient level of care and support within the local authority area to provide this. Services are being sought out of county which incurs further cost implications.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

Over the coming year, our priorities will focus on:

- Maximising regional capital funding to expand care closer to home and develop non-profit, local care solutions for looked after children.
- Reunification framework project – using NSCC process to improve reunification success.
- Improving discharge planning with dedicated legal and social work support committed to discharge planning and delivery of Discharge Care Orders.
- Continued growth of special guardianship offer and support.
- Launch of 'Reflect' – programme to support reduction in number of recurring pregnancies ending in children being removed.
- Evaluation of rates of pay for Foster Carers to better reflect costs of living and reducing poverty related risks.
- Delivery of Kick start and Supported Lodgings Projects
- Multi Systemic Therapy – continued roll out of MST approach across services to include move-on / step down support for families.
- Early Permanency Process to be established prioritising permanency from the start.

We also aim to;

- Maximise the use of new and increasing regional capital funding to develop new emergency placement accommodation/ units to increase the provision of emergency respite accommodation for those families in crisis.

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In-house children's care home provision

North Wales secured £3.8m grant funding for a regional transformation programme for children and young people for 2021/22. The strategic partnership of local authorities and health board in each geographical area within the region are overseeing the delivery of the transition programme. In the Central and East areas, two purpose built Residential Assessment Centres will be opened in 2022/23. They will support the provision of in house care closer to home for children with complex behavioural and emotional needs.

Table 22 Additional annual capacity created by Transformation Programme Funding 2021/22

Area	Annual Assessment Placements	Annual Emergency Placements	Care Home placements
West (Anglesey and Gwynedd)	-	-	-
Central (Conwy and Denbighshire)	12	-	12
East (Wrexham and Flintshire)	12	182	4
North Wales	24	182	4

Source: Local authority data
Notes: East and Central annual assessments based on 4, 16 week placements. East annual emergency placements based on 1 placement with a 2 night maximum stay.

Isle of Anglesey and Gwynedd Councils and BCUHB (West)

There was insufficient demand to justify commissioning a full-time residential family centre unit. Current capacity is adequately fulfilled.

The Transformation Team on Anglesey is a new service that will provide a multi-agency provision of intensive services in Anglesey.

The Team will work with families, aged 0 to 25, who are either at risk of coming into the care of the local authority or where there is a possibility for them to return to the home or remain in the care of their parents / carers safely.

The team consists of a practice leader, psychologist, social worker and two support workers. Their focus is on working with children and young people where a neurological condition may be impacting their behaviours at home, school or out in the community.

Denbighshire and Conwy Councils and Betsi Cadwaladr University Health Board (Central)

Bwthyn Y Ddol

The Bwthyn Y Ddol multi-disciplinary team continues to work with children and young people who are at the edge of care and are at risk of becoming looked after.

The team will initially focus on completing a holistic assessment through a consultation process, in order to recommend a program of interventions.

A new evidence based model of care has been developed through a multi-agency team. This has been tailored to the needs of young people within Denbighshire and Conwy. Early indications suggest that the intervention has helped young people remain at home safely.

A person centred, whole family approach has seen multi-agency collaborative discussions routinely taking place which has promoted partnership work across all agencies.

The new residential assessment centre will provide:

- Four placements for residential assessment
- Short term, unplanned 'emergency' accommodation for two children and young people

It is envisaged that the development will be completed in early 2023.

Flintshire and Wrexham Councils and Betsi Cadwaladr University Health Board (East)

Ty Nyth a Residential Assessment Centre and Children's residential home will provide support underpinned by the Multi Systemic Therapy (MST) Family Intervention Transition (FIT) approach.

The MST (Multi Systemic Therapy) Team became operational in May 2020 during the COVID lockdown, comprising of a supervisor, four therapists and an

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administrator. The MST team provides intensive assessment and therapeutic support for young people with significant needs, often with high levels of challenging behaviours across multiple areas which can include verbal and physical aggression, substance abuse, missing from home, self-harm and patterns of school exclusion / risk of exclusion. Each family has a bespoke package of care tailored to the needs of their family, leveraging off existing strengths in the family to provide the best possible opportunity for long term sustainability. The MST Team have met the criteria to operate MST UK model under strict licensing requirement including competency to practice through intensive training. MST is an evidence based clinical model that works with all systems surrounding the child, including education, community influences and any significant adults / others in the family. It builds resilience of the family and offer supports that is accessible '24/7'. Acknowledging that problems in the families can occur at any time of the day or night. Appointments take place in the family home at times that are convenient to the family. The team operates with MST's ethos of 'whatever it takes.' The team provides direct support to build the resilience of families for between 3 and 5 months. The focus is preventing out of home placement by care or custody in youth presenting with anti-social behaviour at home, in the community and/or in school.

The service will provide:

- 4 residential assessment placements at any one time (12 to 16 week length of stay) aged 12 to 17 years.
- Support to young people's carers by the MST FIT team to increase skills and support a smooth transition home.
- Ongoing family support for up to a further 4 months and with other key agencies, such as social care and schools' and other community based support networks. The goal is to improve family independence, reducing long term reliance on statutory services.
- 1 placement for children requiring emergency accommodation (2 night maximum stay).

Park Avenue will offer 4 long term placements for those children who do not suit support in larger settings. Indicatively the strategic partnership are seeking to commit to 6 small group homes over the next 3 years.

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Consideration of market quality

Regional

Children's Commissioning Consortium Cymru (4C's) are a Welsh National Team working to support Local Authority Children's Social Services Departments to commission and contract placements for Children Looked After. They manage the the All Wales Residential Framework for the Provision of Services for Children & Young People Looked After across Wales.

Framework monitoring of Quality Assurance and Risk Management processes within the Framework identifies trends in relation to providers and issues.

Isle of Anglesey

Anglesey has two registered Small Group Homes – known as "Catrefi Clyd Môn" - that are registered and running – Cartref Clyd Bryn Hwfa, and Cartref Clyd Llanfairpwll, - both of which have been running at full capacity throughout the year, working with young people with complex care needs who have suffered early childhood trauma and struggle with attachment disorders.

Following the success of the first two homes, Anglesey is currently nearing opening its third Catrefi Clyd Môn in Caergybi (Holyhead), a specialist small group home, which will be an opportunity for respite for children supported by the specialist children's services.

During the next twelve months a fourth property will be opened, which is still in its planning and registration phase -Cartrefi Clyd Môn Rhosybol.

There is another project with the planning and registration phase of Catrefi Clyd Môn Llangristiolus, which will be a modern facility specialising in Day Services for its Specialist Children's Services. With the opening of these 2 new facilities in 2022, out of county placements will be reduced further.

The facilities at Cartref Clyd Bryn Hwfa in Llangefni and Cartref Clyd Llanfairpwll were inspected by CIW in 2020 and both were judged to be Excellent.

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Denbighshire

Denbighshire is committed to continuous improvement through engaging with and listening to children and young people and their carers and paid staff via surveys and at key stages of the support process for example end of placements.

Children have helped to shape contracts for the Care Leaver Service and Regional Advocacy Services through the evaluation process.

There is an ongoing consultation with Children and Young People in conjunction with children and young people about the language used by professionals when discussing verbally or in writing the lives and circumstances of care experienced children and young people. This is in response to requests by Voices from Care, Young Commissioners and the Family Justice Young People's Board who have highlighted the language used by professionals and its impact on children and young people.

Collaborative Conversations Training has enabled Children's Service practitioners to consider how to build better relationships with people. There was significant practitioner feedback as part of a reflective exercise.

Flintshire

During April 2021, Care Inspectorate Wales (CIW) completed an assurance check to review how well the Local Authority Social Services continue to help and support adults and children with a focus on safety and well-being. The key lines of enquiry were focused within the four principles of the Social Services and Well-being (Wales) Act 2014 and findings / judgements were aligned to these – People – Voice and Control, Prevention, Well-Being, Partnerships and Integration.

Current and projected trends

- Challenges in accessing secure welfare beds and local alternatives that provide crisis intervention and diversion from secure accommodation.
- Challenges in sourcing appropriate local placements for children and young people with complex needs.
- Need for additional and appropriate short term care arrangements and facilities for children. This also includes children with additional needs and on occasions their siblings.

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- Children ages 16+ often have complex needs and placement options are limited, a strategic approach is needed in supporting the accommodation and support needs of young people ages 16-18 and for care leavers.

Impact of commissioning practices on the market

All Wales Local Authority Frameworks are used to commission individual placements across a range of placement types. These frameworks deliver strategic level partnerships with providers in fostering and residential services. The frameworks are used where either the Regions Sufficiency Duty necessitates external commissioning or where best quality, outcome delivery and value for money is achieved through external commissioning rather than internal service delivery. The All Wales Frameworks are managed by the 4C's.

The vehicle used for e-tendering external fostering and residential placements is the Children's Commissioning Support Resources (CCSR) which offers transparent and outcomes focused placement commissioning for both Framework and Non-Framework regulated placements and allows compliance with the relevant procurement guidance and regulation that underpins commissioning.

Provision of service in the Welsh language

Children who are placed out of country due to lack of specialist placements do not have the option to receive care services in Welsh. This is a particular issue in Gwynedd.

Preventative services

The Population Needs Assessment identified a key priority to support child and adolescent health and well-being with an emphasis on preventative services. This was identified as a key area of priority across the region.

The Integrated Care Fund 2016-22 has been used to explore new and innovative ways to provide early intervention to those in most need. Without this funding children and families may have required increasing interventions from Social Care, Betsi Cadwaladr University Health Board Children and Adolescent Mental Health Services in both Tier's 3 and 4 and North Wales Police, and may have not been able to remain with their families.

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Learning from previous projects should be used to further explore the development of preventative services through the Regional Investment Fund 2022-27.

Isle of Anglesey

The children and families service continues to invest in preventative services to decrease the number of children and young people requiring to be looked after. The main preventative provision is the resilient families team. They provide intensive support for families where substance misuse, domestic abuse and parental mental health difficulties have been identified and contribute to the risks that the children and young people may face at home. Through utilising strength based and psychological informed interventions the team has consistently demonstrated that these are effective ways of decreasing risk andfacilitating change that allow families to remain together. In addition, a peer mentor programme has been developed and although it's early days we expect this to be an effective addition to the offer.

The Transformation Team is a new service established in 2021. They will provide a multi-agency provision of intensive services in Anglesey. The Team work with families, aged 0 to 25, who are either at risk of coming into the care of the local authority or where there is a possibility for them to return to the home or remain in the care of their parents / carers safely. The team consists of a practice leader, psychologist, social worker and two support workers. Their focus is on working with children and young people where a neurological condition may be impacting their behaviours at home, school or out in the community. In 2022 the team will be incorporated into the resilient families' team widening the remit and scope of that team.

The service aims to provide at the earliest possible opportunity, early intervention and prevention services to families. Provisions include the team around the family that has recently been increased in size from 6 to 8 support workers. Our commissioned services include GORWEL domestic abuse service, Action for Children emotional wellbeing and young carers, Adferiad parental mental health support and the early Help Hub and One Front door multi-agency meetings.

Gwynedd

Through ICF monies, Action for Children have established the Gwynedd Repatriation and Prevention (RAP) service for Looked After Children which provides a direct therapeutic service to reduce the number of Looked After Children, including

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reducing the need for, and the number of expensive out of county placements and to support the development of a high quality local care provision for Gwynedd children. The service also prevents family breakdown including adoption breakdowns which result in the need for a looked after placement.

The predominant need from referrals is to stabilise foster placements, we offer support directly and indirectly via carers and other professionals. The support to foster parents is not just to new foster parents but also to experienced and established carers. As always, collaborative working is key to the success and in these instances working in close partnership with fostering is vital particularly focussing on self-care for foster parents. The RAP service has continued to be active to members of the closed Gwynedd fostering Facebook group, sharing advice and links on a variety of topics from parenting to pandemic issues.

The outcomes of the service are to:

- Reduce the number of Children Looked After.
- Develop a whole systems therapeutic approach to the families at risk of breakdown.
- Prevent children becoming looked after by providing Attachment-Focussed Therapy to enable children, young people and their families to better understand trauma and its impact.
- Ensure children and young people are able to achieve and maintain stable care placements by therapeutically supporting carers to understand and manage behaviours that challenge.
- Support and upskill carers to develop nurturing, therapeutic responses to behaviours which helps stabilise placements and prevent placement breakdown.
- Deliver an accessible, timely solution focussed, non-stigmatising service.
- Provide intensive support and therapeutic input for looked after children who are suitable to be repatriated to their home community in Gwynedd.
- Work with adoptive families to achieve placement stability

The service is person centred in its approach, the creativity and adaptable support of the staff ensures this.

The feedback has been very positive with one example below:

"Absolutely brilliant and invaluable support and advice. The service has been a real support and something we feel confident in and know that their always there for us

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as a family to help guide us through the bad times and for us to just vent our frustrations to! their level of commitment to us shows in their aftercare contact making sure we are ok after contacts and bad weekends. Cannot rate this service highly enough"

Conwy

Youth Justice

- Referral orders – 38 young people engaged in the last 6 months, 4 re-offended
- Enhanced Restorative Justice Work - 66 initial referrals
- Supported 78 people who had been harmed and then 44 of the young people (perpetrators) were supported to engage in specific interventions guided by the victim's views to develop an understanding of the impact of their behaviour
- No young people that engaged within the project were made subject to custodial sentence

Table 23 Conwy Youth Justice Referrals, April to September 2021

Type of referral	Number
Yellow Cards	203
Flat Community Resolution	13
Prevention referrals	44
Community Resolution +	24
Youth Caution	0
Youth Conditional Caution	6
Total	290

Source: Local authority data

Denbighshire

2021 saw the establishment, via Children and Young People's Transformation Programme funding of LIFT (Local Integrated Family Team). LIFT offers targeted early support for families experiencing difficulties with managing emotional and behavioural difficulties.

The team, which includes wellbeing navigators, occupational therapists, behavioural support specialists and a psychologist, works with families to understand the challenging behaviour and act as a source of information and support to help

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develop and implement positive behavioural plans and to provide specialist consultation when required.

The multi-agency team consisting of multi-disciplinary professionals have developed a specific model of care and a partnership approach to support families in Denbighshire and Conwy. They are now operational and working directly with children and young people and their families.

The programme has also upskilled 78 local authority and health staff in therapies that the team will be using, this has encouraged a common approach and shared language, providing consistency across partner agencies and teams. The independent evaluation of the project stated:

- Strong partnership approach at senior level was a key driver in getting the new services up and running.
- Partner agency staff were impressed at how quickly the LIFT team came back to them in response to referrals and requests for advice and guidance.
- Opportunities for consultations and joint working which they felt was contributing to learning and development for the children's workforce.
- Families have engaged well.

Feedback from parents:

- "Life is so much better at home now since [staff members] made that video for us"
- "M is so much more in touch with his feelings as I am since LIFT has been helping us, his behaviour has also improved"
- "It has been lovely to have been listened to and not judged"

During the period where the Integrated Care Fund was provided to Denbighshire the provision of this edge of care support has worked with 122 families (accounting for 200 children).

Integrated Families First / Flying Start programme (IFFFS)
The IFFFS programme provides a range of Family and Parenting Support in Denbighshire. We aim to provide early intervention and prevention services for vulnerable families to avoid escalation and ensure children in our most deprived areas receive extra help.

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In 2021-22, our Families First services received 302 referrals. We had an average monthly waiting list of 18, and an average waiting time of 26 days from receipt of referral to allocation of a worker. We supported 369 families and newly assessed 114 families' needs.

The Team Around the Family (TAF) coordinates multiple services and interventions around individual families, securing engagement, assessing need and planning support. Amidst ongoing issues and fluctuating needs around Covid-19, to date the TAF team have successfully concluded 29 action plans with families. Using a Welsh Government piloted methodology, we estimated the potential cost savings achieved by TAF for other services. The most recent available figures for January to December 2021 show savings of £122,823.

Table 24 Potential cost savings from TAF to services, January to December 2021

Service area	Estimated savings	Issues addressed
Crime	£52,272	Antisocial behaviour, domestic abuse & criminal behaviour
Education	£22,264	Absence, exclusion & school readiness
Health	£6,187	Drug misuse
Mental health	£18,052	Mental health issues in children, young people & adults
Employment	£24,048	Support to gain employment
Total	£122,823	

Source: Local authority data

In 2021, our Flying Start Health Visitors supported 1,182 children under 4 in the most multi-deprived parts of Prestatyn, Rhyl and Denbigh. We supported a further 52 families across the county through Outreach. Our Speech and Language therapists helped 102 children alongside our Early Language Development team, who delivered Portage and Laugh and Learn interventions to 36 children. From January to December 2021 we provided 31,998 free childcare sessions to 366 children, and provided 1,348 additional sessions.

Our Health Visitors contribute significantly to safeguarding children in Denbighshire. From January to December 2021 the team made 218 contacts with children in Child

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Protection measures, 135 contacts with children with a Care & Support Plan and 115 with Looked After Children. They made 639 contacts with children needing a Tier 3 Intensive service.

Table 25 Denbighshire health visitor activities, 2021

Activity	Number
Child Protection Referrals	102
Court Reports / Police Statements	12
Case Conference reports/attended	77
MARAC Reports	26
Looked After Children Reviews attended	29
Safeguarding Pre-Birth Assessments	97
Safeguarding related meetings attended	337

Source: Local authority data

In January we appointed a new Safeguarding Nurse who attended four Case Conferences and six professionals' meetings (Core Groups/Care & Support Plans/Looked After Children).

Flintshire

REFLECT

The REFLECT Service supports women who have had one or more children removed through care proceedings and are at high risk of having children who will be subject to the same experience.

The Early Help Hub is a multi-agency early help resource for children and families demonstrating two or more Adverse Childhood Experiences (ACEs). Partners include Social Services, Police, Health, Youth Justice, Housing, Flintshire Customer Connects, Education, Family Information Service, Early Years Support and Flintshire Local Voluntary Council (FLVC).

The Early Help Hub received 2,641 referrals between April 2020 and end of March 2021 and the team have adapted to meet needs during the pandemic. All Early Help Hub members quickly reverted to having discussions online and agencies adapted well during lockdown and there was no interruption with meetings. Referrals slowed down slightly during April/May but started to pick back up again from June.

Parent and Child Together Placement'

The 'Parent and Child Together Placement' recruitment campaign is beginning to come to fruition. This aims to keep children with their parents in a specially assessed foster care setting.

Flintshire closely scrutinise decisions about whether older young people should be taken into care and, in particular, what difference can be achieved at this relatively late stage.

Flintshire Meeting Service

Flintshire Meeting Services approach is aimed at keeping families together wherever possible. Families are offered a Family Group Meeting at the earliest opportunity, to prevent them from reaching crisis. Family Group Meetings explore if wider family members or connected persons would be willing to put themselves forward to be assessed to care for the child. Further funding has been made available to strengthen this approach. We have seen an increase in referrals to the service and it's been noted that families during this period required additional support due to the impact of COVID19 and the strain and increased pressure / stress on family life. We have also seen a sharp increase in referrals from statutory services which again highlights the strain the pandemic has and is having on families.

Family Information Service (FISF)

The Family Information Service is a statutory local authority service providing free and impartial information, advice and guidance to families (and those working with families) on a range of topics and in various formats.

Topics include health, education, leisure, finance and registered childcare. The service processes an average of 20,000 enquiries each quarter either face to face, by telephone and email or on the website and via social media.

Wrexham

Throughout the year, the Department has made steady progress in the development of early intervention and preventative services. In November 2021, the Early Help and Prevention Framework document was published, following a multi-agency launch along with the Children's Services Threshold document.

The Prevention and Early Help Framework document is to assist all when planning Prevention and Early Intervention Services. It supports in considering who needs to be involved, what the principles are that will drive discussions and decisions and it enables individuals to develop a clear business case for enhancing, expanding or repurposing current services.

Since the development of the Prevention and Early Help Framework, a new Prevention and Early Help Partnership has been established and work is currently underway to develop a strategy that will help to focus both the Council's and its Partner's on ensuring that support to children, young people and families is available to them before issues worsen. It aims to help children, young people and families to help themselves in the first instance but when more help is needed, we aim to provide the right support much earlier. Further development of the Prevention and Early Help Partnership will continue throughout the coming year.

6. Fostering services

Population overview

The number of children is predicted to decrease

The estimated number of children (aged 0-15) in 2020 and the projections for 2040 demonstrate the number of children in North Wales is predicted to decrease over the coming years (Welsh Government, 2020). This decrease can be seen across all of the local authorities in North Wales, with the exception of Gwynedd which is predicted to have a slight increase (1.8%). Overall the number of children in North Wales is expected to reduce by 6.1%

The Market Position Statement update (2021) gave an overview of key statistics;

- • The number of children who required a foster placement increased by 34% during the period April 2016 (600 children) to March 2020 (805 children).
- • As at the 31st March 2020, there were 805 North Wales children living with a foster carer, 40% (325 children) were living with an independent foster carer and the majority of those children required a specialist placement in order to support their needs, which could not be supported by our in-house services.
- • There are currently 11 children who are living in a children's home who could be supported by specialist foster carers. There are not enough foster carers with the right skills to support the needs profiles of our children.
- • During the period April 2020 to the end of February 2021, there were 34 children who required a parent and child placement and assessment.

Demand for foster care has increased

The number of children in foster care in North Wales has increased year on year since 2015 to around 945 in 2020. Wrexham had the largest increase, with the number of children doubling. Gwynedd also saw a significant increase. Numbers in the other local authorities have fluctuated.

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Table 26: Number of children looked after in foster placements at 31 March

Local council	2016	2017	2018	2019	2020
Anglesey	90	100	100	90	110
Gwynedd	145	145	145	165	200
Conwy	120	125	150	140	140
Denbighshire	125	110	110	115	115
Flintshire	135	140	135	150	140
Wrexham	120	135	170	175	240
North Wales	735	755	810	835	945
Wales	4,250	4,425	4,700	4,840	4,990

Numbers have been rounded so may not sum.

Source: Children looked after by local authorities in foster placements. Stats Wales, Welsh Government

Despite the increasing numbers in foster placements, the Market Position Statement (2019) expressed that a large increase was not expected in the future.

Local authorities have in-house foster care places and independent fostering agencies providing places. Some of the independent foster agencies are charities or co-operatives. The table below shows the number and percentage for each type of foster placement provision, broken down by Local Authority.

Table 27: Number of foster placements in the local authority area commissioned by provider type

Local council	In House (number)	Independent provider (number)	Total (number)	In House (percentage)	Independent provider (percentage)
Anglesey	37	32	69	54%	46%
Gwynedd	98	31	129	76%	24%
Conwy	82	41	123	67%	33%
Denbighshire	69	19	88	78%	22%
Flintshire	55	13	68	81%	19%
Wrexham	119	21	140	85%	15%
North Wales	460	157	617	75%	25%

Source: Provided by each local authority

Predicted increased demand for foster parents

The National Foster Network calculated a need for, an estimated, 550 new foster parents across Wales every year to keep up with demand. This suggests there could be a shortage of foster placements in coming years, given the increasing demand.

Sufficiency issues for some children

The Market Position Statement (Regional Partnership Board, 2019) identified sufficiency issues with finding placements for children with particular needs including:

- Respite care
- Young offenders
- Refugees, immigrants, asylum seekers
- Young parents
- Sibling groups
- Emergency situations

The stability of the workforce is an issue, with increasing demand for placements and the number of placements projected do not meet with the forecast demand.

The Foster Wales website facilitated the joining of the 22 Local Authorities to form a national network of local fostering expertise. Its focus is to make a bigger impact on a national level, working together with foster carers, to build better futures for local children. Sharing one brand and, one voice, to strengthen recruitment and support of foster carers.

The National Fostering Framework

The National Fostering Framework (2018) finds children who live with foster carers in their own locality more likely to thrive and children in local authority provision more likely to stay in their home authority, enabling them to maintain important links. It is vital local authorities increase local placements and reduce out of area placements. According to the National Fostering Framework (2018), connected fostering (with family or friends) has seen increased demand. It also finds that local authority placements have better outcomes for children. The framework states that local authorities need to be able to have capacity to facilitate this, or otherwise ensure that the child has opportunities to maintain connections if placed in alternative fostering.

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Market overview

Regional market overview

The table below shows a breakdown of fostering provision by provider type.

Table 28: Fostering placements, beds and market share by provider type.

Provider Type	Market share (Percentage)	Placements (number)	Care settings (number)
In House	62%	776	453
Private	37%	469	206
Third sector	1%	16	7
North Wales	100%	1261	666

Source: CCSR data accessed 31/05/22

Isle of Anglesey market overview

The table shows how many children in Anglesey are increasingly being placed outside of their local authority.

Table 29: Number of children in foster placements by area - Anglesey

Location of placement	2018	2019	2020	2021	Change No
Inside local authority	65	60	70	80	-45
Outside local authority (Wales)	30	30	30	20	50
Outside Wales	0	0	0	0	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

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Table 30: Number of children in foster placements by type - Anglesey

Type of Placement	2018	2019	2020	2021	Change no
With relative/ friend, inside local authority	30	25	25	35	5
With local authority, inside local authority	20	20	40	40	20
With agency, inside local authority	15	15	10	10	-5
With relative/ friend, outside local authority	5	0	0	0	-5
With local authority, outside local authority	0	0	0	0	0
With agency, outside local authority	25	25	25	25	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Gwynedd market overview

Figures in the table below, show children in the Gwynedd area have been increasingly placed into foster placements within Gwynedd. The number placed outside of Gwynedd but still in Wales has reduced. However, placements outside of Wales have increased.

Table 31: Number of children in foster placements by area - Gwynedd

Location of Placement	2018	2019	2020	2021	Change No
Within Local Authority	110	120	140	135	25
Outside Local Authority Wales	35	40	50	50	15
Outside Wales	0	5	5	15	15

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

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The figures below show children in Gwynedd are increasingly placed into foster placements both within and outside Gwynedd. They have also seen increased numbers of placements with family/friends.

Table 32: Number of children in foster placements by type - Gwynedd

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, within local authority	35	50	50	45	10
With local authority, within local authority	70	65	85	85	15
With agency, within local authority	0	0	0	0	0
With relative/ friend, outside local authority	5	10	15	25	20
With local authority, outside local authority	10	15	15	10	0
With agency, outside local authority	20	20	30	30	10

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Gwynedd local authority themselves report a "relatively good provision" of foster placements available within the county, when compared to other provision but recognise there is potential for shortages in foster carers in the near future. The local authority anticipate approximately 10 to 12 new foster placements would be required each year to maintain this and at least 18 to 20 to improve provision.

Conwy market overview

Conwy has increased foster placements inside the local authority and those outside of Wales have reduced significantly. However, those outside of Conwy but still in Wales have increased, see figures below.

Table 33: Number of children in foster placements by area - Conwy

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	95	85	100	100	5
Outside Local Authority Wales	20	35	35	35	15
Outside Wales	35	25	5	5	-30

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Conwy has seen a reduction in foster placements with the local authority and a small increase in agency placements.

Table 34: Number of children in foster placements by type - Conwy

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	25	20	15	20	-5
With local authority, inside local authority	65	60	55	55	-10
With agency, inside local authority	25	30	35	30	5
With relative/ friend, outside local authority	10	10	10	15	5
With local authority, outside local authority	0	0	0	0	0
With agency, outside local authority	20	20	20	20	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Conwy report that both emergency and longer term placements are needed urgently. The local authority recognises the importance of local placements for children, they are considering a range of options to increase provision in the county and reduce reliance on costly temporary arrangements and out of county placements that are far from the family.

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Denbighshire market overview

The figures in the table below show placements for children from Denbighshire have increased both inside Denbighshire and outside of Denbighshire but still in Wales.

Table 35: Number of children in foster placements by area - Denbighshire

Location of placement	2018	2019	2020	2021	Change No
Inside local authority	85	90	90	90	5
Outside local authority Wales	15	15	15	20	5
Outside Wales	10	10	10	10	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Denbighshire has seen increased agency use inside and outside of the area and increased placements with family/friends out of area.

Table 36: Number of children in foster placements by type - Denbighshire

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	20	20	20	20	0
With local authority, inside local authority	60	70	65	65	5
With agency, inside local authority	0	5	10	5	5
With relative/ friend, outside local authority	5	10	10	10	5
With local authority, outside local authority	10	5	0	0	-10
With agency, outside local authority	10	10	10	15	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Denbighshire local authority have identified a need to increase care capacity to meet population needs within Denbighshire for foster care services. They also recognise a shortage in the availability of overnight respite accommodation for children with complex disabilities.

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Flintshire market overview

In Flintshire children have increasingly been placed outside of Flintshire both in Wales and outside of Wales. The figures also show a reduction in placements in Flintshire.

Table 37: Number of children in foster placements by area - Flintshire

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	95	95	90	90	-5
Outside Local Authority Wales	25	35	30	45	20
Outside Wales	15	20	15	20	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Data in the table below shows a considerable increase in the use of agencies for Flintshire both inside and outside of the local authority.

Table 38: Number of children in foster placements by type - Flintshire

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	35	35	35	30	-5
With local authority, inside local authority	60	60	50	55	-5
With agency, inside local authority	5	5	5	15	10
With relative/ friend, outside local authority	15	15	15	15	0
With local authority, outside local authority	15	15	10	15	0
With agency, outside local authority	5	15	20	25	20

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Flintshire report as of 31 March 2021, there were 109 children and young people in foster placements within and outside the Local Authority Area (not including kinship

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placements) and as of 16 February 2022, this figure was 102. They state they are currently able to look after the majority of children under 8 within in house fostering services.

The local authority identified the following market sufficiency issues:

- Need to meet the forecast demand with in-house foster carers.
- Foster parents to support children in the age categories 10 to 14 and 15+.
- Sourcing appropriate local placements for those with complex needs.
- Meeting demand for children who need complex multi-agency care packages or have challenging risk management plans, example behaviours include anger management issues, verbal and physical aggression towards adults.
- Shortages for sibling groups and children with disabilities.
- Not enough skilled foster parents for children at the highest end of needs profile, those currently living in care homes.
- Insufficient placements lead to children being placed in unregulated settings.
- Not enough carers who speak Welsh.
- North Wales has a shortage of parent and child places, especially in Wrexham and Flintshire.

Wrexham market overview

The table shows how there has been an increase in all types of placements in Wrexham, including children placed out of area.

Table 39: Number of children in foster placements by area - Wrexham

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	115	120	145	150	35
Outside Local Authority Wales	30	40	65	75	45
Outside Wales	20	15	20	25	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. Stats Wales, Welsh Government

The table below demonstrates a sharp increase in the use of agencies for Wrexham, with the steepest increase outside of the local authority.

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Table 40: Number of children in foster placements by type - Wrexham

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	60	70	75	80	20
With local authority, inside local authority	65	55	70	70	5
With agency, inside local authority	15	20	25	30	15
With relative/ friend, outside local authority	0	0	0	0	0
With local authority, outside local authority	20	20	15	15	-5
With agency, outside local authority	15	15	40	55	40

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Progress has been made in the implementation of the 4C's Framework and a Placement Officer has been appointed to manage the Framework database within Wrexham. The usage and expectations of the 4C's Framework continues to be embedded into practice as evidence as best practice. We have experienced an increased demand for placements able to meet the need of highly complex young people. This has lead to an increase in the number and cost of such placements. In order to deliver against the not for profit agenda, further investment will be needed in the development of local authority residential care.

Wrexham see reducing the number of looked after children as a priority, as well as removing profit from the children's placement market. The local authority also recognises a lack of intermediate or short term placements for children.

Market stability

Regional challenges

The Market Position Statement (2019) and 'Foster Wales' (2021) identified challenges to the stability of fostering services in North Wales and Wales as a whole listed below:

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- Recruitment and retention issues
- Placements for children with particular needs including; respite care, young offenders, refugees/immigrants/asylum seekers, young parents, sibling groups and emergency situations
- It is estimated that Wales will need 550 new foster parents every year to meet demand

Isle of Anglesey market stability

The local authority recognises the following as issues affecting the future stability of the fostering service:

- Workforce – recruitment, retention, age profile of workforce, costs
- Supply and choices available
- Can the cost of living crisis impact the numbers of looked after children and therefore hamper the projection of decrease in demand?
- Impact of children seeking asylum on resources including placements and support available.
- Impact of unplanned arrivals to the Port of Holyhead.

Gwynedd market stability

Gwynedd have identified several factors that may influence fostering stability:

- Recruitment and retention of staff
- Potential shortage of foster placements, an estimated 10-12 new placements needed each year to maintain and at least 18-20 to improve provision
- Finance - concerns around maintaining quality services with limited resources
- Lack of funding often results in using out of county providers which results in higher costs contributing further to the problem

Conwy market stability

Conwy refer to key issues around future stability of their fostering service:

- Recruitment and retention (linked to pay and conditions but not exclusively)
- Emergency and longer term placements in county are needed urgently

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Denbighshire market stability

Denbighshire recognises some key factors that may affect stability of the service:

- Increase in capacity to meet population needs within Denbighshire
- Staffing and recruitment issues
- Specialist training and knowledge
- Possibly long term funding problems
- Increased complexity of need
- Supply of specialist care not meeting demand
- Overnight respite care for children with complex disabilities
- Lack of placements for children with challenging/complex behaviour

Sustainability of provision

- Denbighshire recognises the following issues affecting sustainability of the service: Recruitment of in-house foster carers has been impacted by the pandemic with a lack of applicants coming forward, resulting in increased use of Independent Fostering Providers.
- Lack of availability has resulted in no offer or placements at a considerable distance, which is not always in the best interest of the young person.
- Children who require a placement but where foster care cannot be sourced are being escalated into residential care, but there is placement insufficiency and a perceived reluctance to offer placements to young people with complex needs. This can result in a placement at a distance away.
- Particular pressure if a child/young person presents with self-harm or suicidal ideation, providers show reluctance to offer placements to and emergency provision is extremely limited.

Preventative actions for children on the edge of care

During the period where the integrated care fund supported the provision of edge of care support, there were 122 families (200 children) supported including:

7 parents and 2 foster carers (19 children) attended new Parent Participation Group (collaboration with Parents and Carers Against Exploitation, North Wales Police, Health colleagues and Denbighshire Safeguarding Lead). Of these children, 6 no longer reach criteria for multi-agency oversight within Denbighshire's Exploitation Panel and 2 have been closed to social care.

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2 children in long-term foster placements received an intensive intervention which stabilised their placement and enabled the foster carer and parent to have a shared understanding of each child's individual needs.

16 staff across Social Care, Early Intervention and Housing attended Dialectal Behavioural Therapy (DBT) Skills training and the Therapeutic Service will mentor these staff to develop DBT Skills groups for Foster and Kinship Carers, Looked After Children, Care Leavers and Semi-Independent and Homelessness Projects.

1 young person received an intensive intervention from the Therapeutic Service following police colleagues using their Powers of Police Protection. The young person required short-term foster care and was rehabilitated back to their family within 6 weeks, they are now closed to Social Care.

Engagement

Denbighshire list the following engagements used to help improve quality of service:

- A quality of care evaluation will be carried out of Denbighshire Fostering Service in April and May 2022. Questionnaires will be sent to gain views of children/young people, foster carers, kinship carers, panel members and parents, the results will assist in making improvements where required as well as recognising good practice.
- Closed Facebook group for foster carers developed with views from foster carers and is regularly being updated with information. Creating the page/group has provided another avenue to obtain feedback, information is circulated to a larger geographical area and accessibility has improved.
- Two children/young people's forums meet on a regular basis. They have not been able to meet over the last year, but staff running the forums kept in touch regularly.
- Kids in Care Young People's Forum (KIC Club) for young people aged 8 to 15 living with foster carers. They meet and do activities during half terms, share their experiences, say what is going well and what they would like to change.
- KWC Club (Kids who care) is a group of children/young people whose parents foster and are also part of the fostering process. They meet during half term, share experiences, say what's going well and what they would like to change.
- Foster carers virtual coffee mornings, invites were sent with a package containing a tea bag and packet of biscuits. To allow better conversation, foster carers were

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split into groups based on their supervising social worker. Facilitated by the supervising social worker with drop-in appearances from; Head of Service, Service Manager, Fostering Team Manager and Placement Commissioning Officer/Recruitment Officer. It had good attendance, lots of laughter, discussion and feedback from attendees was very positive.

- The Fostering Service have increased the level of communication with Foster Carers with a regular newsletter and the Denbighshire Fostering Service Competition, whereby children have been asked for Christmas cards to be designed, pebbles to be painted and a Sunflower growing competition.

Flintshire market stability

Flintshire identified several issues impacting the stability of fostering services:

- Foster carers with skills/experience to support teenagers and sibling groups
- Increase in 14, 15 and 16 year olds entering care
- Parent and child placements

Action taken to improve stability

Recruitment of foster parents has been identified as an issue for Flintshire, in response the Foster with Flintshire portal has been developed to promote Fostering roles. The site contains a wealth of information, resources and stories from some of Flintshire's current foster parents. They have also targeted their recruitment strategy to address demand for foster parents with skills and experience to support children age 12 and over.

Mockingbird Programme

Flintshire was the first council in Wales to introduce the evidence-based Mockingbird model for foster placements. The programme nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community of six to ten satellite families called a constellation. The aim of the model is to improve foster care and outcomes for fostered young people.

Action for Children - Repatriation and Prevention (RAP) Service

The service provides intensive therapeutic support for Children Looked After with support from experienced foster carers. The service is a partnership between the local authority, health, CAMHS and Action for Children.

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The aims of the service are to:

- Prevent placement breakdown and escalation to crisis point leading to out-of-county placements
- Return young people to stable placements in their home
- Ensure looked after children can access educational opportunities
- Increase resilience and confidence in children and carers

Adaptations to Foster Carers Homes Policy

'Adaptations to Foster Carers' Homes' policy was introduced in 2020, supporting foster carers make necessary adaptations to their home to provide adequate space for children/young people. It supports; sibling placements, the needs of children with multiple disabilities, secure extra capacity for foster placements and to meet health and safety requirements which would otherwise result in a child being moved.

Funding compliments existing support and is a step forward in securing local and stable placements for children. Applications for grant funding will be considered up to £36,000, and £20,000 for relocation to a more suitable property. To access the grant, carers and social worker must first exhaust other options/resources.

Grants are also available to; existing or prospective adoptive families, family and friends/carers of children under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

Placement stability meetings - Facilitated in house, when issues with maintaining a placement arise and the Independent Fostering Agency chair when requested.

Disruption meetings - The family group meeting service will bring together stakeholders and look at lessons learnt.

Wrexham market stability

Wrexham identified the following issues that may impact stability of fostering:

- A need to reduce the number of looked after children
- Removing profit from children's placement market
- Intermediate/short term care placements
- Staffing shortages
- Lack of appropriate placements

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Carers are needed to support teenagers and mother and babies in the Wrexham area. To recruit carers to meet these needs, the local authority have;

- Commenced a review of rates of pay for carers, proposing an increased rate for specialist/skilled carers able to care for children with complex needs.
- Carried out a recruitment campaign using buses, billboards and social media.

Wrexham's Care Leavers Offer has been progressed throughout the year and the development of accommodation pathways for young people are underway. This will provide varying degrees of support on their pathway to independence and their own tenancy.

This will be achieved by developing in-house services including;
- Supported Lodging's Service
- Kick Start Project
- Step Down Project
- Use of a training flat.

The Leaving Care Team are located in accessible 'info shop' with their social workers while being able to take advantage of the `one stop shop` for any identified areas of support including access to funding grants and employment support.

Consideration of market quality

The State of the Nation report from the Fostering Agency (2021) provided insight into the quality of foster services across the whole of Wales, the key findings were:

- 44% of independent and 51% of local authority foster carers said they were not supported to maintain contact with children they had cared for. Foster carers perceived this as 'cruel', ending significant relationships for children who have experienced so much loss already.
- Some fostering services are not maintaining foster carer approval, even if they intend to continue fostering. This, and dropping financial support, are barriers to young people entering 'When I am Ready'.

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- 20% independent and 12% local authority foster carers have no children in their care. It recommended better use of foster carers skills to meet the needs of children.

- 57% local authority foster carers had an agreed learning and development plan, 31% did not and 12% didn't know. 66% independent foster carers had a learning and development plan, 22% didn't and 12% didn't know.

- Local authority foster approvals were more restrictive and limited than independent approvals, it recommends local authorities assessments use broader approval statuses, robust matching procedures and placement stability processes.

- Foster carers would like to build relationships with social workers and children in their care to have stability and continuity of social worker. Over the previous two years, 53% of foster carers had one supervising social worker, 29% had two, 12% had three and 6% had four or more.

- Foster carers felt 'dismissed', 'ignored' and their role is not valued by the social care workforce. Lack of respect for their commitment, skills and dedication is a long-term, well reported issue in fostering.

- Foster carers want allowances to cover the full cost of caring for a child and payment reflecting their value as a member of the team around the child. Sufficient payments are a must to attract new skilled, committed foster carers.

- Lack of placement choice. To secure good matches for children, services would need to see a significant increase in access to local, quality placements.

- Staffing levels are not sufficient to provide required support for foster families. Services would like staffing to enable best practice and improve standards.

- Trauma-informed practice – concerns about access to training and additional services for those caring for traumatised children. Services would like children looked after to have priority status for services across health and education.

- Support for foster carers with improved peer support services and out of hours provision. Services with this support saw improved retention and stability.

Current and projected trends

Key current trends and projections for the future of foster services:

- Increased demand for placements
- Lack of places for older children
- Lack of places for children with complex care plans/behavioural issues

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- Lack of foster parents with skills to support children with complex needs
- Projected increase in demand for placements
- Predicted potential shortage of placements, supply not matching demand

Welsh language

A shortage of Welsh speaking foster parents was identified in Flintshire.

The provision of Welsh language across the rest of North Wales will be discussed within the children's services chapter of this report.

Other provision

There is a significant lack of foster or residential placements for children and young people with challenging or complex behaviour.

Recruitment of in-house foster carers has been impacted by the pandemic with a lack of applicants coming forward. This has resulted in an increased use of Independent Fostering Providers.

Lack of availability has resulted in no offer or placements only at a considerable distance, which is not always in the best interest of the young person.

Children who require a placement but where foster care cannot be sourced are being escalated into residential care, but there is both placement insufficiency and a perceived reluctance to offer placements to young people with complex needs. Again this can result in a placement at a distance away.

There is particular pressure if the child/young person presents with self-harm or suicidal ideation, with providers showing reluctance to offer placements to this cohort. Emergency provision is extremely limited.

Workforce

The National Fostering Framework (2018) highlighted a loss in the number of approved foster households. The framework states improvements need to be made to increase; enquiries, conversions, approvals and retention of foster parents.

The table below shows numbers of foster parents and places have seen a slight increase overall across North Wales. However, Gwynedd and Denbighshire saw a

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drop in both the number of foster parents and places available, and Flintshire saw a drop in foster parents but increase in places. If reductions in foster parents or places continue this could result in insufficient spaces for children in these local authorities.

Table 41: Number of approved foster spaces as of 31 March

Local council	2016/17	2017/18	2018/19
Anglesey	86	69	43
Gwynedd	164	178	198
Conwy	113	130	127
Denbighshire	156	155	149
Flintshire	133	157	156
Wrexham	161	172	166
North Wales	813	861	839
Wales	4,075	4,170	4,317

Source: Children Receiving Care and Support. StatsWales, Welsh Government

Table 42: Number of approved foster parents as of 31 March

Local council	2016/17	2017/18	2018/19
Anglesey	45	38	39
Gwynedd	103	111	120
Conwy	70	84	80
Denbighshire	78	77	74
Flintshire	77	77	76
Wrexham	100	112	110
North Wales	473	499	499
Wales	2,347	2,443	2,462

Source: Children Receiving Care and Support. StatsWales, Welsh Government

Carer skill set & training desired:

Carers who are able to work with our internal services and are trained in the delivery of therapeutic trauma informed care.

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Carers who are aware of the impact of county lines and have received training to support children who are vulnerable to exploitation via these gangs. This includes the resilience to work with children who are being exploited by gangs, frequently abscond and can display verbal and sometimes physical aggression.

- Resilient & trained to work with childhood trauma, absconding, exploitation and self-harm behaviours.
- Carers who are trained to understand the impact of adverse childhood experiences (ACEs) on children who they care for.
- Carers who are trained in crisis intervention, and can work calmly under the pressure of emergency planning.
- Resilient when faced with threat of physical harm & trained in de-escalation, with positive behaviour management planning, minimising use of restraints
- Carers with the ability to speak Welsh or commitment to learn.

Social value

Three providers offer a total of 16 beds in 7 care settings across the region, this accounts for 1.3% of market.

Taking profit out of care for looked after children

One of the wellbeing objectives established within the Welsh Government Programme 2021-2016 is to protect, rebuild and develop our services for children and young people. A key priority in this area of work is to eliminate private profit from the care of children looked after.

Commissioning placements to independent foster agencies can impact on provisions being provided from within the local authority., Local authorities are keen to work in partnership with independent care providers to ensure that both the in-house and independent sector market function to meet foster care needs. Flintshire local authority highlighted this as a potential risk and stated how they were focusing the use of independent foster agencies for those services that they struggle to provide with local authority services.

The foster care allowances survey from The Fostering Network (2020) found even though all local authorities in Wales are paying at or above the national minimum allowance, foster carers feel their current allowance does not meet the full costs of looking after a child. The network recommend foster payments must be transparent

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so it is clear to foster carers how much constitutes the allowance, and must be spent on the child, and how much constitutes the fee and is payment for the foster carer's time and skills.

7. Adoption services

North Wales Adoption Service overview

The North Wales Adoption Service provides a regional adoption service on behalf of Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Anglesey local authorities. Working regionally helps find new families more effectively, place children quicker and improve adoption support services. In April 2014 it was integrated into the National Adoption Service. The services comply with updated adoption legislation, regulations and statutory guidance in line with the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and with the policy and procedures of the service, within the resources allocated. There is a framework which aims to make it easier for adopters, children and young people get support when needed.

Services provided by the adoption service include:

- Preparing the child for adoption.
- Family finding and matching.
- Safeguarding children.
- Provision of adoption support.
- Recruitment, assessment and approval of adopters.
- Preparing to adopt training (pre/post approval).
- Adoption support (pre/post adoption, buddy system, post adoption contact).
- Birth parent counselling.
- Relinquished babies.
- Services for adopted adults.

Population overview

The table below shows the number of looked after children who were placed for adoption in each local authority. It is worth noting that the service has undergone significant transformation since 2020, therefore it is difficult to compare local data and it does not reflect the service now.

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Table 43: Number of children looked after placed for adoption by local authority 2020/21

Local Council	No of Children
Anglesey	6
Gwynedd	2
Conwy	17
Denbighshire	7
Flintshire	1
Wrexham	11
North Wales	44

Source: Figures provided by each local authority

Current and predicted trends

The following issues were raised with regards to adoption services for children:

- Highest placement need is for children from the East.
- Highest number of adopters are from the East.
- Fewer adopters in the West and children needing to be placed away from the East.
- Nationally there are more children than approved adopters available
- Consideration of the number of Welsh language speakers (adopters/children).

The following issues were raised with regards to adoption services for adults:

- Adults requesting their birth records to find their birth parents was shut down during the pandemic, majority of services have resumed but there is a backlog.
- Staffing - 43 staff, 10 are off or due to go off on maternity leave, it is difficult to recruit to fixed term posts so the ability to assess may be impacted in 2022/23.

Quality reports

The Quality of Service Review from the North Wales Adoption Service (2020) highlighted the following areas to improve market stability:

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- Increase the number of approved adopters.
- Reduce the number of children waiting for an adoptive family.
- Develop the adoption support service.
- Recruitment - sessional workers and adoption panel vacancies.

Care Inspectorate Wales (2019b) inspection identified these areas for improvement:

- Further develop quality assurance processes and assessment of the degree to which aims and objectives of the statement of purpose are met and evidence demonstrating how these support well-being outcomes for children.
- The availability of the 'Active Offer', to provide services in the Welsh language.
- The statement of purpose and adopters' information pack includes information about the independent review mechanism so adopters are aware of this.
- Intermediary files should include a clear audit trail of work undertaken.

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8. Unpaid carers

Population overview

Under the Social Services and Well-being (Wales) Act 2014 carers have the same rights as those they care for and local councils have a duty to assess their needs and promote their well-being. Supporting unpaid carers is a preventative measure for both the individual carer and the sustainability of health and care services.

There are around 79,000 people of all ages providing unpaid care in North Wales, according to the 2011 census, and we expect this number to be increasing as the need for care and support increases. More unpaid carers came forward during the pandemic to access support.

Much of the support that unpaid carers need is provided through care to the person they care for, so lack of provision in the care market leads to additional demands on unpaid carers. The population assessment identified that issues within wider social care workforce recruitment and retention is leading to additional demands on unpaid carers. Specifically, this is impacting the complexity of care meaning that unpaid carers are experiencing caring responsibilities with higher needs of care. Other priorities were the early identification of carers, carer breaks (respite care), improving unpaid carer assessments and digital inclusion.

Market sufficiency

The number of carers is increasing. The largest growth is in those carers providing between 20 and 49 hours a week. There has also been a rise in the number of carers providing 50 or more hours of care per week, in Denbighshire approximately 46% of these carers are over 65 years. It is these carers who are likely to have more intensive caring roles and who will have the greater support needs.

These demographic trends are reflected in the increasing number of people living with long term conditions including learning disabilities, dementia and mental health conditions, as well as a general growth in the older population.

We know from talking to unpaid carers and the mapping work that has been done, that some carers who need support find it difficult to get alternative care and many have been unable to have a break for a long time, due to the impact of the Covid-19 pandemic.

"A short break is any break which strengthens and /or sustains informal caring relationships and enhances wellbeing of carers and people they support" Carers Trust Wales, Road to Respite Report, July 2021.

Welsh Government awarded local authorities a carers respite grant in 2021-22, with emphasis on supporting the development of flexible and person centred forms of respite instead of the more traditional sitting service or replacement care support.

The population needs assessment identified a wide range of services provided across the region to support carers. The Regional Project Manager leading on carers within the regional collaboration team continually maps the full range of services available to carers across North Wales, identifying any areas of duplication and also collaborative opportunities across all six councils and the health board.

In addition to the need for more carer breaks (respite care) provision across the region, the following local needs have been identified:

The following factors have an impact on unpaid carers;

- Gaps in general provision in services for carers of older people and the individuals receiving care.
- Waiting lists for domiciliary care support in each part of Gwynedd because of a lack of provision.
- Gaps in the provision for short term respite from caring when the individual who is being cared for has needs that cannot be met by voluntary/third sector support.
- day centres have been closed during the COVID period – we have been working to provide alternative support on a 1:1 basis.We are reopening day centres gradually and in the process of remodelling day care services for older people developing a more local provision for a smaller number of individuals.
- Respite care in residential homes came to an end during the COVID period as a result of the regulations. This provision has started again, but staffing challenges exist in the Council's eleven residential homes.
- There are areas where there is a high percentage within the population of older people, and a low percentage of working age population – a recruitment

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challenge and competing with other local services/younger individuals leaving the area for work opportunities.

- The geography of the area contributes to the gaps, with a number dependent on public transport for access to appropriate support.

Ynys Môn

The Council are committed to supporting unpaid carers by planning for the future. Forward Thinking Forward Planning is a project within Carers Outreach funded by Local Authority. The project focuses on having conversations with a carer about their current and future needs. Having a conversation at the earliest possible stage allows time to identify and arrange any changes or adaptations they require to support the person they care for, and themselves as the carer.

Gwynedd

The learning disability service has succeeded in continuing to offer respite for services over the Covid period. Over the past six months we have succeeded in increasing this provision, introducing individuals to respite for the first time e.g. transition age individuals, as well as being able to offer regular stays for indivduals living at home with unpaid carers/family.

The demand for counselling services provided by the third sector (Carers Outreach) is substantially more than the provision which is currently available.

Day opportunities and support services are continuing to face a challenge regarding the staffing deficit/recruitment therefore a number of individuals are receiving less days/hours.

Use of a holiday bungalow (provided by Antur Waunfawr) has been extended for another six months, with the offer to anyone who is caring in Gwynedd to arrange a free short stay. A number of carers have taken advantage of this.

The Gwynedd community resilience work programme is looking at developing information hubs/community enterprises to meet needs on a local level.

There are respite opportunities for individuals with learning disabilities available through the Gwynedd and Môn Shared Lives Scheme and Seren Cyf. Work is continuing through the community hubs mentioned above to offer opportunities and activities locally and also through our Llwybrau Llesiant Team.

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Denbighshire

There is increasing demand for more flexible provision of alternative and respite care covering weekends, overnight or pre-planned periods such as 'Respitality' for older adults and for both children and adults with complex disabilities, to reduce carer breakdown, to reduce emergency admissions to residential care and to provide more life choices.

Flintshire

- Demand for respite and support for parent carers is a growing service demand, given the complexity of multiple health conditions some children have, as well as a high prevalence of children with Neurodevelopmental Conditions.
- Sourcing respite for children and adults with complex needs, including health needs, remains an ongoing challenge.
- Finding suitable Personal Assistants can be a challenge and an area that we need to develop as well as expanding community based support to build family resilience and capacity to sustain their caring role. Supporting the recruitment of Personal Assistants
- Local building based respite opportunities were severely impacted by the pandemic, with only emergency places being offered.

Wrexham

Engagement with unpaid carers in Wrexham has highlighted a number of significant challenges since the pandemic. Action plans have been developed in partnership with unpaid carers and support organisations. In order to drive the agenda forward, funding for an Unpaid Carers Lead Officer has been secured from the Regional Investment Fund 22/23.

The Unpaid Carers Direct Payment Scheme was launched in 2021/22. 31 payments were made last year. This enabled unpaid carers to purchase respite solutions which meet their needs flexibly.

Market stability

A wide range of support for unpaid carers in North Wales is grant funded or commissioned to third and voluntary sector organisations who have a long and

valued history of supporting unpaid carers. The third and voluntary sector can effectively draw in external funding to develop services for unpaid carers to provide added value to service provision. However, a reliance on grant funding can put the sustainability of some services at risk. Some carers services in North Wales are commissioned regionally or sub-regionally to try to streamline the commissioning and reporting requirements for organisations that work across the region.

The Population Needs Assessment identified that social value delivery models and added social value can be achieved through the shared experience of peer-carers, mutual support and reciprocity. Unpaid carers will require support to create co-operative arrangements and commissioners will need an investment strategy that builds capacity beyond the market.

It is important to have a balance of preventative services that address the health and wellbeing of carers and commissioned services that meet the assessed needs of carers.

The commissioning of services are set against the need to respond to budgetary pressures that are being faced nationally, and therefore investment in sustainable services is key to meeting demand.

We commission services that:

- are flexible, accessible county wide and meet the individual needs of carers
- are more sustainable in the long term.
- encourage engagement with, and access to, community based activities that support the carer and / or the cared for person.
- will enable carers to continue caring, including the provision of information, advice, peer support, training and short breaks away from the caring role.

Gwynedd

The domiciliary-care project is working to address the issues regarding domiciliary care and support for individuals in the community. The community resilience preventative agenda is looking at developing communities to support the preventative agenda. We are also adapting the Council's residential homes to create more dementia care units and day care and respite provision.

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Denbighshire

Locally, a lot has been achieved to modernise support and ensure future services are commissioned with input from unpaid carers and families, to help identify 'what matters' and using Denbighshire's asset based approach to help them find solutions.

We encourage the creative use of direct payments and Bridging the Gap vouchers to support individual choice and allow unpaid carers to have a break or pursue social or leisure activities, with or without the cared-for person. For example, to enable unpaid carers to attend concerts, weddings, or pay for gym membership, flooring, new washing machine, training courses, driving lessons.

Identified needs in Denbighshire include:

- More specialist (condition specific) respite support to reflect the range of different needs, for example places that are suitable for people with acquired brain injury, stroke, dementia and other neurological conditions (in an emergency and also available to pre-book).
- Community based activities/events that provide respite care and benefit unpaid carers, with the capacity and trained staff/volunteers to continue to support people with progressive conditions who require higher levels of care.
- A wide range of flexible options including more sessional and community services spread across the whole of Denbighshire, especially in rural areas.
- Both emergency crisis support to keep people living independently at home and out of hospital and more regular, consistent respite options that are easy to book in advance.
- Group/individual support available in the evening and weekends, particularly for those carers who work and cannot attend support groups or access other services during the day.
- Good quality information, advice and assistance about the various respite options available.

Respite/short breaks work best when carers are confident with the arrangements, which in turn helps to reduce anxiety. The current recruitment crisis is impacting on providers who are finding it difficult to recruit staff and volunteers with the right skills and values to deliver high quality respite.

Respite support that works best for the carer and the cared-for person includes meaningful activities that fit in with their interests and hobbies. Denbighshire County

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Council is promoting the development of Community Catalysts /Micro Employers and using additional volunteer capacity alongside commissioned services. We also encourage local social enterprises to run innovative projects to support unpaid carers.

We await further guidance from Welsh Government about developing respitality and a National Short Breaks Scheme. Locally carers can book guest accommodation in Extra Care schemes and two recently adapted properties in Ruthin and Corwen. Shared Lives is also available, mainly for people with complex disabilities who are matched with Shared Lives families. NEWCIS and Carers Outreach have respite property and a caravan.

Flintshire

We welcome the additional funding provided by Welsh Government to scale up a range of respite options for Carers to meet the anticipated spike in demand for respite services caused by the impact of the pandemic on the mental and physical health of carers.

We continue to explore flexible respite options for carers based on the outcomes the carer wants to achieve, alongside a meaningful activity to the cared for.

Our focus on ensuring stability of support for unpaid carers includes;

- Consider how micro-care can support an offer of day/ respite services.
- Further development of our Direct Payment offer for carers.
- Further development of Young Carers Services and the ID card.

9. Advocacy services

Advocacy means getting support from another person to help someone to express their views and wishes, and help stand up for their rights.

All people are very different from each other. Their needs for support are different, and may change during their life. A variety of advocacy has developed to recognise these differences.

All advocacy types are of equal value. What advocacy is used, and when, should depend on what is best suited to the person who seeks it. One type of advocacy is Independent Professional Advocacy which involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views are accurately conveyed and their rights upheld.

Children and young people

Advocacy is one of the key foundation stones in achieving our commitment to children's rights, ensuring children and young people can get help when they need it and from people that will listen to them and represent their views.

By law all local authorities in Wales must have advocacy services for children and young people to use, and that an Active Offer for advocacy must be made. Tros Gynnal Plant (TGP) provide advocacy services to children and young people in North Wales.

When children and young people need services, sometimes an advocate is required to meet with them to explain what these services are. This helps them to understand what is on offer and how the service is able to help them. This is called an Active Offer.

An active offer must be made to:

- Children in care.
- Young people leaving care.
- Children and young people who need extra support.

Councils have a statutory responsibility to provide an independent professional advocacy service for children and young people which complies with all regulations,

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standards, legislation, directions, code of practice, outcome framework and any amendments or replacements relevant to the service.

This includes but is not limited to:

- The Social Services and Wellbeing (Wales) Act 2014.
- The Service is an 'advocacy' service for the purpose of paragraph 7(1) of Schedule 1 of the Regulation and Inspection of Social Care (Wales) Act 2016, and is accordingly a regulated service and must comply with the provisions/requirements set out within the Regulated Advocacy Service (Service Providers and Responsible Individuals) (Wales) Regulations 2019.
- Independent Professional Advocacy: National Standards and Outcomes Framework for Children and Young People in Wales.
- Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy).
- Statutory Guidance relating to Parts 2 to 15 of The Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019.

Young carers

A common need of young carers identified by service providers is advocacy support to have their voices heard.

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD / Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, NEWCIS provide the service in Flintshire and Action for Children provide the service across Gwynedd and Anglesey.

Adults

Local authorities must consider individuals' needs for advocacy support when carrying out various functions involving decisions that will have a significant impact on the person's day to day life, for example:

- Assessment of needs for care and support, support for carers and preventative services
- Provision of information, advice and assistance

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- Preparing, maintaining or reviewing care and support plans
- Protecting property of persons cared for away from home
- Determination of person's ability to pay a charge
- Safeguarding and duty to report adults or children at risk
- Promoting integration of care and support with health services
- Receiving complaints or representations about social services

Advocacy:

- safeguards individuals who are vulnerable, discriminated against or whom services find difficult to serve
- speaks up on behalf of individuals who are unable to do so for themselves
- empowers individuals who need a stronger voice by enabling them to express their own needs and make their own informed decisions
- enables individuals to gain access to information, explore and understand their options, and to make their views, wishes and feelings known, and
- actively supports people to make informed choices.

Older people

The Golden Thread Advocacy Programme was funded by Welsh Government for four years from 2016 to 2020 to run alongside and support the implementation of Part 10 (Advocacy) of the Social Services and Well-being (Wales) Act 2014. The programme has now ended, but Age Cymru's commitment to advocacy in Wales continues through the HOPE project.

Anglesey, Gwynedd and Wrexham: North Wales Advice and Advocacy Association (NWAAA) offer advocacy to over 65s

Conwy and Denbighshire: DEWIS Centre for Independent Living offer advocacy to anyone over 65, or any carer.

People living with dementia (all counties): Alzheimer's Society offer support for anyone living with dementia, whether they have capacity or can communicate or not.

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Mental Health

People receiving secondary mental health care may need help from an Independent Mental Health Advocate (The Mental Health (Wales) Measure 2010) or an Independent Mental Capacity Advocate.

Advocacy may be required for older people with dementia who have lost contact with all friends and family, or people with severe learning disabilities or long term mental health problems who have been in residential institutions for long periods and lack outside contacts.

Other people with mental health conditions may want support from another person when expressing their views, or to seek advice regarding decisions that impact them.

The following organisations provide specialist advocacy support for those with mental health needs;

- The Conwy and Denbighshire Mental Health Advocacy Service (CADMHAS) (Conwy and Denbighshire)
- Advocacy Services North East Wales (ASNEW) (Wrexham and Flintshire)
- Mental Health Advocacy Scheme (Gwynedd and Anglesey)

Learning disability

People with a learning disability often have poorer access to health improvement and early treatment services; for example, cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Harris *et al.*, 2016). The Learning Disability Health Liaison Service in BCUHB work across North Wales to raise awareness and reduce inequalities.

Advocacy is also geared towards wellbeing outcomes. Local authorities have a duty to consider individuals' needs for advocacy when carrying out assessments and care planning. People with a Learning Disability may need support in ensuring that their voices are heard and their rights upheld.

Dewis Centre for Independent Living provide advocacy services for vulnerable adults aged 18 to 64, including people with learning disabilities. Anglesey also commission North Wales Advocacy Association (NWAA).

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Autism

Advocacy for autistic adults, children and their carers ensures that individual rights are met. Advocacy can provide support in a number of ways including seeking a diagnosis, overcoming barriers and accessing services.

Self-advocacy

Additionally, there has been an appointment of a Regional Self Advocacy Officer as a result of a need to bring in new voices to self-advocacy groups across North Wales. This is being taken forward in a partnership between Conwy Connect, NWAAA and All Wales People First. The Self Advocacy Officer is a person with a learning disability and is employed by Conwy Connect. Their role is to link into local organisations and groups across North Wales to raise awareness and promote the benefits of self-advocacy to people with learning disabilities.

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Market Stability Report

Flintshire

2022

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EXECUTIVE SUMMARY

Regional Market Stability Reports are a requirement of the Social Services and Wellbeing (Wales) Act 2014, and are developed alongside a regional Population Needs Assessment

Market stability reports **must** provide an assessment of:

- the sufficiency of care and support in **meeting the needs and demand for social care, as set out in the population needs assessment**, and
- the stability of the market for regulated services providing care and support

The information that follows has been submitted as Flintshire's contribution to the development of the Regional Market Stability Report for North Wales.

Key messages of this local report include:

Care Home Services (Adults)	- Flintshire currently has the capacity to facilitate 850 older people permanent placements in a care home in the area. A further 50 placements are available in specialist provision for those with mental health need or a learning disability - Additional capacity is being built through the expansion and redevelopment of in-house care homes - There is a local shortage of nursing and EMI nursing provision
Care Home Services (Children's)	- Local provision is being rebalanced to remove the profit from care - The range of new in-house provision planned includes short term residential and assessment provision, emergency accommodation, small group homes and placements for unaccompanied asylum seeker children. - Whilst in-house provision is being developed, children may remain in out of county placements
Fostering Services	- A number of innovative developments have been invested in to support children to be in local placements. These include RAP, Mockingbird and the Adaptations to Foster Carers Home Policy. - It is a priority to increase foster care provision in the area.
Domiciliary Care Support Services	- There are ongoing pressures to address double person care, provision in rural areas, discharge from hospital - The Council are working to expand our network of Extra Care accommodation with our partners. - The council have invested in Micro-care as a model to support the delivery of direct care and wellbeing services. 39% of all home based services are delivered through Direct Payments

In addition to the above, there is a risk to market sufficiency and stability relating to recruitment and retention across the workforce and the projected increase in the number of older people with complex needs requiring care and support.

1. INTRODUCTION

Regional Market Stability Reports are a requirement of the Social Services and Wellbeing (Wales) Act 2014, and are developed alongside a regional Population Needs Assessment

Market stability reports **must** provide an assessment of:

- the sufficiency of care and support in **meeting the needs and demand for social care, as set out in the population needs assessment**, and
- the stability of the market for regulated services providing care and support

The Population Needs Assessment sets out current and projected need and demand for care and support, and the range and type of services that will be required to meet that demand.

Together the two documents should provide those commissioning care and support, at the regional and local level, with a comprehensive picture of current and projected demand and supply.

The information that follows has been submitted as Flintshire's contribution to the development of the Regional Market Stability Report.

2. CARE HOME SERVICES (ADULTS)

2.1 MARKET SUFFICIENCY

Current Care Home provision

Flintshire has a large population of people aged 65 and over, with population projections suggesting substantial and continued growth in the number of older people. This is likely to lead to an increasing number of people experiencing age relating problems such as, chronic physical and sensory diseases, dementia and falls. All of which have a potential negative impact on people overall well-being and will in turn increase the demand on services.

Flintshire currently has the capacity, in both the independent sector and in-house provision, to facilitate 850 older people permanent placements in a care home in the area. A further 50 placements are available in specialist provision for those with mental health need or a learning disability. The introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 has meant that the type of services provided within that number is more varied and fluid than categorising them into four traditional categories of care would allow, but for the purposes of market analysis the below table illustrates an estimate of the market split in March 2021;

Category of Care	Market Capacity
Residential	366
Residential with Mental Health	261
Nursing	179
Nursing with Mental Health (EMI)	44

Comparative to data obtained in 2016, it is evident that the overall number of long term placement options, specifically in care without nursing, has increased;

Category of Care	Capacity 2016	Capacity 2021	Difference
Residential	211	366	155
Residential with Mental Health	227	261	34
Nursing	243	179	-64
Nursing with Mental Health	44	44	0

The increases in residential provision are due to the re-opening of three care homes that were not occupied in 2016, along with the expansion of Marleyfield House in Buckley. There has also been a change in service provision, from nursing to residential care, for one large care home in the area. This has contributed to the expansion of our residential care capacity, but simultaneously has reduced the general nursing capacity in the area. Likewise a general nursing home in Holywell closed in 2019. Not included in these figures is the closure of a further nursing home in March 2022, which has further diminished local capacity for general nursing placements by 52. Finally, one care home is currently undergoing renovation work, which has temporarily reduced our market capacity, although this is expected to increase again once these works have been completed.

Marleyfield, Croes Atti, and Llys Gwenffrwd are purpose built care homes, owned by the Council, situated in the towns of Buckley, Flint and Holywell. Llys Gwenffrwd differs in that

provision is provided over three floors, which requires a change in staffing levels to creatively support people with dementia on the top floor.

Ensuring developments for new homes are accessible to all, through for example incorporating dementia friendly measures and accessible homes and developments is a recommendation in the Population Needs Assessment 2022. Both Marleyfield and Croes Atti have separate units for those with dementia related needs.

Supporting people to live at home for longer is a recommendation in the Population Needs Assessment 2022. Llys Gwenffrwd houses rehabilitation placements and all three homes provide a number of respite, step up / step down and assessments placements rather than permanent residential. Marleyfield and Croes Atti have adjoining day-care provision which would be affected with some of the options presented.

Embracing innovative, an £8.4 million redevelopment project at Marleyfield House was completed in 2021. This has doubled the number of placements from 32 to 64 and increased communal outdoor spaces and accessibility to support residents' well-being, reaffirming the Council's commitment to quality services, investing money in critical services.

The Council proposes to replace Croes Atti with a new care home on the former Flint Hospital site. The new care home will have an additional 25 placements, 12 of which will be accessible to the Health Board.

These 12 additional placements will be ear marked to provide a new model of step down care to support the discharge to assess and recover programme developed within the Health Board. The support model will be managed and run by the council, and it is envisaged the discharge to assess placements will be therapy led with the primary objective of maximising independence, assessing longer term needs and enabling individual's to get back home as soon as possible.

These are examples of the local authority's pro-active approach to addressing the current significant pressures and fragility in the care sector across the country, and addressing the need to support people to return to their own homes in the community.

The levels of vacancies in the sector over the pandemic has been impacted by care homes not being able to facilitate admissions at the usual quantity due to Covid-19 Red Status restrictions or other pressures that relate specifically to their business. This is evidenced by the fact that on average, between August-October 2021, 39% of vacant care home placements in Flintshire were not accessible for such reasons. As a result we currently see vacancy levels that are 82% higher in number than vacancies in April 2019, although this figures has risen to 157% during April 2021. As there has been market fluctuations, the below is the level of vacancies as a percentage of market capacity;

Care home vacancies as a percentage of overall placement capacity

Service Type	Oct-21	Apr-21	Oct-20	Apr-19
Residential	11%	7%	6%	4%
Residential with Mental Health	13%	18%	10%	5%
Nursing	11%	29%	24%	10%
Nursing with Mental Health	5%	25%	5%	7%

As can be seen nursing homes have returned back to a pre pandemic level of vacancies but the recent reduction in nursing placement, as outlined previously, is significant to this. Similarly a lower supply of Nursing with Mental Health placements for older people has led to a similar level of vacancy across the sector now in comparison to April 2019. The increases in vacancies related to residential and residential with mental health care provision will be more indicative of the demand for those services, with consideration to the impact of Covid-19 on the market as outlined in the previous paragraph.

These numbers offer a picture of the local provision in regards to long term placement capacity, but it's important to recognise additional areas of development that contribute to the overall market provision. As previously outlined, Marleyfield House has expanded its long term capacity, but there are also an additional 16 short-term discharge to recover and assess placements, which would aim to ensure people are not inappropriately assesses as requiring residential care. Also there are currently a number of independent sector homes with planning permission in place to extend their provision.

EMI Provision
The number of people living with dementia in Flintshire is set to rise over the forthcoming years. People living with dementia may need intensive support as they progress along their dementia journey. Individuals may need EMI provision due to their complex needs, of which there is a limited supply in the county.

- 261 EMI residential placements across 12 homes.
- 44 EMI nursing placements – 2 homes only.

In 2016 Flintshire completed an in-depth residential care review which provided detailed evidence regarding the current state of the residential care sector in Flintshire and outlined projected increases in needs and demand. The report concluded in order for the local authority to meet the projected need (based on demographic changes) a further 178 placements will be required by 2020; 67 Residential, 52 EMI Residential, 51 Nursing and 8 EMI Nursing. These are now stabilizing with only 8 EMI nursing placements vacancy 24/05/21.

The Flintshire shortage in EMI nursing provision is historical and leads to placements being made out of county which is not only a challenge for the individual themselves but also for family. As of May 2021, there are 32 out of county residential EMI placements, and 29 EMI nursing placements.

In addition, the complexity of need coupled with the lack of placements locally leads to in delayed transfer of care from hospital. This was evident during the pandemic, where at one point, due to active cases in nursing homes, there were no available nursing placements in Flintshire in to which to discharge people from hospital.

Supported Living - Volume
As of August 2021, there are a total of 60 Supported Living properties in Flintshire, delivered between 10 providers. 16 of these properties are operated by the Council. There is also a combination of national providers, smaller local providers and both local and national providers with a charitable status. Contracts are tendered through the regional framework or commissioned through direct payments.

139 people are supported, most with over 20 hours of support per week, either shared or 1:1. Most individuals have a tenancy agreement as is usually the case for 'Supported Living'.

There are providers who are able to support from a low level to more complex needs on the Framework.

When recommissioning existing services, there is a possibility of Tupeing staff to the new company. For new services, the provider has to recruit which can impact of the timescales and attract staff from existing providers who then have to back fill.

Out of County
Within the Learning Disabilities and Physical Disabilities sector, due to the small choice of local providers and the specialist nature of support, some of these residential placements may need to be made out of county and this can incur higher costs. This impacts on families visiting and link to the individual.

2.2 MARKET STABILITY

A review in to Flintshire's Residential Care sector (2016) outlines the challenges and some potential options as we move forward, but highlights a number of strategic issues that 'would impede efforts by any local authority to strengthen their residential care market'. National coordination and action will be needed to minimise the impact of these factors, which include:

1. The effect of the National Living Wage on the sustainability of independent care providers.
2. Reported lack of financial resources available to improve the state of repair of independent care homes, and a decreasing appeal for potential new investors to the sector.
3. Retention and recruitment rates of care staff, with a perceived unclear career pathway and unappealing job conditions, specifically registered managers.
4. A national concern of poorly performing nursing homes.
5. Increasing demand for services with decreasing budgets'.
6. Brexit

There is a diverse provider base with no reliance on one provider. However, there is limited EMI residential and nursing placements available as outlined in section 1A (44 placements EMI nursing).

The markets is diverse with homes of varying size, in-house and independent, family run or as part of a larger organisation. The Council is moving ahead with increasing capacity in in-house residential provision.

The Contract and Commissioning Team work closely with providers on both entry and exit to ensure the process runs smoothly, offering any support that is required.

Although the market is robust and each provider has contingency plans in place to deal with the majority of issues, the COVID-19 pandemic presented exceptional circumstance and providers did not have this included in their plans. These have since been updated.

Between June and September 2017, Osterley Associates offered a business diagnostic to providers across the residential and nursing sectors who were based within Flintshire on behalf of the Council. Osterly Associates is an independent consultancy which was established in 2014 to provide business sustainability support to community based businesses and stakeholders. It specialises in working with SMEs in groups and sectors that are vulnerable to political change or facing challenges that are outside normal business

modelling. Often the businesses in these groups are micro or family run and as such do not access mainstream support.

Owners and managers from 18 homes were interviewed by an experienced business adviser and a diagnostic review was completed, 2 homes declined the offer and 4 were unable to schedule an interview in the timescale.

The diagnostic tool to conduct the interviews was designed to structure the interview but allow for a personal conversation so as to ensure that individual circumstances were accommodated (Osterly Associates, 2017). The findings can be found in Appendix 1.

2.3 Action Taken Due to Provider Failure

Needs to include recommendations for future mitigating actions and lessons learned

Escalating Concerns
 The process is guided by 'Quality Services: Delivering What Matters', the North Wales' procedures for contracted care and support services for children, young people and adults:
 • Ensuring quality services
 • Responding to increasing and escalating risks or concerns (including 'embargo policy')
When placed under escalating concerns, providers may not unable to accept new admissions and Social Service staff will visit on a weekly basis, and where appropriate, link with the Health Board to streamline this process. Once aware of the reasons behind escalating concerns, the provider will be required to produce a corrective action plan which is monitored.

Recent experience shows us that issues arising may be related to changes in the Management.

Provider Failure
The Welsh Government has produced statutory guidance about the closure of care homes where there are concerns about financial viability or abuse. Further guidance from the Older People's Commissioners Office for Wales includes securing the human rights of residents, meaningful consultation and engagement, provision of advocacy if required and ongoing impact assessments.

When it has been confirmed that a Care Home provider is no longer able to continue supporting its residents, Commissioners will contact the provider and explain the purpose of the Home Closure Team (HCT) and get key contact information. At this stage they will request a list of all individuals and identify any immediate risks or issues. A Home Closure Group meeting will then be set up as soon as possible where's roles and responsibilities will be confirmed.

Following this a finalised full list of residents who will be transferred will be produced and staff members will check the most recent CIW and monitoring reports to identify any other positive or negatives that could impact on the closure. The Providers Business Continuity Plan will also be checked. An up to date list of care home vacancies based on the needs of the residents will be developed and shared with all partners, residents/ next of kin / carers / commissioners as appropriate. It would also be identified at if there are any current safeguarding / criminal enquiries are under way or there was a potential for them to be consulted, other partners that would need to be involved e.g. Police / Fire

The finalised list of all individuals and their needs will be confirmed with the Provider. It will identify those who lack capacity to make decisions about where they live e.g if they have

dementia or a learning disability, and ensure that they have a family representatives or an independent mental capacity advocate. Any special factors will also be identified relating to support equipment, or urgent or very complex care needs and needs which may require reassessment or review such as stress, anxiety or health factors and any additional clinical factors. A residential relocation plan will be completed for each resident as well as a resident property sheet for relocation. Responsibility for assessing or reassessing resident's needs and funding status, including any self-funding or out of LA area residents will be agreed and any other commissioning bodies will be identified if they need to be informed and consulted.

Lessons Learnt
Following recent local care home closures, we have asked colleagues within the LA and BCUHB for their views on what has worked well, and what are the challenges during this time.

What's working well
- Good working relationship between CIW, LA and BCUHB, with colleagues from CHC and Community Nursing leads involved alongside, Social Services senior staff, Social Workers and Contracts and Commissioning Officers
- Named Social Worker assigned for each resident – *outline their particular roles in the process*
- Allocated team of LA staff to support people with their packing and accounting for their belongings, alongside providing a LA presence in the home.
- Linking to Advocacy
- Provision of list of current vacancies in the sector

Challenges
- Could provider failure have been anticipated, risk assessed before notice given? Difficult to anticipate based on intelligence available. Perhaps a joint process could be developed based on experiences to guide future scenarios.
- Ensuring sufficiency of placements in the local area, able to meet the individual's level of need, while still supporting choice and control. Also, preventing admission to acute and community hospitals
- Managing expectations and emotions of staff and residents during the process.
- Understanding equipment ownership – what belongs to the home, Health Board, Stores, Welsh Government (e.g PPE) – and ensuring this is moved to a new setting alongside the resident
- Working with third parties e.g Administrators. Differing opinions and expected outcomes, accuracy of information, understanding of Welsh Policy
- Maintaining safe level of staffing at the closing setting
- Accessing staff files to support ease of employment to new employers
- Complexities of a new provider taking over the home as a going concern. In particular, if there are restrictions on their registration.

2.4 Consideration of Market Quality

Feedback from service users
Choice and control over what service and provider an individual would like to receive care forms part of the 'What Matters' Conversation.

Engagement and consultation with people who use care and support services is a requirement for all care providers, this includes both in house and independent sector providers registered and regulated under the Regulation and Inspection of Social Care (Wales) Act 2016.

For the Councils in house services this means Residential Care, Extra Care, Domiciliary Care, and services for people with a Learning Disability. Twice a year, the Responsible Individual coordinated conversations with people receiving Council care services in each setting through questionnaires, group and 1:1 conversations.

The responses from tenants and residents was overwhelmingly positive, this particularly focused on the staff providing support. They were described as very caring, having time for people and supporting with all aspects of personal care and related needs. Managers and office staff were also mentioned in terms of being approachable and sorting out problems when they arrive. Everyone also said they felt safe in the buildings.

Some issues were raised by individuals. These were fed back to the managers. A number of issues related to the need to provide training, or reminders to staff about areas such as knocking and waiting at doors, use of mobile phones and how their approach to tenants is important (e.g. not rushing, treating like an adult). It should be emphasised that these were isolated, mainly one-off comments, however, they are still important.

Care home monitoring
In 2017, the Contracts & Commissioning Team moved away from systematic annual minoring visits, adopting a practice development approach in supporting providers to achieve positive outcomes for individuals receiving care and support. This has nurtured and developed effective, constructive and professional relationships with providers of care and support (managers, Responsible Individuals and Owners). These relationships have been critical as we have met the challenges of the pandemic together.

Progress for Providers
Progress for Providers in Care Homes is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes. 'Personalised Support' is a key aim of national policy and means tailoring support to the individual, and enabling them to have as much choice and control over their service and life as possible, rather than supporting everyone in the same way. This means learning what matters to the person and ensuring that any support wanted or needed is shaped by this. Using person-centred thinking tools and approaches helps staff to provide the best support that they can in ways that reflect what is important to the person. Working in this way is not about doing more, but about doing things differently.

The programme has been expanded to include domiciliary and extra care services and in 2020/21, the Progress for Providers Programme has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector.

2.5 Current and Projected Trends

The Population Needs Assessment (2022) shows the projected increases on the population of older people, and those living with Dementia.

2.6 Impact of Commissioning practices on the market

Support from the Council to providers
Flintshire have developed the 'Progress for Providers' Programme in Care Homes. This is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes, tailoring support to the individual and enabling them to have as much choice and control over their service and life as possible. Using person-centred thinking tools and approaches helps staff to provide the best support that they can in ways that reflects what is important to the person. Bronze, Silver and Gold accreditation will help managers check their own progress over time and demonstrate publically that they are making continued progress along the road to truly person centred care. Those who have achieved the accreditation will be listed on Flintshire County Council's website.

Over the years, Flintshire have been working to develop strong relationships with those who provide services for Flintshire's residents. The Council support providers in a number of ways :

- Regular Provider Meetings, open to all care providers in Flintshire, which include updates, Care Forum representative feedback, workshops and information sharing. These events are valued and enable two way communication between provides and the Local Authority. These events are also used to develop a coordinated response to national consultations. The Local Authority can then submit responses that includes the voice of the local sector alongside our own.
- We actively discuss gaps and challenges
- Information is circulated on a regular basis to providers via email.
- Training is available via the Council's Workforce Development Team and number of providers attend the Workforce Strategy Meeting.
- Providers are supported to achieve accreditation through Progress for Providers Programme.
- The Council has developed a template for providers to produce a 'Welcome Pack' for new residents. The pack, tailored to each home, outlines information on rights and entitlements, staff, what's available locally and person-centred practices.
- The Contracts Monitoring Team provide support for settings who may be facing difficulties or in need of improvement.
- Through the Council's dementia work, free activities are provided to care homes via a 'buy one get one free' as part of the Dementia Friendly Communities programme, coordinated through a private Facebook group.
- Providers are offered support with National Care Home Open Day.
- Flintshire County Council provided equipment packs containing hoists, a mattress, chair, commode, bath lift, scales and other equipment to all care homes in 2017.
- The Social Care Workforce Development Programme (SCWDP) training voucher scheme gives independent and voluntary sector social care staff access to mandatory or core training from a small number of approved local training providers.

As well as the above, the Contracts and Commissioning Team have facilitated regular meetings with residential care, domiciliary care and Supported Living providers. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attend by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed

As part of our Contact and Commissioning Teams role, they work with due diligence when trying to identify any risks that a provider might have in the market, whether this be financial or other information. The Team are now able to do financial checks online on providers and companies, this enables them to complete an assessment of the provider's financial stability and identify any information that may flag up as being an issue in the future.

Supported Living – Commissioning
In February 2020, Denbighshire's Cabinet approved the North Wales Supported Living Framework on behalf of all the 7 partner organisations, and agreed for it to go live from the 1st April 2020.

By adopting this Framework, Flintshire is able to effectively commission Supported Living services, when the need is identified whilst ensuring consistency and quality of provision across North Wales. Multiple service providers have already been admitted to the framework agreement following the requisite due diligence and quality checks. This enables Flintshire's commissioners to commission services adopting the framework agreement which can streamline processes whilst remaining in accordance with relevant legislation and the local authority Contract Procedure Rules.

For any service contract with a total value (projected annual contract value multiplied by the length of the contract) of £1 million will require the necessary delegated approval. Any service contract with a total projected value over £2 million will seek Cabinet approval prior to commissioning in accordance with the local authority Contract Procedure Rules.

Contracts officers and associated involved professionals adopt a collaborative approach with the individuals (where feasible) and stakeholders such as families to develop an appropriate service specification that meets the needs of each individual. Services are procured collaboratively with stakeholder involvement (where feasible) to select the service provider.

2.7 Sustainability of provision

Flintshire County Council has recently employed a Planning and Development Officer to support the independent adult social care sector through the recent COVID-19 pandemic, and to become confident and resilient to meet the support needs of older people in Flintshire into the future. The officer will work closely with the adult social care sector to aid sustainability and recovery following the pandemic. This will include supporting with sustainability plans and recruitment drives in house and across the sector.

Due to the recent COVID-19 pandemic and its ongoing effects on Social Care, the market is extremely unstable at present. This is due to a number of factors including :
- Residential and Nursing homes going into administration or being taken over, leading to instability.
- Lack of staff due to retirement or leaving the business
- Low number of Nursing placements and no providers with open placements to ensure stability of the placement
- Lack of funding to try to assist the providers during a difficult time
- Care Home closures , this could be due to a number of factors such as financial or lack of qualified staff
- Recruitment within Social Services sector is an ongoing concern, this is having an impact on the sustainability of provisions

2.8 Risks to market stability

- Increasing population, people are living longer and therefore the demand for services is going to increase over the next five year period.
- Ageing population poses challenges for Flintshire, the projected increase in both 65-84 and those over 85+ years will lead to an increased service need.

In October 2021, workshops were held with Responsible Individuals (RI) in the sector to explore the strengths, weaknesses, opportunities and threats. Below are some themes raised in conversations with RIs from the Residential sector:

- Rapid changes in guidance
- Cost of living increases
- Hardship Fund tapering
- Recruitment and retention of care and nursing staff
- Good carers who are not IT savvy and not looking to upskill and undertake additional training for registration

Funding
Some independent care homes charge more than the rate the Council can pay for care. If The Council is paying toward care home fees, and the individual chooses to move into a home which charges more, the difference between the two amounts has to be paid by another means. This is usually a relative, friend or a charity of the individual.

Sustainable care fees are required to ensure fair pay for care workers in the independent sector and sustainable fair pay for local authority funded care workers. The Care Home Sector and partners require fair funding to ensure they retain and recruit staff through higher pay rates. Social care jobs are simply not competitive with retail and delivery occupations which offer similar or more pay with less stress.

2.9 NON-REGULATED PROVISION [PREVENTATIVE SERVICES]

Local examples of community approaches:

Cares Support - A number of organisation across Flintshire provide a range of support for carers to support them in their caring roles. This includes assessment, respite, small grants and training.

Single Point of Access (SPoA) - SPoA is multi-agency initiatives in Flintshire providing support for adults. By telephoning just one number an individual will be able to speak to someone about community health, wellbeing and care services. Access to information, advice, assistance, assessment and co-ordinated care will be available. SPoA also supports a co-ordinator who can advise and signpost to organisations within the Third Sector.

DEWIS - Dewis Cymru is a website that aims to help people with well-being, whether that's their own well-being or the well-being of a family member or friend.

The website contains information that can help people think about what matters to them and has information on services that can be accessed for support. Organisations across Wales can upload their own information to the site

2.10 Social Value

Volunteers
Since April 2020, Flintshire County Council (FCC) and FLVC have worked in partnership to develop a creative, effective response to the Covid-19 pandemic focussing on voluntary support for formal and informal social care activities
This involved:

- FLVC staff working with Social Care Senior Officers and operational staff assessing the need for volunteers generally
- agreeing bespoke volunteering roles to support Social Care staff
- utilising FLVC's Volunteer centre staff resource, Volunteering in Wales website
- recruiting and training volunteers to complement the work of Social Care staff
- deployment of a trainer registered with Social Care Wales to provide introductory training in Safeguarding / Dignity in Care / Health and Safety / Equal Opportunities/Confidentiality

The volunteer group provided support from April to August to a number of activities and initiatives including twice-weekly delivery of PPE for staff at older people's care homes and domiciliary providers and schools, weekly shopping deliveries to two Supported Living Homes, delivery of donates chocolate eggs, 1:1 telephone support, Well Fed project and Food Bank Food parcel delivery; and delivery of IPads and Codgers Quarterly Newsletter to reduce isolation in care settings.

Achievements
- Successful partnership working with FCC/Contracts Team
- 70+ Volunteers linked directly with Flintshire care homes, many more interested volunteers but have put their application on hold due to covid restrictions
- 70+ Volunteers attended the FLVC training: Introduction to Volunteering, Introduction to Social Care and Inspiring Digital Activities
- Level 2/ 3 Health and Social Care Student placements & partnership working with:
  - Glyndwr University
  - Mold Alun School
  - Coleg Cambria

https://www.leaderlive.co.uk/news/19655304.flintshire-care-home-residents-helped-kind-hearted-volunteers/

2.11 Resources

Flintshire benefits from a strong third sector presence and networks and a positive relationship between the Council and Flintshire Local Voluntary Council (FLVC). The Wellbeing Team in FLVC and AVOW (Association of Voluntary Organisations Wrexham) supports the third sector and statutory partners in a number of ways:

- Promoting third sector organisations, services and activities to statutory partners
- Representing the third sector at strategic planning and partnership groups
- Engaging the third sector in consultations and engagement about health and social services
- Promoting partnership working within the third sector and across sectors
- Signpost to or provide business support and funding
- Provide training to organisations to improve their capacity and effectiveness
- Explain the complexities of commissioning and procurement
- Help keep services up to date with the latest evidence base, and guide you through the changes in NHS and local authority structures.
- Help the start up of new services or groups
- Support the third sector in Flintshire and Wrexham to access FLVC and AVOW's services

2.12 Self funders

As of 1st February 2022, there were 194 self-funding placements in Flintshire care homes.

2.13 Workforce

Transport
The availability of local transport has an impact on some of the homes and those on good bus routes were more likely to be able to staff their homes than those off a main bus route. All of the homes interviewed paid at or above the living wage but recognised that this would be difficult in the future as wages increase above the income streams. Group owned homes had central HR services available to them and several of the family owned homes contracted with external HR agencies such as Peninsula to manage their HR issues.

Perceptions of social care
When asked directly about the difficulties of recruiting staff there was a variance in replies. Several homes stated that more should be done to increase the image of the sector and that very often potential recruits were unaware and unprepared for the nature of the job. The variation in replies came when some homes stated that they had difficulty in finding suitable candidates and others stated that they had waiting lists. Others suggested that the NHS "poached" the experienced members of staff and several homes were proud of the fact that majority of their staff had been employed by them for many years. It was concluded that the difference is likely to be effected by the size of the home and the way that the home is managed. The fact is that there is a need to attract new entrants into the sector and increases in the living wage will add to the financial pressures on owners in the future.

Sickness and absence
Sickness and absence rates are high in comparison to other industries but it is accepted as one of the negatives of the sector. The most common causes of absence is sickness and

diarrhoea. The impact is for a short term need to replace staff and the added costs associated with this. All homes operated a statutory sickness policies.

Recruitment and retention
Recruitment and retention issues are reported as the most significant issue affecting the sector locally. However, providers have identified that people in the workforce don't necessarily leave the sector, but move around within it and when they do leave, move on to employment in other caring roles such as within the NHS. Our challenge is to increase the number of people entering the sector.

Colleagues at Job Centre Plus report that they are not encountering many who are seeking work in the sector, and those who have expressed an interest are looking for '9-5' hours, which is not conducive with working patterns in care. Provider assistance has also been removed in recent years, including apprenticeships funding for people aged over 25 leading to difficulties in staff gaining the relevant qualifications or staff having to pay the fees themselves leading to providers finding it difficult to meet the current requirement that 50% of staff to be qualified to QCF level 2, unless they support with funding the training themselves.

Regulations
Providers have reported concerns around the HR implications of new regulations and where this will lead in terms of existing staff who do not want to register or work towards qualifications.

Nursing staff shortages
Shortages in nursing staff are presenting a problem across the UK (Public Policy Institute for Wales, 2015). In 2017, Welsh Government began to consult on the Phase 2 regulations for the Regulation & Inspection Act Wales 2016. Within this, a proposal was outlined that there would no longer need to be 24 hour nursing care on site for as long as it can be proven that the provision meets the needs of the individual. This may have an impact on those setting who have a low need for nursing care, as they can look at how they can meet these needs in a more flexible way. However, for homes where high levels of nursing care are required, the issue is still present.

Employee Assistance Programmes
Flintshire County Council has bought in to the Carefirst Employee Assistance Programme. Carefirst provides confidential, impartial advice and support 24 hours a day, 365 days a year, online or via the freephone telephone number. The service is free for all employees to access whenever they need it.

Carefirst offers free and confidential assessment, short term counselling and follow up services to employees who have personal and/or work related problems. These can include from complex issues affecting mental and emotional well-being, such as alcohol and substance abuse, stress, grief, family problems and psychological disorders. A similar form of support may be of benefit to those working in the sector to build a resilient, supported workforce. The effect on sickness levels and retention levels can be monitored alongside and implementation.

The Hardship Fund
Over the course of the recent COVID-19 pandemic, Welsh Government's Hardship Fund provided additional financial support to the sector which included:
- Support towards the cost of void placements in care homes, plus an additional £50 per week per resident.
- An additional £1 per hours for domiciliary care staff.

- Additional £37 per week per individual for Supported Living providers.
- Other support, for example, funding for additional staff capacity to support individuals who found it difficult to isolate in care homes.

Assessors
The North Wales Care and Community Health Workforce Strategy outlines that in 2016 surveys showed that 38% of domiciliary care workers and 36% of the residential care are unqualified. This is a significant number of workers that will need training in order to meet the new registration requirements, with increased resource implications for the sector. Concerns have been raised about the number of assessors available to meet the increased demand, which may have implications on provider's ability to comply with regulations.

Impact of Covid-19
Following the COVID-19 pandemic staff numbers within the sector may go down which will cause issues within a sector that already struggles with staff recruitment and retention. Throughout the pandemic, the sector has received praise from the Government as well as the public and this may change opinions on working in the sector.

Progression
Homes owned by a group have their own training programmes in place and often used external training providers. They recognise the value of career progression and remarked that this policy often assisted in staff retention rates. Smaller family owned homes found the cost element to be more challenging, but still recognised the need. There was a willingness for managers to broaden their management skills but stated that time to train was a major barrier in them not proceeding.

2.15 Conclusions and Recommendations

There are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. There are suggestions on how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

Other local actions include:
- Progress in-house residential care expansion schemes

3. CARE HOME SERVICES (CHILDREN)

3.1 MARKET SUFFICIENCY

Rebalancing Local Residential Provision

Despite the commitment to prevention and early intervention, there will always be a small proportion of Children Looked After who need residential placements, and Social Services want to make sure that these children and young people can remain close to home.

Teams have continued work to meet objective in providing local residential care within Flintshire, utilising funds from the young people's Transformation Programme. This also serves to meet Welsh Government's Programme for Government ambition to eliminate private profit from the care of children looked after through establishment of Local Authority provision.

North Wales has secured £3.8m grant funding for a regional Transformation Programme for Children and Young People for 2021/22. In the East Area, the strategic partnership of Wrexham and Flintshire Councils with BCUHB is overseeing the delivery of the transition programme, which aims to provide:

    i)   Early intervention and prevention to improve the emotional health, wellbeing and resilience of children and young people

    ii)   Edge of Care interventions incorporating Multi-Disciplinary Teams.

Ty Nyth

Ty Nyth in Mold is a property that has been acquired by Flintshire Council on behalf of Flintshire and Wrexham, and will provide short term residential accommodation for four children, plus one emergency room, for children aged 11 to 18 years.

Alongside the residential Care Team a specialist MST-FIT (Multi-Systemic Therapy Family Integrated Transition) Team will be on site to support young people accommodated at the service alongside their families. The Team will identify the issues which may present difficulties in order to plan a successful return home. This is the first provision of its type in Wales.

Whilst in the residential assessment centre, the residential team will work on a number of skills with the young people through an Integrated Treatment Model (ITM), including mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness and Social Skills

The residential team will provide day to day support, care and supervision of the young person, including but not exclusive:

- ensuring they continue to attend their school and support them with homework;
- provide and cook their meals;
- support them in any contact they may have with family / carers;
- support the young person to stay safe both physically and mentally;
- provide any support the young person may require with meeting other professionals.

The residential team will also be responsible for the day to day running of the assessment centre, including but not exclusive:

- ensuring the policies and procedures are up to date and adhered to;
- the centre is adequately staffed 24 hours a day every day of the year;
- the building is kept secure and safe at all times;
- the building is kept clean and tidy, with adequate food and other provisions.

The property will be operational by November 2022, following registration.

Park Avenue
Alongside the Ty Nyth site and being refurbished at the same time is a 4 bedded residential children's home for long term placements for young people from Flintshire. The property will be operational in November 2022, following registration.

Small Group Homes
Bromfield Park offers care and support including accommodation for two young people between the ages of 8 years – 18 years and 3 months who are supported by Flintshire County Council. It is recognised that the young people who live at Bromfield Park are likely to have experienced trauma which may have impacted on their ability to manage their feelings and emotions, communicate their wants and needs effectively and to form positive attachments.

Young people living here will be supported to prepare for their future which might include a foster arrangement and/or independent living arrangement. The amount of time that young people will be living at Bromfield Park will vary depending on their age, needs and individual circumstances. This will be determined in their care plans and personal plans.

Following the assessment and understanding of the young person's care and support needs; the team will ensure that the appropriate care and support is put in place and available to all young people living at Bromfield Park. We believe that by providing young people with a clear care and support plan and co-produced personal plan, that fully and clearly reflects their individual needs, it will allow them the opportunity to explore, reflect upon and manage the impact that the trauma they have experienced has had on their social, emotional and cognitive development.

Refurbishment is well underway to provide two further small registered homes to accommodate children and young people from Flintshire who need long term residential care. The build programme is scheduled to be completed by the Summer/Autumn 2022. Indicatively we are seeking to commit to 6 small group homes over the next 3 years.

Accommodation for Unaccompanied Asylum Seekers
A 3 bedded Council property is being refurbished as accommodation for Unaccompanied Asylum Seekers. Support for residents will be provided externally by those with specialist skills and experience, sources through the 4Cs Framework. This will be based on a Supported Living model. This property will be ready by the end of 2022, subject to RISCA registration.

Arosfa
The Arosfa Short Breaks Service, delivered by Action for Children, offers short term residential breaks at regular defined intervals which include overnight, mid-week and weekend stays for children and young people with profound disabilities. Utilising funds from the Integrated Care Fund, an unused wing at Arosfa has been refurbished, and this has increased the service capacity

In April 2021 the refurbishment work at Arosfa was completed increasing the provision to 5 beds at Arosfa. These beds bring capacity to accommodate permanent long-term residents, and provide a quality local services as an alternative to out of county placements and again, meeting priority areas by working with third sector organisations to remove the profit from care services.

Unregulated Placements
Whilst bringing enhanced local placement capacity these developments are within the context of a national shortage of residential placements for children. We know that across Wales there is a significant shortfall in placement sufficiency leading to unprecedented reliance on unregulated arrangements. It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced.

Locally we currently have a number of children supported in unregulated placements. We also have a sibling group of 4 children in regulated, out of county placements, who are at significant risk of losing their placements and require a bespoke provision to ensure placement stability and the delivery of positive support to their lives which currently feature behaviours of concern, vulnerability of exploitation and episodes of missing from care. The reality is that this sibling group require the immediate development of a bespoke provision/s in county.

The development of options for this sibling group forms part of a wider strategic approach to developing local provision that takes stock of the national and local context and aligns placement demand/need, sufficiency, accommodation, education, workforce, and finance/funding.

Update: Further information about these schemes can be found in Flintshire County Council Placement Commissioning Strategy 2022 to 2025. (link to be included once approved)

Out of County Placements
Whilst local provision is in development, there will always be a small proportion of looked after children who need residential placements, and we want to make sure that these children and young people can remain close to home.

An increasing demand for residential places and a lack of supply in local residential providers has resulted in a 'providers market'. Providers are able to be more selective of the young people they accept, which may result in those with higher levels of complex needs and behavioural challenges being more difficult to place. This may be due to the skill/expertise of the provider, a concern about how behaviour might impact other residents and the local community, and worries that all of this might impact upon the outcomes of the service.

Alongside the financial pressure, there is also a pressure on staff time. In the event of a bed available, a number of local services may be seeking to secure it, resulting in competition.

This high demand puts pressure on Local Authority finances, with providers able to dictate the cost of the provision. There is a risk expenditure on out of county placements increases as placement costs increase in a demand led market.

A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset. Our research tells us that while children have been appropriately placed in residential settings based on their presenting needs, there had been few viable

alternative approaches available which could have contributed to a de-escalation, eliminating the need for out of county placement.

Flintshire County Council commission 39 children's care home services. Out of these 39, 18 are placed in Wales, 16 are in England and two are in Scotland.

From the placements with Wales, 14 are in North Wales and 4 are in South Wales.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

At present, there is a demand for residential service for children who suffer with their mental health, and there is no the sufficient level of care and support with the local authority area to provide this. Therefore services are being sought out of county which incurs further cost implications.

Emergency provision
Social Services across the UK are facing increased pressures to find placements in emergencies. Locally, we do have situations where no placement can be sourced for child. This necessitates the development of a holding position to provide accommodation and support until a placement can be found. This situations may arise from difficulties in placing young people following the breakdown of relationships at home, transfer of children where the police have used their powers of protection to remove children and a lack of secure placements for young people with high level needs and welfare risks.

It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced. Safeguards around unregulated placements include the need for Senior Manager approval, notification to CIW as our regulator, a care and support plan, completion of social work visits, involvement of Independent Reviewing Officers and supervision of social workers to look at arrangements/ move on plans.

The arrangements that local authorities have to put in place in emergencies can amount to unregulated placements. Under RISCA it is an offence for a person to provide a regulated service without being registered in respect of that service. This project will move to establish a registered provision that be set up in an emergency to provide accommodation, care and support. The provision will be designed to open as situations arise and close down as move on placements found. We would draw on registered staff in other provisions as opposed to employing a dedicated staffing Team.

Please also see:
- Draft Children and Young People's Residential Care and Fostering North Wales Market Position Statement. Update to May 2019 publication. April 2021 to April 2023.
- Care Closer to Home - Flintshire County Council's Placement Commissioning Strategy from 2022 to 2025

3.2 MARKET STABILITY

Like many other authorities, Flintshire is currently reliant on the independent sector for Children's Residential Care provision. This provision is very expensive an often in placements that are out of area. There are opportunities to use transformation grant funding to facilitate a different approach to help reduce the reliance on Out of County placements which lead to unsustainable financial pressures for social services and education. Approaches to this have been outlined above.

In August 2020, ADSS Cymru published a report which examined the case for rebalancing social care provision in Children's Services. The report identified a significant imbalance of power in the children's residential care market, which is affecting placements and choice, the ability to make the best match to a child's needs, the workload, and the outcomes for children. Without rebalancing, there will be a continued reliance on private providers with, in some cases, high cost, and questionable value for money, greater instability for children and poor outcomes. The aim of any rebalancing must be to develop stable, resilient markets, which offer options and choice, quality care, fewer placement breakdowns, and good outcomes for children.

Over the next five year period, in order to ensure stability within the sector, the Authority aims to :
- Work with new and existing providers and support them to deliver of models of care that will meet the needs of our children.
- Work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provides a wider a wider social value to our communities.
- Work with providers who are able to safely care for our children with multiple high needs and are able to provide alternative accommodation to secure welfare provision.
- Identify providers who will work in partnership with us during periods of transition, including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

The First Minister and the Deputy Minister for Social Services are clear that the 'Eliminate private profit from the care of looked after children' Programme for Government commitment is a top priority for delivery. This commitment itself builds on the long held view of Ministers that private profit be removed from the care of looked after children and aligns with calls made by the Children's Commissioner for Wales and Voices from Care.

Further, children themselves have expressed upset at being looked after by profit making organisations, that they feel 'bought and sold'.

3.3 Action Taken Due to Provider Failure

The majority of residential placement providers are signed up to the Children's Commissioning Consortium Cymru (4C's) and therefore they take the lead on any monitoring arrangements. If there is provider failure or concerns these are investigated and resolved through their own internal procedures.

North Wales Quality Management Escalating Concerns Procedure

There is a small number of providers which have not signed up to the 4C's Framework, if there are any issues with these providers or concerns, Flintshire County Council follow the North Wales procures for contracted care and support services for children, young people and adults : ensuring quality services, responding to increasing and escalating risks or concerns (including 'embargo policy').

Increasing and / or escalating concerns arise where there are accumulating issues and / or a singular significant event or incident relating to the operation of a service, or the quality of care and support being provided. They may also be instigated alongside or as a consequence of other procedures including safeguarding providers and/ or regulatory procedures. Each of the north Wales commissioners has a range of methods in place to assure themselves of the standards of quality and safety and the outcomes for individuals that a service offers.

3.4 Consideration of Market Quality

During April 2021, Care Inspectorate Wales (CIW) completed an assurance check to review how well the Local Authority Social Services continue to help and support adults and children with a focus on safety and well-being. The key lines of enquiry were focused within the four principles of the Social Services and Well-being (Wales) Act 2014 and findings / judgements were aligned to these – People – Voice and Control, Prevention, Well-Being, Partnerships and Integration.

3.5 Current and Projected Trends

- Challenges in accessing secure welfare placements and local alternatives that provide crisis intervention and diversion from secure accommodation.
- Challenges in sourcing appropriate local placements for children and young people with complex needs.
- Need for additional and appropriate short term care arrangements and facilities for children. This also includes children with additional needs and on occasions their siblings.
- Children ages 16+ often have complex needs and placement options are limited, a strategic approach is needed in supporting the accommodation and support needs of young people ages 16-18 and for care leavers.

3.6 Impact of Commissioning practices on the market

The Authority will continue to use the All Wales Local Authority Frameworks to commission individual placements across a range of placement types. These frameworks deliver strategic level partnerships with providers in fostering and residential services. The frameworks are used where either the Regions Sufficiency Duty necessitates external commissioning or where best quality, outcome delivery and value for money is achieved through external commissioning rather than internal service delivery. The All Wales Frameworks are managed by the 4C's.

The vehicle used for e-tendering external fostering and residential placements is the Children's Commissioning Support Resources (CCSR) which offers transparent and

outcomes focused placement commissioning for both Framework and Non-Framework regulated placements and allows compliance with the relevant procurement guidance and regulation that underpins commissioning.

3.7 Provision of service in the Welsh Language

There is a gap in provision for services that are provided in the Welsh language.

3.8 Sustainability of provision

With the development of in-house provision, we seek to address sustainability issues.

3.9 Risks to market stability

For the Regional Market Stability Report, the local authority identified the following market sufficiency issues:
- Sourcing appropriate local placements for those with complex needs
- Meeting demand for children who need complex multi-agency care packages or have challenging risk management plans, example behaviours include anger management issues, verbal and physical aggression towards adults
- Insufficient placements lead to children being placed in unregulated settings
- Not enough carers who speak Welsh
- North Wales has a shortage of parent and child places, especially in Wrexham and Flintshire

Flintshire along with other local authorities have experienced that a lack of supply in local residential care means that providers were often able to 'pick and choose' which children and young people they support. There is often a reluctance to take children and young people with complex needs and behavioural challenges. This may be due to a number of reasons including the lack of skill/expertise, a concern about how behaviour might impact other residents and the local community, and worries that all of this might impact on their inspection judgement.

Alongside this, the capacity of the workforce presents a risk. The challenges with social care recruitment are well versed and reflected in recent efforts to recruit to our developing in house provision. The approach is been to recruit based on aptitude, values, and potential, as opposed to direct experience. This does create risks which are likely to compound as we extend our provision at a time when neighbouring authorities will start to expedite their own plans to expand in house provision and the associated workforce expansion. There will be an increasingly competitive market. Demand for staff for children's residential services, especially Residential Managers will be in high, with local authorities paying different rates.

In order to operate the in-house provision as outlined in this document, 33 residential staff are required. Alongside the time taken to recruit, additional time is needed to develop these new staff and support them through a wealth of training to enable us to develop a quality service. Whilst incurring this additional expense, the local authority will still be funding the current cohort of placements, resulting in budget pressures.

The Council are also mindful of the risk that the new resources will have on the current sector, in that there may be movement between private and local authority provision. There is a need to work collectively and collaboratively to ensure businesses remain viable businesses, and placements are still made with local providers to prevent destabilisation

Given the Council's ambitious plans, investment will need to be made in building Responsible Individual capacity. Flintshire is in a current period of expansion in other areas of social care, including in-house residential care for older people and Extra Care. With these new services coming online, additional capacity will need to be considered to meet the need of the growing children's residential provision alongside this.

The Council are in the early stages of exploring residential educational provision for children with physical and learning disabilities. This will provide an offer local to home, which is currently not available. Learning has been taken from across North Wales to develop a business case to take this forward. Alongside this, there is scope to explore additional options for young people with Learning Disabilities post-16 through existing partnerships with third sector organisations. The accommodation needs to this cohort will also need consideration of there is a local educational option to out of county residential college.

There are further educational considerations. We need to ensure that as more children and young people with complex needs will be accommodated closer to home, that there is appropriate educational provision in place to meet their needs. The need to review the range and capacity of specialist educational provision across the authority has been identified by the Education & Youth Portfolio and as such, has been included as an ongoing priority area within the Council Improvement Plan. To inform the requirements, a review and feasibility study were commissioned to provide information regarding the level and areas of need for specialist provision and potential options to address these.

The review identified the following:

- A shortfall in provision for pupils with behavioural, emotional and social difficulties (BESD)
- A shortfall in specialist provision for pupils with Autism
- A need for additional capacity within the existing specialist schools to meet the level of demand
- A specialist Resourced Base provision for a small number of pupils with moderate learning difficulties.
- A shortfall in residential provision for pupils with additional learning needs

In response to the review, the Council has invested £6m in the development of a purpose built facility for pupils with BESD. Plas Derwen pupil referral unit (PRU) opened in September 2021 providing a specialist setting for a greater number of Flintshire pupils. Flintshire is one of only two councils nationally to have made a significant investment in their PRU facilities in recent years, offering an improved learning environment for some of our most vulnerable pupils.

A feasibility study has been completed to outline the potential options for the Council to address the other identified shortfalls in provision. A range of options have been identified and these proposals will now be considered as part of the Council's strategic development of its educational provision.

3.10 NON-REGULATED PROVISION [PREVENTATIVE SERVICES]

REFLECT
The REFLECT Service supports women who have had one or more child/ren removed through care proceedings and are at high risk of having children who will be subject to same experience. Through the delivery of an evidence based model you will support women to avoid pregnancy that could lead to care proceedings and removal of their children in the future. This will support women (and their partners) to achieve positive change in their lives to so that they can break this cycle.

Early Help Hub
The Early Help Hub is a multi-agency early help resource for children and families demonstrating 2 or more Adverse Childhood Experiences (ACEs). Partners include Social Services, Police, Health, Youth Justice, Housing, Flintshire Customer Connects, Education, Family Information Service, Early Years Support and Flintshire Local Voluntary Council (FLVC).

The Early Help Hub (EHH) received 2641 referrals between April 2020 and end of March 2021 (Flintshire County Council, 2021) and the team have adapted to meet needs during the pandemic. All EHH members quickly reverted to having discussions online and agencies adapted well during lockdown and there was no interruption with meetings. Referrals slowed down slightly during April/May but started to pick back up again from June.

Parent and Child Together Placement'
The 'Parent and Child Together Placement' recruitment campaign is beginning to come to fruition. This aims to keep children with their parents in a specially assessed foster care setting.

Flintshire closely scrutinise decisions about whether older young people should be taken into care and, in particular, what difference can be achieved at this relatively late stage.

Flintshire Meeting Service
Flintshire Meeting Services approach is aimed at keeping families together wherever possible. Families are offered a Family Group Meeting at the earliest opportunity, to prevent them from reaching crisis. Family Group Meetings explore if wider family members or connected persons would be willing to put themselves forward to be assessed to care for the child. Further funding has been made available to strengthen this approach. We have seen an increase in referrals to the service and its been noted that families during this period required additional support due to the impact of COVID19 and the strain and increased pressure/stress on family life. We have also seen a sharp increase in referrals from statutory services which again highlights the strain the pandemic has and is having on families.

Family Information Service (FISF)
We are a statutory local authority service providing free and impartial information, advice and guidance to families (and those working with families) on a range of topics and in various formats.

Topics include health, education, leisure, finance and registered childcare. The service processes an average of 20,000 enquiries each quarter either face to face, by telephone & email or on the website and via social media.

3.11 Conclusions and Recommendations

Summary of commissioning intentions

Residential Provision
Having care facilities and placements delivered by registered providers both locally and in the region of North Wales is a strong intention for Flintshire going forward. If additional funding is available then there is a clear commitment to extend the development of Small Group Homes over the next 3 years.

Work is also developing on a provision to support Unaccompanied Asylum Seeking Children (UASC) as the authority has been allocated 10 children through the initial phases of the National Transfer Scheme (NTS) that will require support as looked after children. This number is likely to increase as part of national allocations through the Home Office.

Edge of Care
Flintshire want to invest in children who are deemed to be on the edge of care. This support will ensure that children do not necessarily become looked after due to inadequate support that may prevent care and support needs escalating to a point beyond the immediate family's ability to maintain the child. This will also ensure that Flintshire will be aware that those who do become looked after will come into care with more intensive and complex needs that we can support accordingly. This edge of care support will also look at commissioning short periods of care on a temporary basis where necessary so that appropriate work can be done to facilitate ongoing family reunification.

Responsible Individual Capacity
With these new services being developed, additional capacity will be needed to meet the need of the growing children's residential provision alongside development in adult's services.

4. FOSTERING SERVICES

4.1 MARKET SUFFICIENCY

As of the 31st of March 2021, there were 109 children and young people in foster placements within and outside the Local Authority Area (not including kinship placements). As of 16th February 2022, this figure was 102.

We must ensure we meet the forecasted demand for children by creating a resilient pool of in-house foster carers to provide care for local children with a variety of needs.

Children's Services Placement Commissioning Strategy details Flintshire County Council's commitment to ensure safe, high quality, support for children on the edge of care services and to the children we look after. Our aim is to support this cohort of children and young people so they are able to develop the skills and resilience to lead fulfilled lives.

Where are the gaps and areas of concern?
- Demand for foster placements currently outstrips supply. This includes placements for children who require a complex multi-agency care package or have challenging risk management plans, examples of these behaviours include anger management issues, verbal aggression and physical aggression towards adults.
- As a host Local Authority for other areas, there is a significant pressure on our available resources to support children who are looked after.
- Lack of sufficiency for the highest end of needs profile. These are children who currently live in a care home as there are not enough skilled foster carers who are able to meet their needs.
- There is a need to increase the supply of foster carers
- There is a need to expand the Mockingbird Hub model
- There is a need for suitable accommodation for Looked After Children including sibling groups and children with disabilities.
- There is a need to stimulate growth in specialist provision for children and young people who have complex mental health needs
- There is a need for more foster carers to support children in the age categories 10-14 and aged 15+
- There is a need to strengthen targeted/intensive support for children and families on the edge of care
- An insufficient supply of placements leads to young people being placed in unregulated settings.
- Covid has placed significant pressure on families.
- There are not enough foster carers with the right skills to care for our children who have a disability.
- There is not enough availability in our region for our disabled children who require short breaks.
- There are not enough carers who are able to speak Welsh in our region.
- There is a shortage of parent and child places in the North Wales region, particularly in the Wrexham and Flintshire areas.

What we don't need:
- We do not want to compete with independent providers for local carers. We believe this is a waste of everyone's resources. This can be achieved by independent

- agencies targeting their local recruitment at the areas where we are not developing our own in house services.
- The provision of general foster placements by the independent sector is not an area where we require an increase in provision.
- We are able to look after the majority of children under 8 within our in house fostering services.

Please also see:
- Draft Children and Young People's Residential Care and Fostering North Wales Market Position Statement. Update to May 2019 publication. April 2021 to April 2023.
- Care Closer to Home - Flintshire County Council's Placement Commissioning Strategy from 2022 to 2025

4.2 MARKET STABILITY

Foster Carer Recruitment.
The Foster with Flintshire portal has been developed to promote Fostering roles. The site contains a wealth of information, resources and stories from some of Flintshire's current Foster Carers.

Babies and young children
There is currently a surplus of enquiries from those who are interested in fostering babies and/or young children. Given the current population of Children Looked After, the demand is for foster carers who have the skills and experience to support teenagers and sibling groups. We have now targeted our recruitment strategy to address this.

We are now actively recruiting carers who can support a wide age range, including older young people aged years 12+. We have seen an increase in 14, 15, 16 year old coming in to care.

Rebalancing Local Foster Care Provision
We have a pool of experienced and committed foster carers and have been able to grow our foster care numbers. Applications for fostering are typically made after a 'skills to foster' course. The reality is that we have not had the capacity to respond to the pace of placement demand. The provision of appropriate kinship placements is significantly greater than that of 5 years ago and the focus of this work, within the context of court timescales, has impacted on the overall capacity of the Fostering service. It is recognised that investment in fostering is a critical interdependent component of reducing, and managing, the demand for residential placements.

Another challenge is that we have a surplus of enquiries from people who are interested in fostering babies and/or young children. Our need is for foster carers who have the skills and experience to support teenagers and we have a targeted digital recruitment strategy to address this. We have also undertaken a Parent and Child Together Placement recruitment campaign which is beginning to come to fruition.

Our **Special Guardianship Support Service** continues to go from strength from strength. Foster carers who take out a SGO continue to receive the support necessary from their supervising worker easing their transition.

Work continues to support a small number of looked after children through the

establishment of a **Rehabilitation and Prevention Service (RAP**). The service provides intensive therapeutic support for looked after children with support from experienced foster carers. The service is a partnership between the local authority, Health CAMHS and Action for Children. The Service is split in to two elements:

Children and young people referred to the RAP Tier 3 service all have severely disrupted and abusive backgrounds and their needs are among the most complex conceivable. The service provides intensive therapeutic support to the child/young person and their carers to stabilise their placement and encourage the development of healthy attachments for the individual children and develop their ability to regulate their emotions. Practitioners also work alongside Social Workers and Education staff to develop positive plans for the future, promote positive contact with birth families and to support the child's access to and use of education. The aim of this service is to maximise the potential for positive future outcomes for this vulnerable group of children and young people who are at significant risk of developing mental health problems, drug and alcohol addictions, criminal pathways and social exclusion. Involvement in this service could continue as long as 18 months, or longer dependant on the needs of those involved.

'Solutions' (Wrap Tier 2) is a therapeutic service offering early intervention and prevention services to children, young people and their families where there are indications of emotional and/or behavioural difficulties that could lead to the development of future placement breakdown and mental health problems. Therapy, primarily following a solution focused model, is providing children and their parents to promote emotional well-being, resilience and familial bonds to enable families to find alternative ways of coping with particular difficulties and/or predictable transitions in life.

The service deals with a huge range of referrals including behavioural management problems; anxiety and phobic issues; distress caused by parental separation; trauma from past neglect, abuse or exposure to domestic violence; children who are as risk of losing their place at home or with foster carers as a result of their challenging behaviour. These interventions vary in length depending on the complexity of the case.

As part of the Council's commitment to enhance the Fostering service, the **Mockingbird family model** has been implemented. This model replicates an extended family in 'Constellations of 6-10 fostering households. Groups of Mockingbird Carers are called a Constellation. A Constellation comprises of 6 – 10 satellite Fostering Families who are supported by a Hub Home that is operated by an experienced Foster Carer and offers advice, training and peer support, planned and emergency sleepovers. It also facilitates positive relationships and visits for sibling groups who are in care, but not in the same care setting. Each constellation is supported by a Mockingbird Liaison Worker who provides support and a link between the Constellation and Fostering Service.

Therapeutic services within Mockingbird provide additionality, focusing on support for foster carers to discuss the children's behaviour directly with the therapist and receive support and develop strategies for meeting the holistic needs of the children.

Following the launch of the 1st constellation in January 2020, and the second in February 2021, a third constellation has now been established in November 2021, and supports 4 satellite families, comprising 8 looked after children, and 5 birth children.

The Fostering Network's Mockingbird programme

The 'Adaptations to Foster Carers' Homes' policy was introduced in 2020, supporting foster carers make necessary adaptations to their home to provide adequate space for children/young people. It supports; sibling placements, the needs of children with multiple disabilities, secure extra capacity for foster placements and to meet health and safety requirements which would otherwise result in a child being moved.

Funding compliments existing support and is a step forward in securing local and stable placements for children. Applications for grant funding will be considered up to £36,000, and £20,000 for relocation to a more suitable property. To access the grant, carers and social worker must first exhaust other options/resources.

Grants are also available to; existing or prospective adoptive families, family and friends/carers of children under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

Parent and Child
Extension of timescales constantly. PAC placement could last as ling as proceedings. Care tied up. Parent moves on, leave child with carer 12 – 18 months while looking for adoption. Offered out training to all carers. Take up, but not carrying forward to a placement. Need to revisit with current cohort of foster carers. Need carers who are able to offer flexible. Increase in allowance with pact, and step back down.

4.3 Action Taken Due to Provider Failure

Placement stability meetings are held when placements become unstable.

The Disruption meetings process brings in the 'Family Group' Meeting service to bring stakeholders together to discuss solutions and outcomes. Lessons learnt will be recorded.

4.4 Current and Projected Trends

There are a number of identified pressure points and ways that these can be supported. They are:

Children age 10-18
Flintshire needs to develop some step down options for Children should their care and support needs decrease and be ready to explore at earlier stages a possible integration back into birth family, where it is safe to do so. Mostly, children wish to maintain strong ties with their immediate family and Flintshire must be sure to take adequate steps to make this a reality.

Connected Persons
A robust service to support connected persons is essential to be developed. Flintshire recognises that in future connected persons will require robust training and support to help them maintain a placement and to keep a child within the family network. Flintshire will also need to support and encourage Special Guardianship Order's be undertaken and that support is in place to make the SGO's a continued success.

Children at Crisis Point
Flintshire recognises that whilst in a placement children can still come into crisis, and ensuring that there is contingency support should this be the case is crucial. The need for respite to be built into a care plan to support the maintenance of a placement and having carers that are adequately skilled in managing challenging cases and individuals. Flintshire County Council also recognize a grown trend in the number of children becoming looked after who are in their older teenage years and will take steps to meet this need but to also prevent situations escalating into crisis to begin with.

Older Children
The trend of older children coming into local authority care is notable. Flintshire must ensure that Foster Carers are adequately trained to support these older children and that links are built with housing, education, and residential providers to meet this need.

No Wrong Door
The Children's Commissioner for Wales has asked every region to adopt a 'No Wrong Door' commitment so that children and their families would not get bounced between services or get doors shut in their faces. Every Regional Partnership Board has a plan for children's provision, and has begun to make changes towards a No Wrong Door approach.

The NEST Framework is a planning tool for Regional Partnership Boards that aims to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales. The NEST/NYTH framework includes No Wrong Door as one of its key principles. Boards have engaged positively with the new NEST / NYTH framework and all have a plan to work within this framework

4.5 Workforce
Foster carer recruitment. The [Foster with Flintshire](#) portal has been developed to promote Fostering roles. The site contains a wealth of information, resources and stories from some of Flintshire's current Foster Carers.

4.6 Conclusions and Recommendations
Summary of commissioning intentions Mockingbird Following the successful development of 3 Mockingbird constellations, a further (4th) provision will be developed. Training for Foster carers There is need to commission and develop robust packages of support for Foster Carers who are caring from children with complex needs. Adequate training and support for carers is paramount to Flintshire so that we can provide appropriate, loving and supportive care to those children who have the most complex needs in an environment most similar to a family home. Advocacy Development and focus on advocacy for parents as part of the national service development. The voice of children and young people The Council are to commission an App to support feedback from children and young people in receipt of services

5. DOMICILIARY CARE SUPPORT SERVICES

5.1 MARKET SUFFICIENCY

In house services

The Community Support Service provides care and support for adults who have an assessed need in their own homes. The service is split into three geographical localities and the service is delivered via a team of care staff who work across the whole of Flintshire. These three localities replicate social work and health teams locally and this aids in continuity and developing working relationships across different professions. The three localities are:

- Locality North East – Deeside area
- Locality South – Mold / Buckley area's
- Locality North West – Holywell / Flint area's

The Community Support Service adopts an ethos of reablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014.

The Community Support Service provides services to people over 18 years who have been assessed as having a social care need living in Flintshire.

We are able to provide care and support to individuals who have an assessed care and support need. The range of health and care needs we support is wide and includes:
- frailty due to age related conditions
- physical disabilities
- Learning disabilities, including autistic spectrum disorders
- sensory impairments
- chronic illness
- long term health conditions
- dementia
- mental health, including depression, anxiety
- substance abuse
- palliative care

We support people via three different care and support models/approaches which vary depending on the individual and what matters to them.

- **Reablement** - This care and support approach is designed to support people to regain, improve and maintain their daily living skills and maximize their independence whilst continuing to live in their own home. Reablement is available to anyone who has an assessed need, this is a short term service which can be provided for up to six weeks.

  The service has close links with hospital discharge teams and staff understand how difficult the transition from hospital to home can be. The service also plays an important role in working with people to achieve their own personal goals to aid integration back into their own environment at home and into their local community.   The reablement service plays an important role in contributing to a reduction in hospital admissions and readmissions and works closely with a range of professionals including Occupational Therapists, Social Workers, Physiotherapists and District Nurses. The service also works positively with people and their families during this initial six week period to deliver

positive change and stability. We aim to support people to maximize their independence as quickly as possible and ensure that if people need ongoing care and support this is at the appropriate level.

- **Living Well** - our Living Well teams provide flexible care and support for people living with dementia. The service offers people a flexible package of care in their own home that is designed to allow independent living and aims to support people to stay active in their own community for as long as possible.

  The Living Well teams provide long and short term care for people living with dementia, regularly reviews the care and support people receive to ensure the care and support is still relevant to the individual. One of the most important aspects of this service is that the care and support is tailored around the individual. Care, support and activities are developed over time as the staff build up a relationship with the person and they understand what they like and need. This has huge positive outcomes and contributes to people living with dementia maintaining their independence for as long as possible.

- People who have long-term **complex care** needs are supported by the service, with a distinct aim to remain independent in their own home. This includes daily living support, helping to achieve identified goals, support with medication. Where required we are able to support people at the end of their life with palliative care providing sensitive support to individual and their families through this difficult time.

  The service is also able to support people who have complex relationships and this can include family situation or even where there has been a breakdown in the relationship with other care services. Often the service offers vital stability and reassurance that can support people overcome a crisis within their home life.

Local Domiciliary Care Market - Dom Care providers
There are 49 providers on the North Wales Domiciliary Care Framework who applied to deliver services in Flintshire of which 28 are actively delivering care in the area, although a small proportion are delivering supported living exclusively under an alternative framework. This is in addition to the Local Authority's in-house care provision which more detail is provided on in the following section.

Both independent sector and Local Authority services are currently delivering around 7500 hours of domiciliary care per week. Flintshire County Council in-house provision delivers approximately 14% of this market, but aims to increase service delivery in this area to support more people to live at home, in line with the Council Plan. These figures exclude the provision of Extra Care, from which the Local Authority delivers around 370 hours of care per week.

Considering independent providers only, no provider holds more than 12% of the independent market share in the local area when considering delivered hours, with the average for a provider being 4.5%.

In regards to the business demographic of providers, the vast majority (12 out of the 18) are local providing services either exclusively in Flintshire, or within Flintshire and neighbouring authorities. Another 4 provider's work across the North Wales region, while we also have 2 national providers.

In regards to the demographic of people accessing domiciliary care, the vast majority are people aged 85 and over;

Age Group	Percentage of Provision
18-24	1%
25-64	17%
65-74	12%
75-84	27%
85+	43%

Of those under the age of 65, a similar proportion of people receive support for a learning disability as a physical or sensory impairment.

Extra Care

Extra Care continues to be an extremely popular housing choice for older people in Flintshire, which offers them the opportunity to live independently whilst having the support of an on-site care and support team, if and when needed. This in turn, releases capacity and time in community based domiciliary care.

The benefits of living in an Extra Care facility include:
- Staying independent for longer with on-site support, in your own living space.
- Support can be increased and decreased based on needs.
- Emergency support available, including at night.
- Enables couples where one partner is highly dependent to remain living together.
- Opportunities to socialise with other residents in a community setting.

The Council currently has 4 Extra Care facilities, Llys Eleanor (Deeside), Llys Jasmine (Mold), Llys Raddington (Flint) and the newly occupied Plas yr Ywen (Holywell).

The Council are working to expand our network of Extra Care accommodation with our partners. A new Extra Care site will be established in Buckley.

Challenges

There are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. There are suggestions on how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

There are other challenges that there are local, regional, and national workstreams looking to address, such as recruitment with WeCare Wales and children's placements, however it is important to note that these still present as critical pressures for the delivery of social services in Flintshire.

- The ICF and Transformation Funding moving to the Regional Integration Fund's (RIF) a five year programme is welcomed, however we continue to work though the guidance and impact of the changes. Due to the value of this funding, it is critical that any changes in criteria are articulated with notice so the Local Authority can consider and plan services with this in mind.
- Procurement restrictions have been conflicting to this need to act rapidly, specifically where there has been a need to commission directly with a provider. In addition procurement processes have proven heavy and unattractive to certain providers, particularly in the third sector, which then hinders the number of suppliers submitting tender applications.

- There is an urgent priority around ensuring a sufficient workforce is in place for the delivery of social services and social care functions. The recruitment and retention of Social Workers, Occupational Therapists and direct care workers has become a particular challenge.

Other local actions include:
- Move Micro-care from a pilot programme to part of the ongoing Social Services offer.
- Progress in-house residential care expansion schemes

As previously reported, the population changes over the next five years will have an impact on the sufficiency of provision. This increase number of people living in the community with dementia and complex needs may increase the demand for home care services, in particular 'double manned packages of care'. This is something the authority needs to consider in order to continue to support individuals to live at home for longer.

As outlined in The North Wales Social Care and Community Health Workforce Strategy, the sector is under significant pressure as a result of :
- Changes to legislation as a result of the Regulation & Inspection of Social Care (Wales) Act 2016
- A new qualification framework
- Competitive pay structures with other sectors
- Competition from other sectors

A further challenge is the financial implications decreasing budgets could have on the amount of services which are able to be commissioned and provided.

As of January 2022, areas of ongoing pressure include:
- double person care
- rural areas
- border areas between local authorities and with England.
- discharge from hospital
- hand-backs from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, borne in the main by care staff themselves

Micro-care

To meet the growing demand for care the Micro-care pilot project has been established to expand both the supply of care in and the choices available for people across Flintshire.

Micro-care enterprises are small businesses ranging from sole traders up to businesses employing 5 people who offer flexible and personalised care and support services to vulnerable people, tailored to their individual's needs.

The project supported by two development officers seeks to promote social care as a career option and help develop micro-care enterprises to support vulnerable people across Flintshire.

The aim is to encourage people to become micro-carers who are either:
- Interested in providing social care services to older people but may have no experience
- Currently working in the care sector but interested in being their own boss
- Actively supporting people in their local communities

- Want to do something that support others and makes a difference

The Micro-care team work with individuals to:
- Support them develop their business or idea
- Provide information on training, funding and other available support and resources
- Support individuals to develop and deliver a quality service in line with current Welsh Government legislation and regulations
- Providing links to a network of other micro-care providers for mutual support

As of February 2022, there were 20 Micro-carers trading in Flintshire.

Direct Payment Hours Delivered	April 20 - March 21	April 21 - October 2021	Total over pilot period (To Jan 22)
Direct Payment Care Hours	1680.00	1813.00	3493.00
Direct Payment Support Hours	2377.00	11464.75	13841.75
Direct Payment Wellbeing hours	0.00	86.50	86.50
Average Total no. of hours deliver over for the pilot	**4057.00**	**13364.25**	**17421.25**

Private Hours Delivered	April 20 - March 21	April 21 - January 2022	Total over period
Private - Care Hours	233.50	1212.50	1446.00
Private - Support Hours	660.25	2705.25	3365.50
Private - Wellbeing hours	1272.50	2370.50	3643.00
Average Total no. of hours deliver over for the pilot	**2166.25**	**6288.25**	**8454.50**

As well as the above, we have successfully established a virtual micro-care network group, meeting on average every two weeks. The Flintshire Micro-Care Team have also created micro-care web pages for use by both micro-carers and people looking for micro-carers. It provides key information for people considering working as a micro-carer. For the public it also has explanations about micro-care and lists micro-carers and their contact details. This will support our aim to develop ongoing sustainability in the project. The website is located at www.careatflintshire.co.uk

This programme is now moving out of the 'pilot' phase and incorporated in to our offer.

5.2 MARKET STABILITY

Need outweighs supply. Due to the challenging financial climate and need to encourage more people into the care industry, consideration is being given to other ways for care to be provided e.g. micro-care.

There is a challenge of a deficit of care workers, those requiring care are struggling with a decreasing pool of carers. Large care agencies have premises and overheads to pay for and

investors/stakeholders to satisfy, so care per hour costs are higher, sadly not passed onto the caring staff, many of whom are on minimum or just above. The latter point does not help to retain or encourage new people into the caring roll.

Within Older People's services, there is a diverse provider base, no reliance on one provider. However within LD/PD, there is a small number of providers to choose from who are relied upon to meet the needs of the service.

There is a broad range of services available depending on what the individual would prefer e.g. traditional homecare care, Micro-care and Direct Payments.

Support for the sector
The Contracts and Commissioning Team have facilitated regular meetings with residential care, domiciliary care and Supported Living providers. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attend by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed

Alongside these meetings, a dedicated email address has been established where providers could pose COVID-19 related questions and queries where they could be responded to in a timely manner.

The team have also had daily phone contact with providers to collect data, enquire about PPE supplies, discuss any arising issues or just to be there to listen and support in this difficult time.

The Council have also worked with Mind in North East Wales to provide extra support for social care workers. Information, talking therapies and activities designed to support wellbeing during this difficult time were available.

5.3 Consideration of Market Quality

Progress for Providers
Progress for Providers in Care Homes is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes. 'Personalised Support' is a key aim of national policy and means tailoring support to the individual, and enabling them to have as much choice and control over their service and life as possible, rather than supporting everyone in the same way. This means learning what matters to the person and ensuring that any support wanted or needed is shaped by this. Using person-centred thinking tools and approaches helps staff to provide the best support that they can in ways that reflect what is important to the person. Working in this way is not about doing more, but about doing things differently.

The programme has been expanded to include domiciliary and extra care services and in 2020/21, the Progress for Providers Programme has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector.

5.4 Provision of service in the Welsh Language

As part of the Mwy Na Geiriau framework the Council ensures that service users and their families are in receipt of the Active Offer. Whilst this has been taken up for some social work assessments, individuals and their families are aware of the current shortage in care staff and we have not received requests for care to be delivered by Welsh speaking carers. We are however, very conscious of this and throughout the recent pandemic have observed an increase in the numbers of staff who are learning Welsh and those who are re-kindling previous Welsh language skills which many not have been used for many years. The Council works in partnership with our local FEI to provide Welsh Language courses at all levels to meet individual's needs

5.5 Sustainability of provision

Flintshire County Council has recently employed a Planning and Development Officer to support the independent adult social care sector through the recent COVID-19 pandemic, and to become confident and resilient to meet the support needs of older people in Flintshire into the future. The officer will work closely with the adult social care sector to aid sustainability and recovery following the pandemic. This will include supporting with sustainability plans and recruitment drives in house and across the sector.

5.6 Risks to market stability

Both in-house and independent care providers continue to have significant staff vacancies as existing carers vacate the care sector for a variety of well-rehearsed reasons.

This is of concern with regards to the stability of the market and our ability to deliver care particularly to harder to reach areas

Whilst Welsh Government have made provision for the delivery of the Real Living Wage to direct care workers, the impact of this on pay compression and none care staff may have an impact on market stability as the next financial year unfolds.

Business costs, outside of wages are also increasing with inflation escalating and fuel costs in particular increasing significantly. For Domiciliary Care this has a significant impact on the attractiveness of the role and the financial viability of existing business models.

Recently, we have experienced the repercussions of the requirements for training and registration on the local markets, with some England based providers withdrawing services from Flintshire as they are reluctant to train staff to meet the requirements for registration with Social Care Wales. This has affected our ability to source care in areas which border England, such as Broughton, Sealand and Saltney.

5.7 NON-REGULATED PROVISION [PREVENTATIVE SERVICES]

A long term priority for Flintshire County Council is to continue to support people to regain their independence, reduce reliance on the statutory care sector. This will be done by providing effective access to the social prescribing / third sector services through the Single Point of Access as well as effective management of admissions to set up / step down placements.

Local examples of community approaches:

Age Friendly Communities - The Ageing Well in Flintshire Action Plan identifies what needs to be done and by whom, to make growing older in Flintshire a good place to be.

Single Point of Access (SPoA) - SPoA is multi-agency initiatives in Flintshire providing support for adults. By telephoning just one number an individual will be able to speak to someone about community health, wellbeing and care services. Access to information, advice, assistance, assessment and co-ordinated care will be available. SPoA also supports a co-ordinator who can advise and signpost to organisations within the Third Sector.

DEWIS - Dewis Cymru is a website that aims to help people with well-being, whether that's their own well-being or the well-being of a family member or friend.

The website contains information that can help people think about what matters to them and has information on services that can be accessed for support. Organisations across Wales can upload their own information to the site

5.8 Social Value

The **recruitment of volunteers** began at the start of April, initiated by colleagues in FLVC. In mid-April, FLVC handed over a group of around 70 volunteers to the Social Services Deployment Team.

The Workforce Development Team, supported by FLVC, provided some basic training to volunteers, relating to safeguarding, food hygiene, health and safety, consent, data protection, dignity, principles of care and confidentiality. By the end of April 2020, following the training and required DBS checks, a group of 64 volunteers were available for deployment to volunteering opportunities across the county.

The volunteer group provided support from April to August to a number of activities and initiatives including twice-weekly delivery of PPE for staff at older people's care homes and domiciliary providers and schools, weekly shopping deliveries to two Supported Living Homes, delivery of donates chocolate eggs, 1:1 telephone support, Well Fed project and Food Bank Food parcel delivery; and delivery of IPads and Codgers Quarterly Newsletter to reduce isolation in care settings. Volunteers also supported the opening of Tŷ Treffynnon care home and transported an employee to shifts at an independent sector care home.

In 2020/21, the Progress for Providers Programme has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector. Working with Helen Sanderson Associates once again, providers were engaged to review and adapt the existing Progress for Providers self-

assessment tool to ensure it was aspirational and reflective of existing high standards within the sector.

Representatives from in-house and independent provider services worked with the Council to create a new, bespoke version of Progress for Providers, a version that acknowledges the particular importance of digital communication for people with learning disabilities. The programme supports the implementation of both the North Wales Learning Disability Strategy and Welsh Government Improving Lives Programme.

12 independent sector providers and the Council's in-house services have signed up to the part of the programme.

5.9 Resources

Flintshire benefits from a strong third sector presence and networks and a positive relationship between the Council and Flintshire Local Voluntary Council (FLVC). The Wellbeing Team in FLVC and AVOW (Association of Voluntary Organisations Wrexham) supports the third sector and statutory partners in a number of ways:

- Promoting third sector organisations, services and activities to statutory partners
- Representing the third sector at strategic planning and partnership groups
- Engaging the third sector in consultations and engagement about health and social services
- Promoting partnership working within the third sector and across sectors
- Signpost to or provide business support and funding
- Provide training to organisations to improve their capacity and effectiveness
- Explain the complexities of commissioning and procurement
- Help keep services up to date with the latest evidence base, and guide you through the changes in NHS and local authority structures.
- Help the start-up of new services or groups
- Support the third sector in Flintshire and Wrexham to access FLVC and AVOW's services

5.10 Direct Payments

Direct payments are monetary amounts made available by local authorities to individuals, or their representatives, to enable them to arrange bespoke solutions that meet their assessed care and support needs, and achieve agreed well-being outcomes. In the case of informal Carers direct payments can be used to meet their eligible support needs.

Direct Payments support a collaborative approach to designing bespoke care and support solutions. Individuals with eligible care and support needs are empowered to focus on what matters to them, identify key outcomes that enable them to live their best life.
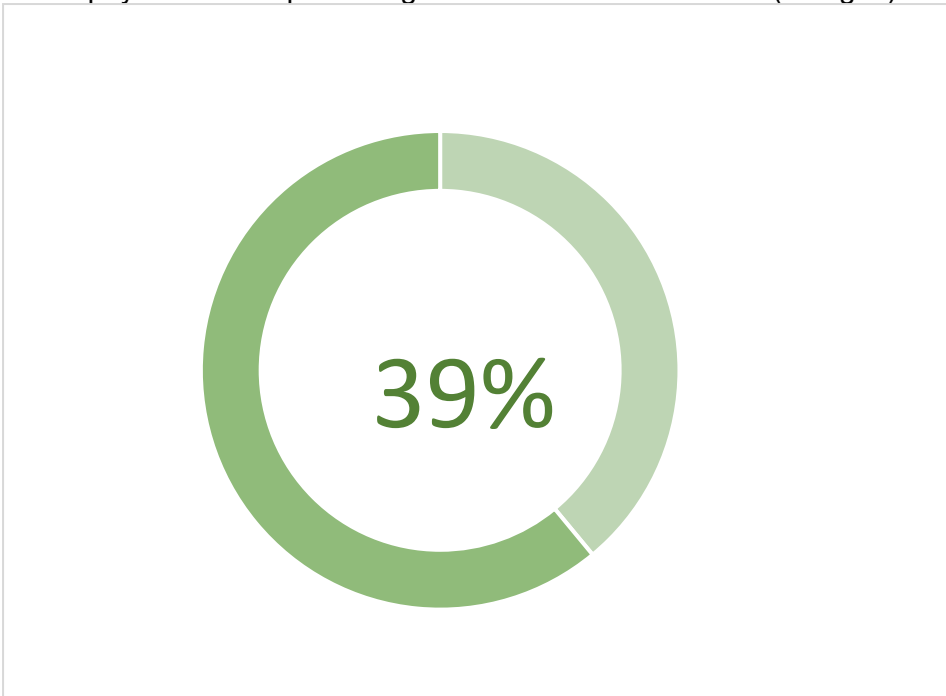
Direct payments are an important mechanism by which people can exercise choice, voice and control to decide how to achieve their needs for care and support and achieve their personal outcomes. In Flintshire our approaches focus on strengths and outcomes, they aim to enable citizens to retain autonomy over their life, support, self-determination and autonomy and efficient use of resources.

Direct payments feature strongly throughout the SSWB (Wales) Act 2014 as a means of helping people exercise choice and control. In the provision of, and operation of direct payments, local arrangements are aligned with The Care and Support (Direct Payments) (Wales) Regulations 2015' made under sections 50, 51, 52 and 54 of the Act.
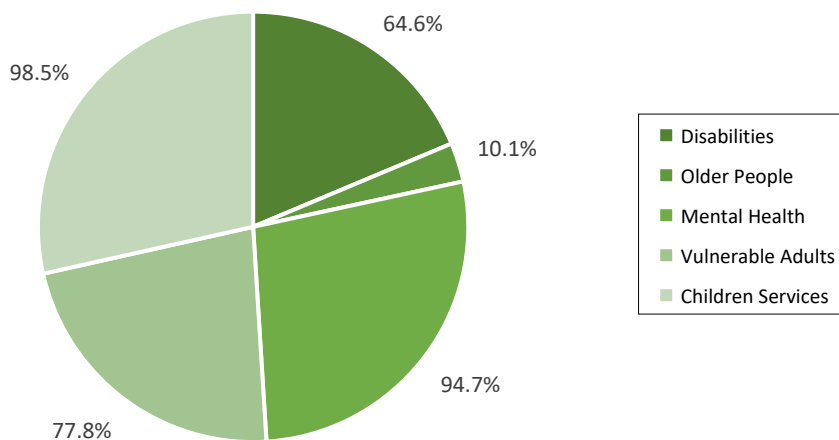
During Quarter 2 (July to Sept) 498 people received a Direct Payment in Flintshire. This represents the highest number of recipients per head of population of any Welsh Local Authority. Direct Payments currently make up 39% of Home based services.

Direct Payments by Service Category Q2

- CHILDREN WITH DISABILITIES — 78
- PHYSICAL/SENSORY IMPAIRNT — 104
- LEARNING DISABILITIES — 169
- VULNERABLE ADULTS
- OLDER PEOPLE — 65
- MENTAL HEALTH — 24
- CHILDREN'S SERVICES — 49
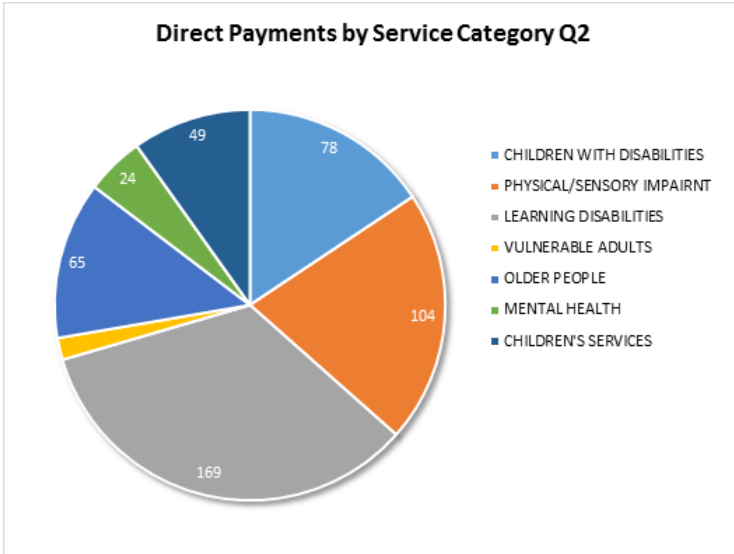
Direct payments as a percentage of Home Based Services (All ages) 2021/22

39%

% of "home-based" services delivered via a direct payment by area 2021/22

64.6%

98.5%

10.1%

94.7%

77.8%

- Disabilities
- Older People
- Mental Health
- Vulnerable Adults
- Children Services

Direct Payments Support Service
In recent years the Flintshire Direct Payments Support Services has been completely redesigned and now provides a far more holistic service benefitting both Flintshire Citizens, social services and third sector partners.

Key benefits of the service:
- Far greater control over the service and how it meets the department's priorities.
- Service works collaboratively with social work teams to embed person centered practices in line with the SSWB (Wales) 2014 Act
- Shared systems, improved communication, and better access to the service.
- Outcomes focused Referral process centers on what is to be achieved and supports joint working with the individual to own the outcome and develop bespoke solutions.
- Better placed to work in partnership with third sector organisations.
- Autonomy to develop, test and imbed innovation in line with the depts. Ambition and priorities.
- Far more holistic approach centered on the needs of citizens in the first instance, but also practitioners, communities, partners etc.
- Consideration for the Personal Assistant market in terms of standards, quality, training and opportunities for progression.
- Support that is proportionate. Importantly, we don't want to over support people, but enable them to manage their own arrangements.

Some feedback from citizens using Direct Payments.
- *"My life before direct payments was sometimes chaotic with Agency support. My team support each other and I am never let down now"!*

- *"Yes, it means our son has time away from the family unit to build on his confidence and gives the rest of the family some down time to do things we couldn't normally do"*

- *"It provides the freedom to use the funds to enrich my son's life in ways best suited to his needs and well-being. I recruit my Personal Assistants for my son so that he has a mix of ages and sexes and train them myself to help them better understand his*

needs".

- *The system has enabled me to find the most appropriate care for my husband, its flexibility has given me as a carer much needed support".*

- *"I employ a Personal Assistant, without him I would be lost"*

Direct Payments Web Pages
Working in partnership with Flintshire I.T we redesigned our web based Direct Payments pages. Our focus has been on improving information, accessibility and usability. Our vision was to co-produce a one stop shop for citizens to obtain information, advice and support in relation to direct payments and independent living.

Feedback from citizens, colleagues and third sector stakeholders confirms that our approach has been very well received. The platform aims to encourage people to find out more about direct payments and consider whether they might benefit from increased choice, control and flexibility around available options to meet their assessed care and support needs.

The following graphics help demonstrate the significant difference our newly designed approaches to providing citizens with web based information, advice and support has had.

Total of all webpages	01.01.20 to 31.12.20	01.01.21 to 31.12.21	% increase
Page Views	1,512	13,109	766.99%
Unique Page Views	1,181	8,584	626.84%

Link:
https://www.flintshire.gov.uk/en/Resident/Social-Services/Direct-Payments/Home.aspx
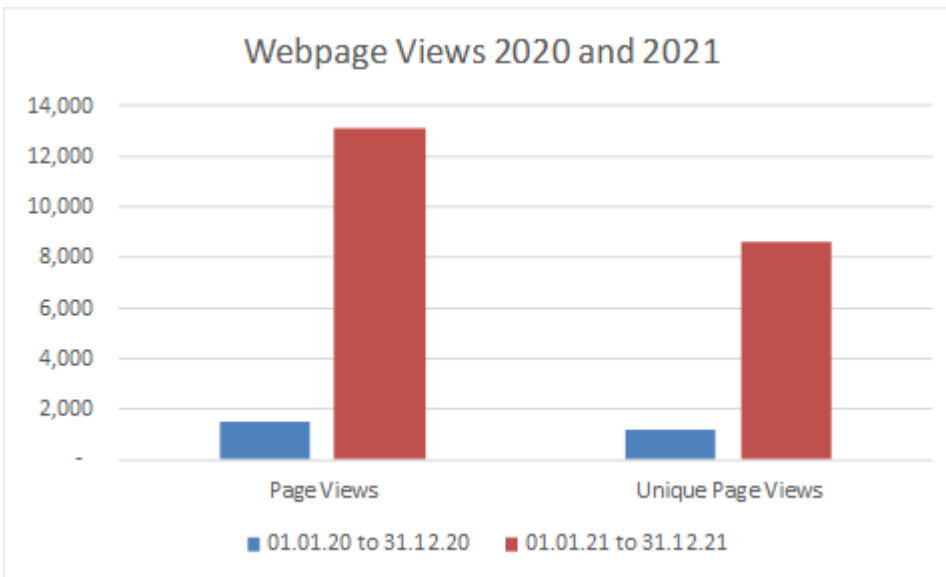
Personal Assistant Workforce
For many citizens having maximum choice and control over how their physical support is met, directly employing Personal Assistants is a very attractive and rewarding option.

We have worked in collaboration with Citizens to design and implement a unique platform that supports both direct payments employers and Personal Assistants.
The Flintshire PA Portal enables direct payments employers to search for available PA's in their area autonomously and for PA's to promote themselves and their availability to work.

Personal Assistants complete a profile describing themselves, their experience, availability etc. and prospective direct payments employers can search the data base and engage with people they feel may be able to help meet their needs and/or achieve personal well-being outcomes.

Recently we have added a vacancy page that enables citizens to post their requirements i.e. needs to be met/outcomes to be achieved, making the system a two way process.

Link:
https://www.flintshire.gov.uk/en/Resident/Social-Services/Direct-Payments/PA-Portal.aspx

Direct Payments promotional Films
Working in partnership with a small local film company (Follow Films) we have supported Flintshire Direct Payments recipients to tell their unique stories of their lives and how direct payments have contributed towards them achieving positive outcomes and improved life experiences.

We are all very proud of the films that have been produced so far. The impact of these films and the feedback received has been significant and the films are now being utilised by local authorities and institutions far and wide.
Links:
https://www.youtube.com/watch?v=ko8MnMw9sS8
https://www.youtube.com/watch?v=IEPcGb7RwrQ
https://www.youtube.com/watch?v=MVITQR1q-eA
https://www.youtube.com/watch?v=qBqY_xiBw9U
https://www.youtube.com/watch?v=eJPeFZEYrzo

5.11   Self funders

We have introduced an online financial self-assessment to give people the opportunity to arrange their own self-funded care.

5.12 Workforce

Identified issues include:

- Difficulty of the work duties and how hard it is
- The pandemic has left people wanting to retire early
- The difficulty of the work / clients
- The pay

The North Wales Social Care and Community Health Workforce is in a time of unprecedented change whereby they are required to deliver services differently with a focus on prevention,

protection, intervention, partnership and integrated working, coproduction and empowerment; requiring a different emphasis on
workforce skills and training.

The sector provides a wide range of care and support across a range of settings including people's homes, residential and nursing homes, hospitals and community settings, making it one of the most diverse workforces across a range of organisations and people including social care, health, the independent sector including private and third sector organisations and carers.

Delivering the Social Services & Well-being (Wales) Act 2014 requires that not only health and social care partners deliver integrated services, but that there is a greater emphasis on partnership working with other sectors such as housing, education and corporate services, to meet an individual's needs.

The introduction of new working practices in meeting the requirements of the Social Services and Well-being (Wales) Act 2014 is likely to lead to skills gaps in the social care and health workforce reflecting the substantial changes in social care and health organisations, including the introduction of new legislation and the restructuring of services.

Much has been written on the issues surrounding recruitment and selection in the Domiciliary Care workforce. In March 2016, Welsh Government published a research report on the 'Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care' (Atkinson et al, 2016). The research, undertaken by Manchester Metropolitan University sought to identify factors that influence whether people choose to 'become and remain working as domiciliary care workers'.

There are approximately 15,000 domiciliary care staff employed by commissioned care providers in Wales (Care Council for Wales, 2015). Welsh Government's consultation in to the Domiciliary Workforce (2016) recommends that those working in the sector are recognised as the skilled professionals they are. The negative image of the sector must be challenged to encourage people to join the social care workforce.

The key factor highlighted by this consultation included:
- Low wages
- Work pressures
- Unsociable hours
- Poor terms and conditions
- 'Zero hours' or 'non-guaranteed hours' contracts deterring people from joining the sector, as there were no guaranteed hours
- Some call times not enough to address the needs of the individual
- Lack of training and career development opportunities
- Seen as a low status job compared to healthcare

Flintshire County Council has bought in to the Carefirst Employee Assistance Programme. Carefirst provides confidential, impartial advice and support 24 hours a day, 365 days a year, online or via the freephone telephone number. The service is free for all employees to access whenever they need it.

Carefirst offers free and confidential assessment, short term counselling and follow up services to employees who have personal and/or work related problems. These can include from complex issues affecting mental and emotional well-being, such as alcohol and

substance abuse, stress, grief, family problems and psychological disorders. A similar form of support may be of benefit to those working in the sector to build a resilient, supported workforce. The effect on sickness levels and retention levels can be monitored alongside and implementation.

For many citizens wanting maximum choice and control over how their physical support is met, employing Personal Assistants is a very attractive option.

Personal Assistants are employed directly by the person needing help and support, or by an appointed Suitable Person. Supported by the Flintshire Direct Payments team citizens are assisted to explore their networks to identify and recruit the perfect person for them. People generally want to employ people they can develop a trusting relationship with and many PA's stay with their employer and adapt to their changing needs over considerable lengths of time.

There are approximately 500 personal Assistants working across Flintshire, supporting some of our most vulnerable citizens. They are a diverse workforce made up of a wide range of people delivering support for numerous different reasons.

The Flintshire direct payments scheme has consciously set out to change the support available for this significant, but sometimes disassociated workforce. Some of the initiatives to date are:

- Personal Assistant Coordinator engaging with the workforce. Pastoral support for PA's working in complex/isolated positions being built into the role.
- Personal Assistant Code of Conduct developed and implemented. This has helped PA's understand their role, where they fit in and what the expectations of them are.
- Flintshire Personal Assistant Induction Certificate developed around 7 core modules and designed specifically around the PA role. Since its introduction 11 PA's have completed the certificate and a further 35 are working towards the award. For PA's enrolled on the scheme there are a further 50 training modules that they are able to access in their own time. This is the first initiative of its kind and we are in discussions with Social Care Wales regarding the potential for a National approach.
- Personal Assistant Portal developed to aid recruitment for direct payments employers and to promote work opportunities for prospective PA's.

Dedicated Direct Payments Social Media pages developed and being embedded

The recruitment of care and support staff, has historically been problematic due to the small workforce pool, lack of awareness or recognition of the roles and the risk of destabilising the private market. However, following a review of our recruitment and the launch of new initiatives such as, WeCare campaign and the values based recruitment work, we have seen an increase in the number of new and returning candidates to the profession.

5.13 Conclusions and Recommendations

There are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. There are suggestions on how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

Other local actions include:

- Move Micro-care from a pilot programme to part of the ongoing Social Services offer.

Appendix 1

Summary Findings of Care Home Business Diagnostics (2017)

General description of business
The group owned care homes were able to provide varying degrees of back of house support and many administrative tasks were conducted on a central basis. This allowed the registered manager to concentrate more on the delivery of care than worrying about the day to viability of the business.

Smaller independent homes were more reliant on the capability of the registered manager and time pressures and work load were more noticeable in these homes.

Client/Patient Base
The differing factors between private and Local Authority (LA) sponsored patients were investigated and at no time was any discrimination noted in valuing patients. Because of financial pressures most of the homes are now requesting top up fees from LA sponsored patients. The business advisers observed care and innovative methods adopted by the homes to care for the patients. The level of activities with the patients were high, the care assistants were engaged with the patients and communication between the managers and staff appeared to be positive.

Staff
The availability of local transport has an impact on some of the homes and those on good bus routes were more likely to be able to staff their homes than those off a main bus route. All of the homes interviewed paid at or above the living wage but recognised that this would be difficult in the future as wages increase above the income streams. Group owned homes had central HR services available to them and several of the family owned homes contracted with external HR agencies such as Peninsula to manage their HR issues.

Sickness and absence rates are high in comparison to other industries but it is accepted as one of the negatives of the sector. The most common causes of absence is sickness and diarrhoea. The impact is for a short term need to replace staff and the added costs associated with this. All homes operated a statutory sickness policies.

When asked directly about the difficulties of recruiting staff there was a variance in replies. Several homes stated that more should be done to increase the image of the sector and that very often potential recruits were unaware and unprepared for the nature of the job. The variation in replies came when some homes stated that they had difficulty in finding suitable candidates and others stated that they had waiting lists. Others suggested that the NHS "poached" the experienced members of staff and several homes were proud of the fact that majority of their staff had been employed by them for many years. It was concluded that the difference is likely to be effected by the size of the home and the way that the home is managed. The fact is that there is a need to attract new entrants into the sector and increases in the living wage will add to the financial pressures on owners in the future.

Training
All homes visited were very proud of their training record and acknowledged the value of the Flintshire County Council training vouchers. The homes owned by a group have their own training programmes in place and often used external training providers. They recognise the value of career progression and remarked that this policy often assisted in staff retention rates. Smaller family owned homes found the cost element to be more of a handicap but still

recognised the need. There was a willingness for managers to broaden their management skills but stated that time to train was a major barrier in them not proceeding.

Premises
Many homes are converted Victorian merchant houses or country homes and several had recently expanded the premises. Many are old and difficult to alter. Many of the older buildings are not energy efficient and the ability to meet the new care standards is beginning to take effect. One home interviewed had a genuine concern about the prospect of having to decommission 4 rooms which would reduce their income by £100,000 per annum. Others spoke about the cost of heating the buildings with one example of a monthly oil bill of £1,400. Other businesses have used as much of the outside space as practical thus restricting future growth. Homes that are located in an urban area tended to be restricted for future expansion and in the sample we visited, there seemed little capacity for new growth. However, homes located in more rural Flintshire have significant space, excellent outside space but are less convenient to access.

Sales and Marketing
When asked "What is the breakeven figure for the number of patient's resident in the home to make the business viable?" No home could answer this. However, they were fully aware as to whether they were losing money or not. Almost all of the homes were fully occupied and several had waiting lists for rooms. This negated the need to advertise the homes to attract residents.

Asset Management
A recent grant from Flintshire County Council for asset purchase has had a significant effect on the sector and was broadly welcomed by all homes. There is a general acceptance that a good standard of assets is an important part of providing a quality service and all homes stated that they regularly review and upgrade assets. A common comment amongst all homes was the wish that an asset library be established where equipment that is expensive to purchase and only used on occasion could be sourced and a rental scheme for larger equipment be considered.

Environmental and Energy. The cost of utilities was highlighted as an issue and there was a distinct difference between group owned and privately owned homes. The group owned homes had a central utilities policy and the purchasing decisions were not made by the registered manager, but the privately-owned homes were very conscious of the cost implications. Heating costs were the biggest concern and many of the businesses had signs of being very inefficient. Several homes suggested that they would be interested in a joint procurement project to give themselves a stronger buying power. The value of a robust Waste policy is an area that is becoming more topical and most homes indicated that if we were able to provide support in this area, it would be welcomed.

Finance
All of the homes are reporting that the financial viability of the business is getting more challenging. The majority of the homes require a top up to LA sponsored fees and need a proportion of private patients to survive. The impact of the new care standards will add to cost in the short term but the biggest threat to the sector will be the cost of employing suitable staff. The increase in the living wage, a general reduction in unemployment rates, increase in employment and the unknown impact of Brexit suggests that the pool of candidates will get smaller. Profit margins are tight and any increase in interest rates plus increases in other overheads such as business rates, fuel costs and food costs will have an impact on the long term sustainability of the sector.

Compliance
The new care standards are very much at the forefront of planning for all of the homes. Each home had their own needs to address on compliance, but they have accepted that the intention of the care standard is for "increasing standards", and have prioritised these issues.

Growth
Many of the homes have either recently increased their capacity or are intending to increase their capability. There is limited opportunity for some of the homes visited to extend due to restricted outside space and one home is for sale, so there are no plans for growth. Several of the privately owned homes indicated that they would be prepared to meet a growth adviser in the future.

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Appendix 2 – Feedback from workshops with Responsible Individuals

In October 2021, the Contracts & Commissioning Teams arranged workshops with Responsible Individuals of local regulated services to gather feedback to support he regional Market Stability Report.

The workshops focused on strengths, weaknesses, opportunities and threats to the sector at the present time.

MSR - Dom care
SWOT 14.10.21.pdf

MSR - Residential
SWOT 15.10.21.pdf

MSR - Supported
Living SWOT 15.10.2

Appendix 3 – North Wales Regional Survey for Registered Market Providers

Introduction
This short survey is part of a programme of data analysis and engagement with care providers across the North Wales region as a precursor to the preparation of a Regional Market Stability Report.

This online survey is targeted at non local authority providers located across the 6 Local Authority council areas of Ynys Môn, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham which includes the footprint of the Betsi Cadwaladr University Health Board.

The survey is for those that provide the following statutory services:

- Care Home Services (Adult)
- Care Home Services (Children)
- Secure Accommodation Services (Children)
- Residential Family Services
- Adoption Services
- Fostering Services
- Adult Placement ('Shared Lives') Services
- Advocacy Services
- Domiciliary Care Services
- Supported Living

Providers have helped design this survey and will seek to provide an up-to-date snapshot of the regional care market and insights as to future business intentions, complemented by detailed analysis of available data.

The survey and data analysis will be followed up with a programme of interviews with providers to explore the issues raised in more depth to inform a series of recommendations at both council and regional level. For those interested in the interviews, there is an opportunity to sign-up at the end of this survey.

Commissioning context
The North Wales Regional Partnership (formed of the 6 County Councils and Betsi Cadwaladr University Health Board), under the direction of the Regional Partnership Board, has identified integrated commissioning as a key priority and statutory partners are committed to working with providers across sectors in a spirit of co-production to shape future delivery models of care and ensure that the market locally remains robust and is supported to deliver the care that our citizens expect.

This survey is providing you with the chance to tell us what you think the opportunities and challenges are moving forwards. What you tell us will be a vital part in ensuring our focus and our resources remain on supporting an innovative and flourishing care sector in this part of Wales.

Completing the survey
Please complete the survey from the perspective of your registered care sector or service, even if you are part of a larger group of registered care / nursing homes or other care services.

We are encouraging you to answer every question where appropriate, but if you have any queries then please do not hesitate to contact us at:
northwalescollaborative@denbighshire.gov.uk

**Data protection and confidentiality**
Survey responses will be collected using Snap Survey. For information on how and where your data will be stored, please see Snap Survey's privacy policy. The information you give us will be anonymised and your comments will not be identifiable.
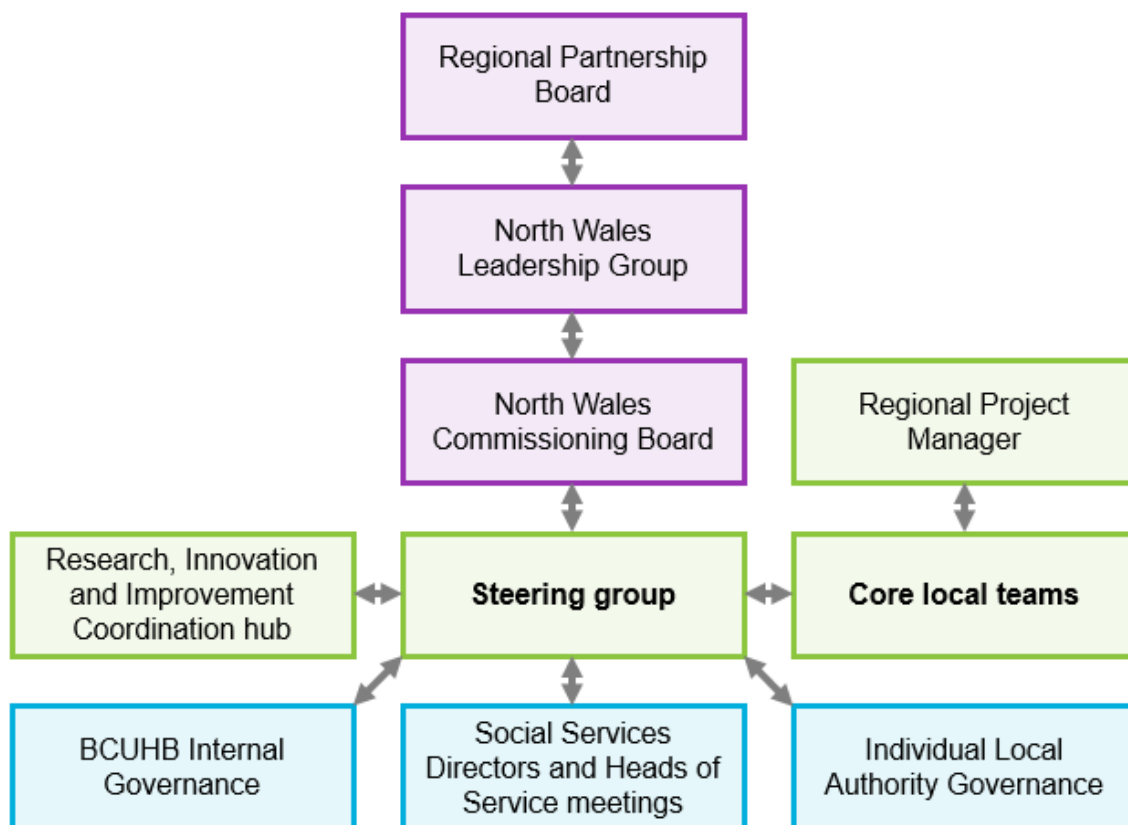
Results

FCC - MSR Provider
Survey Final 010422

Appendix 3

North Wales Approach to the development of the PNA & MSR
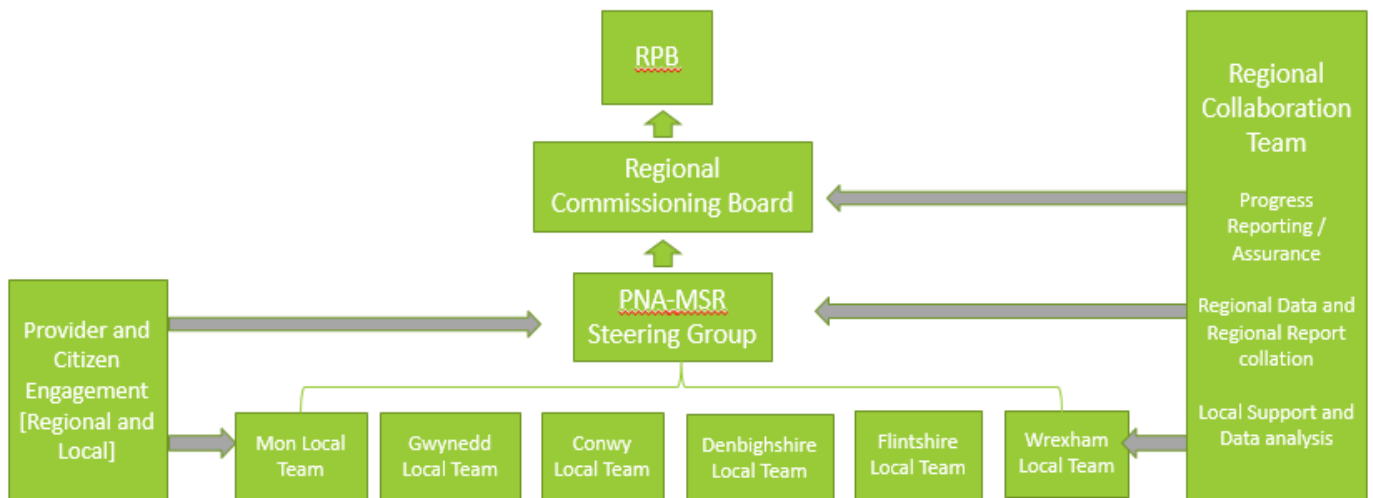
North Wales MSR Governance structure

Project Management structure

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                    ┌─────────────────────────────┐
                    │       Steering group        │
                    │ Strategic planning and      │
                    │         oversight           │
                    └─────────────────────────────┘
                    ┌──────────────┴──────────────┐
        ┌───────────────────────┐      ┌───────────────────────┐
        │   Data Cell group     │      │   Engagement group    │
        │ Data analysis, staff  │      │ Public and service    │
        │ consultation and      │      │ user engagement       │
        │ report writing        │      │                       │
        └───────────────────────┘      └───────────────────────┘
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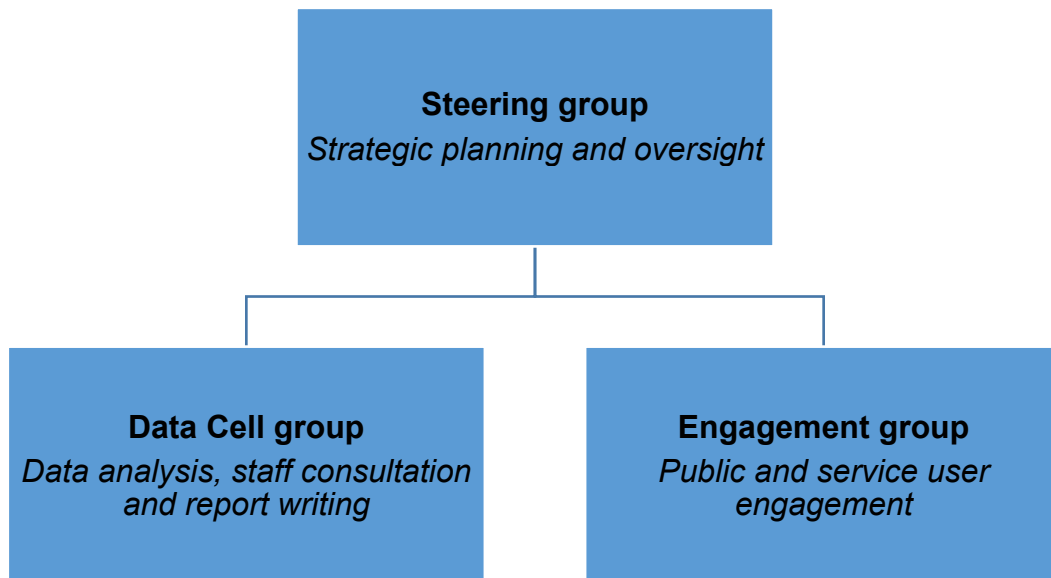
Equality Impact Assessment (EqIA) (including Welsh Language & Socio-economic Duty) V9

Name of Policy or Practice	North Wales Social Care Market Stability Report		
Responsible Officer / Head of Department (responsible for the Policy or Practice)	Morwena Edwards and Claire Darlington		
Service / Department	North Wales Social Care and Wellbeing Improvement Collaborative	**Start Date of Assessment**	06/06/22

Name of officer(s) (and partners) completing the EqIA		
Name(s)	**Job Title(s)**	**Signature(s)**
Catrin Perry		
Sarah Bartett		
Natalie Pryor		
[SG attendees]		

*Consider including only job titles when publishing

Document Version	Revision Date	Briefly Describe the Changes

EqIA Approved by Responsible Officer / Head of Department / Service / Committee	
Date EqIA Concluded	
Name	
Job Title	

			Signature	

Introduction

This document is a multi-purpose tool ensuring the appropriate steps are taken to comply with the Public Sector Equality Duty Equality Impact Assessment legislation and to demonstrate that we have shown due regard to the need to reduce inequalities of outcome resulting from socio-economic disadvantage when taking strategic decisions under the Socio-economic Duty. It also ensures consideration of the Welsh Language Standards.

When we plan to introduce a new, or revise an existing, policy or practice, make changes or cuts to a service or make strategic decisions, we are required to consider if the decision would have a disproportionate impact on people sharing one or more protected characteristic or whether it could create inequalities of outcome around socio-economic disadvantage. Where this is likely to be the case, we must take appropriate action. The EqIA process is not intended to prevent us doing things but to ensure we have considered the impact. It helps us focus on the actions we can take to remove and/or mitigate any disproportionate or discriminatory impact and introduce measures to advance equality of opportunity.

To comply with the General Duty and Socio-economic Duty, we must have 'due regard' (or consciously consider the need) to: eliminate discrimination, advance equality of opportunity and foster good relations and to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. The greater the relevance and potential impact, the higher the regard required by the duty. The General Duty will be more relevant to some functions than others and they may also be more relevant to some protected characteristics than others. Our duty must be exercised with rigour, an open mind and considered at a time when it can make a difference to our decisions. Policies with high relevance, such as strategic budgetary decisions, grant-making programmes, changes to service delivery (including withdrawal or reorganisation of services), and recruitment or pay policies should always be subject to an assessment for impact. For further guidance see EHRC Assessing Impact Guidance. Our duty to comply with this legislation cannot be delegated.

This form should demonstrate the steps taken to carry out the assessment including relevant engagement/consultation, the information taken into account, the results of the assessment and any decisions taken in relation to those results. The EqIA should be published where it shows a substantial (or likely) impact on our ability to meet the General Duty.

Benefits of undertaking an EqIA:
- Gain a better understanding of those who may be impacted by the policy or practice
- Better meet differing needs and become more accessible and inclusive
- Enable planning for success – identifies potential pitfalls and unintended consequences before any damage is done
- Enable improved planning that will make decisions proactive rather than reactive, avoid having to reverse decisions which could have cost and reputational implications
- Demonstrate decisions are thought through and have taken into account the views of those affected
- Enable us to manage expectations by explaining the limitations within which we are working (eg, budget)

- Help avoid risks and improve outcomes for individuals
- Remove inappropriate or harmful practices and eliminate institutional discrimination
- Ensure we put Welsh and English Language on an equal footing. and that decisions are made that safeguard and promote the use of the Welsh language

Whilst this document may seem lengthy, as well as containing the necessary steps in the process, it also contains guidance notes in the key areas to assist you in undertaking the EqIA. Additional links to further information are also included for assistance. Further information can be found on NHS/ WLGA PSED/ EIA here.

Equality and Welsh Language Impact Assessment Steps

Step 1 - Identify the Main Aims and Objectives of the Policy or Practice
Step 2 - Data, Engagement and Assessing the Impact
Step 3 - Procurement and Partnerships
Step 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice
Step 5 - Decision to Proceed
Step 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data
Step 7 - Publishing the Equality Impact Assessment

Important Note to Completing Officer(s):

It is important that the EqIA is completed when the policy or practice is being developed so that the findings from the EqIA can be used to influence and shape the policy or practice. It is recommended as a minimum, it is completed by a lead officer who is responsible for the policy or practice, a subject matter expert and a critical friend with at least one who has received formal EqIA training. This document needs to be presented to the decision makers along with the draft policy or practice as part of the decision making process.

Where you are developing a high level strategy or plan that does not contain sufficient detail to show how it will impact on individuals or groups (ie, where there will be plans and actions sitting beneath the strategy that will determine this), you should still undertake the full Equality Impact Assessment. You may also need to complete additional EqIA(s) on the plans and actions beneath the high level strategy. This will ensure you demonstrate that you have shown due regard to complying with the General Duty, the Public Sector Equality Duty, the Welsh Language Standards and the Socio-economic Duty.

If your policy or practice is as a result of a UK, Welsh Government or Local Authority wide directive, you should still assess the impact of this locally to identify any differential impact due to local difference.

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You should consider whether other events, eg, Covid-19, Brexit, Black Lives Matter, etc, have highlighted or exacerbated inequalities that need to be addressed as you work through the EqIA.

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STEP 1 – Identify the Main Aims and Objectives of the Policy or Practice

1.   What is being assessed? *(Please double click on the relevant box(es) (X) and select 'checked' as appropriate)*

☐   New and revised policies, practices or procedures (which modify service delivery or employment practices)

☐   Service review or re-organisation proposals which affect the community and/or staff, eg, early years provision, care, education

☐   Efficiency or saving proposals, eg, resulting in a change in community facilities, activities, support or employment opportunities

☐   Setting budget allocations for new financial year and strategic financial planning

☐   Decisions affecting service users, employees or the wider community including (de)commissioning or revised services

☐   New project proposals affecting staff, communities or accessibility to the built environment, eg, new construction work or adaptations to existing buildings, moving to on-line services, self-service, changing location

☐   Large Scale Public Events

☐   Local implementation of National Strategy/Plans/Legislation (refer to any national EqIA and consider local impact)

☒   Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions

☐   Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)

☐   Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)

☐   Major procurement and commissioning decisions

☐   Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services

☐   Other please explain in the box below:

> To ensure that the Market stability report draws on the Population Needs Assessment findings to reflect the needs of all people who require support from social care services and highlight gaps in provision for those individuals in North Wales including those with protected characteristics.
>
> All actions arising from this assessment reflect the identified needs of people with protected characteristics and highlight gaps in services which will prevent inequality of service provision in the future through commissioning strategies and area plans.

2.   What are the overall aims, objectives and intended outcomes of the policy or practice?

The North Wales Market Stability Report (MSR) assesses the supply and sufficiency of the social care market. The aim is to highlight gaps in service provision and provide information to support a more sustainable social care market and will be used as a tool by commissioners to analyse supply and demand alongside the Population Needs Assessment. The purpose of this Equalities Impact Assessment is to ensure that this is done in an inclusive way.

Together the PNA and MSR reports highlight areas of inequalities in social care provision across the region for specific population groups, intended to inform social care strategy, policy, planning and practice

The MSR highlights negative impacts of shortage of supply within the social care market, and have it will have a positive impact across all protected characteristics which will be realised through Local Area Plans, commissioning plans which dictate operational activity which impacts on those at most risk of inequality.

The MSR will provide

- A better understanding of the current picture of service provision across the region
- Services can be developed based on actual need
- Because the assessment is being done on a regional basis it's easier for people with protected characteristics to get involved and can develop regional response to the assessment which may have financial benefits, avoid duplication and so on.

3.   Who are the main consultative groups (stakeholders)?

Note: Consider communities of interest or place (where people are grouped together because of specific characteristics or where they live)

- Regulated social care providers including private, third sector local authority 'in house' providers
- Betsi Cadwaladr University Health Board (BCUHB)
- Public Health Wales
- Citizens receiving care and support

In addition to the nine protected characteristics, the needs of the following health population groups were assessed within the PNA. There is a strong link between these groups and some protected characteristics.

- Children and young people (Age)

- Older people (Age)
- Health, physical disability and sensory impairment (Disability)
- Learning disability (Disability)
- Autism (Disability)
- Mental health (Disability)
- Unpaid carers (Disability)

4. Is the policy related to, influenced by, or affected by other policies or areas of work (internal or external), eg, strategic EqIAs if this is an operational EqIA and vice versa?

Note: Consider this in terms of statutory requirements, local policies, regional (partnership) decisions, national policies, welfare reforms.

- The Social Services and Wellbeing (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment of the sufficiency and sustainability of the social care market.
- The Market Stability Report has been produced by the North Wales Regional Partnership Board in line with the Code of Practice (Welsh Government, 2021).
- The Market stability report will inform high level strategic priorities based on supply and demand analysis within Local Area Plans, which will in turn inform Strategic Commissioning Strategies and Market Position Statements.
- This is the first Market Stability Report produced and takes into account the findings from the North Wales Population Needs Assessment 2022, which provides data and insight from all stakeholders, including those receiving care and support to inform this impact assessment.
- Well-being of Future Generations (Wales) Act 2015
- Regulation of Social Care (Wales) Act 2016
- Children Act 1989
- Childcare Act (2006)
- Additional Learning Needs and Education Tribunal Bill 2015
- United Nations Convention on the Rights of the Child
- Play Sufficiency Duty
- Strategy for Older People in Wales 2013-23
- United Nations Principles for Older Persons
- Welsh Government Declaration of the Rights of Older People in Wales
- Mental Health (Wales) Measure 2010

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- Mental Capacity Act 2005
- Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Serious Crimes Act
- Housing (Wales) Act 2014

STEP 2 - Data, Engagement and Assessing the Impact

When completing this section, you need to consider if you have sufficient information with which to complete your EqIA, or whether you need to undertake a period of engagement/consultation before continuing. The legislation relating to the EqIA process requires you to **engage and involve people who represent the interests of those who share one or more of the protected characteristics** *and* **with those who have an interest in the way you carry out your functions**. The socio economic duty also requires us to **take into account the voices of those in the community including those with lived experience of socio economic disadvantage**. You should undertake engagement with communities of interest or communities of place to understand if they are more affected or disadvantaged by your proposals. This needs to be proportionate to the policy or practice being assessed. Remember that stakeholders can also include our own staff as well as partner organisations.

Before carrying out particular engagement activities, you should first look to data from recent consultations, engagement and research. This could be on a recent related policy or recent assessments undertaken by colleagues or other sources, eg, Is Wales Fairer?, North Wales Background Data Document, Info Base Cymru, WIMD. This can help to build confidence among groups and communities, who can see that what they have said is being acted on. If you have very little or no information from previous engagement that is relevant to this EqIA, you should undertake some engagement work with your stakeholders and with relevant representative groups to ensure that you do not unwittingly overlook the needs of each protected group. It is seldom acceptable to state simply that a policy will universally benefit/disadvantage everyone, and therefore individuals will be affected equally whatever their characteristics. The analysis should be more robust than this, demonstrating consideration of all of the available evidence and addressing any gaps or disparities. Specific steps may be required to address an existing disadvantage or meet different needs.

The Gunning Principles, established from past court cases, can be helpful in ensuring we apply fairness in engagement and consultation:

Principle 1: Consultation must take place when the proposals are still at a formative stage. You must not have already made up your mind.
Principle 2: Sufficient reasons must be put forward to allow for intelligent consideration and response. Have people been given the information and opportunity to influence?
Principle 3: Adequate time must be given for consideration and response. Is the consultation long enough bearing in mind the circumstances?
Principle 4: The product of consultation must be conscientiously taken into account when finalising the decision.

5. **Have you complied with the duty to engage as described above and are you sufficiently informed to proceed?**

Yes   X   No   ☐   *(please cross as appropriate* X*)*

6. **If Yes, what engagement activities did you undertake and who with?**

The MSR draws on the consultation and engagement work during the Population Needs Assessment. This includes;
- A survey completed by over 350 individuals, organisations and partners. A detailed consultation report provides further detail on the methods and process.
- A comprehensive literature search undertaken with regard to the protected characteristics
- Findings from relevant research, legislation, strategies, commissioning plans, other needs assessments, position statements and consultation reports.
- A communications sub group of the Market Stability Report Steering Group led on the creation of a Registered Providers Survey. An invitation was sent to all registered providers by local authority commissioners. A total of 63 responses were received.
- Local teams undertook their own engagements where it was not being covered at regional level. Including 1-1's with registered providers.

If No, you may wish to consider pausing at this point while you undertake (further) engagement activities which you can include in the action plan below. Please incorporate any information obtained from this additional activity in the boxes in question 8.

Action	Dates	Timeframe	Lead Responsibility	Information added to EqIA (✓)

8. **What information do you hold about the impact on each of the following characteristic and statutory considerations / duties from your experience of current service delivery and recent engagement or consultation?** Include any additional relevant data; research and performance management information; surveys; Government, professional body or organisation studies; Census data; Is

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Wales Fairer? (EHRC[1] data); information from initial screening; complaints/compliments; service user data and feedback; inspections/ audits; socio-economic data including WIMD[2] data. You may wish to include sub-headings showing where each element of your data has come from, eg, national data, local data, organisation data, general or specific engagement exercises, etc.

Consider any positive or negative impact including <u>trends in data</u>, <u>geography</u> (urban or rural issues), <u>demography</u>, <u>access issues</u>, <u>barriers</u>, etc. Also include any areas where there are inequalities of outcome resulting from socio-economic disadvantage or other relevant issues identified by communities of interest or communities of place (ie, where stakeholders, service users, staff, representative bodies, etc. are grouped together because of specific characteristics or where they live) and any issues identified for people living in less favourable social and/or economic circumstances.

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Race	People from Black, Asian and minority ethnic groups have higher coronavirus mortality rates. (PNA page 22) Black, Asian and minority ethnic communities' mental health were disproportionately affected by mental health needs due to the pandemic. (PNA page 214) BME communities told us that access to mental health services was an area for improvement. (Pg 211 PNA) Children with the lowest educational attainment before the pandemic will have fallen further	**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.	Consider Ethnicity Nationality Gypsies / Travellers Language: interpreter provision Refugee / Asylum Seekers Migrants Positive Action Awareness events United Nations Convention on the Elimination of All Forms of Racial Discrimination (UNCERD)

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[1] Equality and Human Rights Commission

[2] Wales Index of Multiple Deprivation

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	behind their peers including children of certain ethnicities (PNA Pg 22) There is a lack of research about the experience of people from Black and minority ethnic groups with experience of Autism. This means it can be even harder to get the support they need. We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that works for all autistic people. (PNA page 196)		
Disability	**Local Data:** • Average local authority/health board Commissioned domiciliary care hours per week • Average hourly rate of domiciliary care by population group (£) **People with Mental Health needs** There is a shortage of mental health provision across North Wales (PNA 2022) **People with Learning Disability** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money (as a result of reducing local authority	**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. There is no specialist mental health provision including for autism and severe mental illness in Gwynedd. Conwy is the nearest location but the provision is non-Welsh speaking (MSR 2022). **Positive Impact:** The MSR provides evidence to develop new and expand	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Tudalen 364	settlements, Independent Living Fund (ILF) closure and Housing Support Grant restrictions) (MSR 2022) There is a high demand for supported living accommodation for people with a LD (PNA 2022) This increase number of people living in the community with dementia and complex needs may increase the demand for home care services, in particular 'double staffed packages of care'. (MSR) **Adults with learning difficulties and others with complex disabilities** More bespoke housing is needed to cater for individual needs, particularly Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital (PNA 2022)	existing services where there are gaps in provision. **Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. The information from the MSR will help commissioners support private and in house providers to improve financial sustainability and plan budgets effectively. The information from the MSR will help commissioners to devise strategy and plans to mitigate the risk of longer waiting times and individuals moving into to residential homes.	
Disability continued	**Unpaid carers** There are around 79,000 people of all ages providing unpaid care in North Wales (2011), and we expect this number to be increasing as	Positive Impact Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.	Mobility / Dexterity Blind or Visually impaired Deaf or Hearing impaired Mental Health Learning Disabilities Dementia Neurological difference / Autism Access to buildings/ facilities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	the need for care and support increases. The PNA Unpaid carers chapter	The information from the PNA and MSR identifies the lack of provision in the care market leads to additional demands on unpaid carers. Specifically, this is impacting the complexity of care meaning that unpaid carers are experiencing caring responsibilities with higher needs of care. People living longer coupled with Covid-19 increased the pressure on unpaid carers further. **Positive impact:** The MSR provides the evidence needed to support business cases, funding applications and justify increasing resources to support unpaid carers.	Access to communication methods Carers Dietary requirements Other Long Term Health Conditions United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
Sex	Men have higher corona virus mortality rates (PNA Pg22) Women and girls often struggle to get referred to Autism diagnostic services, with many being forced to pursue private diagnosis. (PNA page 196) . Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape (Safe Lives: 2017).(PNA Page 150)	**Positive Impact;** insight into the inequalities faced by men and women will help to identify likely support needs and plan services effectively.	Men / Women Gender Identity Toilet facilities/baby changing Childcare Gender Pay Gap Sex workers United Nations Convention on the Elimination of All Forms of Discrimination against Women (UNCEDAW)

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Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	Research suggests that women experiencing domestic abuse are more likely to experience a mental health condition, while women with mental health conditions are more likely to be domestically abused. 30-60% of women with a mental health condition have experienced domestic violence (Howard et al: 2009). (PNA page 217)		
Age	**Older People who need residential care** **Regional/National data:** - Estimated number of people aged over 65 in 2020 and projected number in 2040 (Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government) - Older people have increased covid-19 mortality rates (Pg 22 PNA) **Local data:** - Current number of **adult care homes** (age 18 and over) by type and area (Local authority MSR data toolkits) - Current number of permanent care home placements available to all adults aged 18 and over - Percentage of vacant care home placements, 31 March 2021 - Gwynedd older people's care home placements (local authority data)	The PNA highlighted the need for specialist provision for older people in a residential care setting. The MSR identified this as a gap in provision. This includes residential care for older people including; - Dementia care provision - Older peoples mental health residential and nursing placements - For older people with a learning disability who also have physical health and dementia needs **Positive impact**: The MSR will provide evidence to make these types of provision a priority when considering development of workforce training needs, establishing and developing new services and development of buildings to meet demand.	Older People Children Young People Working Age People Young Families Demographics NB: Where children / young people are affected complete the <u>Childrens Rights Checklist</u> <u>United Nations Convention on the Rights of the Child (UNCRC)</u> Caring responsibilities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Tudalen 367	- Anglesey MSR adult residential care market overview - No of out of county placements for specialist residential care provision in Denbighshire (local authority data) - No of care home closures 2019-2021 (local authority) - Feedback from care home residents - Feedback from providers Due to a combination of people living at home longer and an ageing population, the complexity of those requiring adult residential care, and demand for care placements is increasing. The current mix of general needs and specialist residential care provision does not match projected future demand (MSR)	**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. Older people requiring specialist residential care are more likely to; • Have their discharge delayed (Increase in Delayed Transfers of Care from hospital) • Be placed out of county **Positive impact**: MSR provides insight which may help providers to repurpose and create new provision where needed to meet demand.	
Age continued	**Older People who need Domiciliary Care National Data** - Predicted number of people aged 65 and over who struggle with activities of daily living (Daffodil, Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government)	**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. There is a lack of available domiciliary care across the region impacted by a shortage of care staff. The nature of current arrangements mean that providers can refuse to give care, or return packages. Frequent emergencies	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Tudalen 368	- Average local authority/health board Commissioned domiciliary care hours per week (local authority data collection) - Percentage market estimated share of domiciliary care sector by type (local authority data) - Number of providers by operating area (Local authority data) - Numbers of people who receive domiciliary care packages in Conwy (local authority data) - Demographic of people accessing domiciliary care in Flintshire - Number of care hours handed back by providers (Demand for domiciliary care exceeds supply of domiciliary care provision in every area of North Wales. The majority of people who access domiciliary care across the region are over 65. Although this is also likely to impact on adults with long term health conditions and physical disabilities.	can occur, where providers report that they are no longer able to provide care due to staffing problems The MST provides analysis which may support providers and commissioners to develop mitigating actions to reduce the risk of; • People not receiving the care they need and are at risk of 'slipping' through the net'. • moving into residential care instead. • increased pressures for those who have family, friends or other support networks taking on the role of an unpaid carers	
Age (continued)	**Children and Young People who need residential care** - Children and Young People's Market Position Statement (2021 update)	**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Tudalen 369	- Out of county placements (StatsWales) Over 50% of children in residential care from North Wales are placed out of county, away from parents, siblings and support networks, impacting on the whole family (MPS) There is a shortage of; - local residential providers. - specialist provision for children and young people with complex behavioural and emotional needs - emergency accommodation	For children and young people who cannot access safe/emergency accommodation due to their complex behavioural and emotional needs; cases of the use of s136 suites, inappropriate presentation/admission to hospital, delays in discharge and the use of unregulated care have been identified by local authority Children's services. **Positive Impact:** The MSR provides information which may help commissioners to rebalance the care market, develop new models of care amd create increased care capacity to meet the needs of children and young people. There is competition for placements, providers can 'cherry pick' individuals with least complex needs. Meaning those with a greater level of need wait longer to be placed or are sent further away from home.	
Religion & Belief		**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.	Faith Communities Non Beliefs Dietary requirements Vegetarianism/Veganism Other philosophical beliefs Dress code/uniforms Religious festivals/activities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Sexual Orientation	Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016).

Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. This includes Lesbian, gay, bisexual and transgender people (PNA Page 219)

Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016). | **Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. | Gay
Lesbian
Bi-sexual
Heterosexual
Terminology
Confidentiality about sexuality |
| Gender Reassignment | | **Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. | A person who proposes to, starts or has changed their gender identity
Transgender
Appropriate language use, ie, appropriate pronouns
Gender neutral changing facilities and toilets |
| Marriage & Civil Partnership | | **Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. | Marital status
Civil Partnership status |

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Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Pregnancy & Maternity		**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.	Pregnant mothers Those entitled to maternity and paternity leave Foster/Adoption Breastfeeding mothers
Welsh Language	Shortages of staff, service availability lead and of county placements. This increases the likelihood of first language welsh speakers receiving care in English. This has been highlighted in particular for individuals where welsh language is a fundamental element of service provision, including; children and adults with complex needs such as individuals living with physical and learning disabilities including mental health and Autism.	**Positive:** The MSR provides an assessment of the gaps in care provision of private providers in the welsh language and identified barriers to receiving care in welsh for planning future provision; including workforce recruitment and retention issues and increased out of county placements.	Ensuring equal status of both Welsh and English languages. Availability of and access to services, activities and information. Technology Rights of individuals to ask for WL services. Impact on Welsh speaking communities, including: Positive / negative effects on opportunities to use the WL. Possible changes to number/percentage of Welsh speakers Migration Job opportunities / Staffing changes. Training needs and opportunities Availability of Welsh medium education
Socio Economic Considerations	People from certain ethnic groups, children, disabled people, carers are all more likely to experience poverty. (PNA Page 22)	**Positive Impact** Having a stable social care market and delivering care closer to home and improving access will have a positive impact on those with lower socio economic status	People living in less favourable social and economic circumstances than others in the same society. Disadvantage may be exacerbated by many factors of

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts
			(not an exhaustive list)
	Rhyl West 1, Rhyl West 2 and Queensway 1 in Wrexham are within the ten most deprived areas in Wales (Welsh Index of Multiple Deprivation 2019)

People living within the most deprived communities in North Wales have a 25% higher rate of emergency admissions, there is a stark life expectancy disparity of 7 years and a general poor health and disability discrepancy of 14 years (BCUHB Annual Equality Report 2020-2021). | | daily life, not just urban or rural boundaries.
'Intersectionality' issues - where identity compounds socio-economic status, eg, single parents (often women), disabled people, some BAME groups. |
| Human Rights | People from Minority Ethnic groups are more likely to be sectioned under the Mental Health Act (Race and Mental Health – Tipping the Scale, Mind, 2019)

The restrictions that have been implemented to manage the pandemic have impacted on children's ability to access their human rights under the United Nations Convention on the Rights of the Child, including the right to access to health care… and less well protected from violence, abuse and neglect. (PNA Page 76)

In the report 'Locked Out: Liberating Disabled People's Lives and Rights Beyond Covid-19' (2021) it is recognised that the pandemic has | **Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below. | See Human Rights Articles below. https://humanrightstracker.com/en/ on EHRC website |

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	had a detrimental impact on many areas of life for those with learning disabilities.		
Other (please state)		**Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.	Eg, Modern Slavery, Safeguarding, Other Covid effects, Carers, Ex-offenders, Veterans, Care Leavers, Substance Abuse, Homeless

Human Rights Act 1998	
• Article 2 Right to life	• Article 8 Respect for private life, family, home and correspondence
• Article 3 Freedom from torture and inhuman or degrading treatment	• Article 9 Freedom of thought, belief and religion
• Article 4 Freedom from Slavery and forced labour	• Article 10 Freedom of expression
• Article 5 Right to liberty and security	• Article 11 Freedom of Assembly and association
• Article 6 Right to a fair trial	• Article 12 Right to marry and start a family
• Article 7 No punishment without law	• Article 13 Right to access effective remedy if rights are violated
	• Article 14 Protection from discrimination

Are there any data or information gaps and if so what are they and how do you intend to address them?

To strengthen future work, local authorities could review equality information for those individuals receiving services by protected characteristic to strengthen understanding of needs at a strategic level. Regionally this data could be analysed against population data to check whether groups can access services when they need them and receive the same quality of care as the general population.

Note: If it is not possible to obtain this information now, you should include this in your action plan in Step 6 so that this information is available for future EqIAs.

10. **How does your proposal ensure that you are working in line with the requirements of the Welsh Language Standards (Welsh Language Measure (Wales) 2011), to ensure the Welsh language is not treated less favourably than the English language, and that every opportunity is taken to promote the Welsh language (beyond providing services bilingually) and increase opportunities to use and learn the language in the community?**

Welsh language considerations were taken into account – all consultation was bilingual including surveys and correspondence. The MSR is issues for stakeholder approval bilingually and published bilingually. Where requested documents have been translated for local authority staff who were first welsh speaking.

11. **If this EqIA is being updated from a previous version of a similar policy or practice, were the intended outcomes of the proposal last time achieved or were there other outcomes?** (Please provide details, for example, was the impact confined to the people you initially thought would be affected, or were other people affected and if so, how?)

N/A

12. **What is the cumulative impact of this proposal on different protected groups when considering other key decisions affecting these groups made by the organisation?** (You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups more adversely because of other decisions the organisation is making, eg, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, eg, disabled people, older people, single parents (who are mainly women), etc)

13. **How does this proposal meet with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 including to create a More Equal Wales?** (Summarise findings if you may have already considered this as part of the screening process)

For more information, please see: https://futuregenerations.wales/about-us/future-generations-act/

The MSR highlights challenges faced in the last 5 years within the social care market which are barriers to achieving the vision of A Healthier Wales and a More Equal Wales by setting out service provision and providing data, research and analysis to inform future planning.

14. **Describe any intended negative impact identified and explain why you believe this is justified** (for example, on the grounds of advancing equality of opportunity or fostering good relations between those who share a protected characteristic and those who do not or because of an objective justification[1] or positive action[2])

N/A

Note[1]: Objective Justification - gives a defence for applying a policy, rule or practice that would otherwise be unlawful direct or indirect discrimination.To rely on the objective justification defence, the employer, service provider or other organisation must show that its policy or rule was for a good reason – that is 'a proportionate means of achieving a legitimate aim'. A **legitimate aim** is the reason behind the discrimination which must not be discriminatory in itself and must be a genuine or real reason, eg, health, safety or welfare of individuals. If the aim is simply to reduce costs because it is cheaper to discriminate, this will not be legitimate. Consider if the importance of the

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aim outweighs any discriminatory effects of the unfavourable treatment and be sure that there are no alternative measures available that would meet the aim without too much difficulty (proportionate) and would avoid the discriminatory effect.

Note²: Positive Action - Where an employer takes specific steps to improve equality in the workplace to address any imbalance of opportunity, lessen a disadvantage or increase participation in a particular activity, for example, increasing the number of disabled people in senior roles where they are under-represented by targeting specific groups with job adverts or offering training to help create opportunities for certain groups. The public sector is expected to consider the use of positive action to help them comply with the Public Sector Equality Duty.

15. **Could any of the negative impacts identified amount to unlawful discrimination but are perceived to be unavoidable (eg, reduction in funding)?**

Yes ☐ No x☐ Not Sure ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

16. **If you answered Yes or Not Sure to question 15, please state below, which protected group(s) this applies to and explain why (including likely impact or effects of this proposed change)**

N/A

17. **If you answered No to question 15, are there any barriers identified which amount to a differential impact for certain groups and what are they?**

The populations health needs are more likely to be more intensive for Older People, Children and Younger People and those with a Physical or Learning disability – impacting significantly on the protected characteristics of Age and Disability.

The work of the MSR and PNA seeks to identify those barriers and will not pose any new negative impacts.

STEP 3 - Procurement and Partnerships

The Public Sector Equality Duty (PSED) requires all public authorities to consider the needs of protected characteristics when designing and delivering public services, including where this is done in partnership with other organisations or through procurement of services. The Welsh

Language Standards also require all public authorities to consider the effects of any policy decision, or change in service delivery, on the Welsh language, which includes any work done in partnership or by third parties. We must also ensure we consider the Socio-economic Duty when planning major procurement and commissioning decisions to consider how such arrangements can reduce inequalities of outcome caused by socio-economic disadvantage.

When procuring works, goods or services from other organisations (on the basis of a relevant agreement), we must have due regard to whether it would be appropriate :

- for the award criteria for that contract to include considerations to help meet the General Duty (to eliminate discrimination, promote equality of opportunity and foster good relations);
- to stipulate conditions relating to the performance of the contract to help meet the three aims of the General Duty.

This only applies to contractual arrangements that are "relevant agreements" which means either the award of a 'public contract' or the conclusion of a 'framework agreement', both of which are regulated by the Public Sector Directive (Directive 2004/18/EC) which regulates the specified EU thresholds. Further information can be found [here](#).

We must consider how such arrangements can improve equal opportunities and reduce inequalities of outcome due to protected characteristics and caused by socio-economic disadvantage, particularly on major procurement and commissioning decisions. The PSED applies to the work that private sector organisations undertake when delivering a public function on our behalf. We therefore need to ensure that those organisations exercise those functions by ensuring our procurement and monitoring of those services complies with the General Duty under Section 149 of the Equality Act 2010. In the same way, the Welsh Language Standards applies to any work undertaken on behalf of, and in the name of, public bodies that are themselves subject to the Standards, and so consideration should be given to how these requirements are monitored and communicated through the procurement documents. The Socio Economic Duty does not pass to a third party through procurement, commissioning or outsourcing. Therefore when we work in partnership with bodies not covered by the Socio Economic Duty, the duty only applies to us as the relevant public body.

18.   Is this policy or practice to be carried out wholly or partly by contractors or in partnership with another organisation(s)?

Yes   x ☐   No   ☐   *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

If No, please proceed to Step 4

19.   If Yes, what steps will you take to comply with the General Equality Duty, Human Rights and Welsh Language Legislation and the Socio-Economic Duty in regard to procurement and/or partnerships? Think about :

Procurement   **Partnerships**

- Setting out clear equality expectations in Tendering and Specification documentation, showing how promotion of equality may be built into individual procurement projects
- On what you based your decisions in the award process, including consideration of ethnical employment and supply chain code of practice
- Ensure that contract clauses cover the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and socio-economic requirements as well as Welsh Language Duties (remember that any duties from the Welsh Language Measure 2011 and Welsh Language Standards are also applicable to services provided on your behalf under contract by external bodies).
- Performance and Monitoring measures are included to monitor compliance, managing and enforcing contracts

Be clear about who is responsible for :
- Equality Monitoring relevant data
- Equality Impact Assessments
- Delivering the actions from the EqIA
- Ensuring that equality, human rights and Welsh Language legislation is complied with by all partners
- Demonstrating due regard to the Public Sector Equality Duty and the Socio-Economic duty

Partners are local authority commissioners and the local health board who are required to fully comply and manage compliance of equality, human rights, welsh language legislation and due regard to Public Sector Equality, and Socio Economic duty within commissioning practices

STEP 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice

20. **When considering proportionality, does the policy or practice have a significantly positive or negative impact or create inequalities of outcome resulting from socio-economic disadvantage?**
(Please give brief details)

Significantly positive impact	Significantly negative impact
Thorough research was undertaken during for the PNA and MSR which will provide insight for stakeholders on which groups of people are most likely to be at risk of socio economic disadvantage and plan to support those individuals effectively. This should have a long term positive impact across the region, influencing strategy, policy making and practice for local authorities and health board commissioners and independent and third sector providers within the social care market.	

21. **It is important that you record the mitigating actions you will take in developing your final policy/practice draft. Record here what measures or changes you will introduce to the policy or practice in the final draft which could reduce or remove any**

unlawful or negative impact or disadvantage and/or improve equality of opportunity/introduce positive change; or reduce inequalities of outcome resulting from socio-economic disadvantage? (This could also inform the Action Plan in Q30)

Unlawful or Negative Impact Identified	Mitigation / Positive Actions Taken in the Policy/Practice	Completed (✔)
N/A		

22. **Will these measures remove any unlawful impact or disadvantage?**

Yes ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

23. **If No, what actions could you take to achieve the same goal by an alternative means?**

N/A

24.

Wh at measures or changes in the following important legislative areas have you included to strengthen or change the policy/practice:
a) to foster good relations and advance equality of opportunity as covered by the General Duty in the Equality Act 2010;
b) to reduce inequalities of outcome as a result of socio-economic disadvantage;
c) to increase opportunities to use the Welsh language and in treating the Welsh language no less favourably than the English language as set out in the Welsh Language (Wales) Measure 2011 and reduce or prevent any adverse effects that the policy/practice may have on the Welsh language?

N/A

25. **Do you have enough information to make an informed judgement?**

Yes ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

26. **If you answered Yes, please justify:**

N?A

27.   **If you answered No, what information do you require and what do you need to do to make a decision?**
       (Note: Should data collection be included in the action plan (Step 6)?)

 [You may need to stop here until you have obtained the additional information]

STEP 5 - Decision to Proceed

28.   **Using the information you have gathered in Steps 1 – 4 above, please state on the table below whether you are able to proceed with the policy or practice and if so, on what basis?**

(Please double click on the relevant box (X) and select 'checked' as appropriate)

	Decision
X☐ Yes	Continue with policy or practice in its current form
☐ Yes	Continue with policy or practice but with amendments for improvement or to remove any areas of adverse impact identified in Step 4
☐ Yes	Continue with the plan as any detrimental impact can be justified
☐ No	Do not continue with this policy or practice as it is not possible to address the adverse impact. Consider alternative ways of addressing the issues.

29.   **Are there any final recommendations in relation to the outcome of this Equality Impact Assessment?**

STEP 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data

The EqIA process is an ongoing one that doesn't end when the policy/practice and EqIA is agreed and implemented. There is a specific legal duty to monitor the impact of policies/practices on equality on an ongoing basis to identify if the outcomes have changed since you introduced or

amended this new policy or practice. If you do not hold relevant data, then you should be taking steps to rectify this in your action plan. To review the EHRC guidance on data collection you can review their Measurement Framework.

30. **Please outline below any <u>actions</u> identified in Steps 1-5 or any additional data collection that will help you monitor your policy/practice once implemented:**

Action	Dates	Timeframe	Lead Responsibility	Add to Service Plan (✓)

31. **Please outline below what arrangements you will make to <u>monitor and review</u> the ongoing impact of this policy or practice including timescales for when it should be formally reviewed:**

Monitoring and Review arrangements (including where outcomes will be recorded)	Timeframe & Frequency	Lead Responsibility	Add to Service Plan (✓)

STEP 7 - Publishing the Equality Impact Assessment

Please arrange for this completed EqIA to be agreed by your Head of Service/Department and arrange for translation and publishing with a copy sent to the Equality Officer.

SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	28 July 2022
Report Subject	Social Services Director's Annual Report
Cabinet Member	Deputy Leader of the Council and Cabinet Member for Social Services and Wellbeing
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Statutory Director of Social Services is required to produce an annual report summarising their view of the local authority's social care functions and priorities for improvement as legislated in the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015.

The purpose of the Social Services Annual Report is to set out the improvement journey and evaluate Social Services' performance in providing services to people that promote their wellbeing and support them to achieve their personal outcomes.

RECOMMENDATIONS	
1	Members to approve following review, the draft report, which includes the key developments of the past year and our priorities for next year.

REPORT DETAILS

1.00	**EXPLANING THE SOCIAL SERVICES ANNUAL REPORT**
1.01	The Social Services Annual Report is prepared under the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
1.02	The format is closely aligned to the National Outcomes Framework and demonstrates our performance in meeting the wellbeing outcomes of the people of Flintshire.
1.03	In the report we evaluate our performance against last year's improvement priorities and outline our priorities for next year. The work described in the report links to the National Quality Standards, which set out the Welsh Government's expectations at a national level of the quality of support that local authorities must be providing. • The standards are set out below: **People** NQS 1.1 All people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them. NQS 1.2 Effective leadership is evident at all levels with a highly skilled, well qualified and supported workforce working towards a shared vision. **Prevention** NQS 2.2 The need for care and support is minimised and the escalation of need is prevented, whilst ensuring that the best possible outcomes for people are achieved. NQS 2.2 Resilience within our communities is promoted and people are supported to fulfil their potential by actively encouraging and supporting people who need care and support, including carers, to learn, develop and participate in society. **Partnerships And Integration** NQS 3.1 Effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people. NQS 3.2 People are encouraged to be involved in the design and delivery of their care and support as equal partners. **Well-Being** NQS 4.1 People are protected and safeguarded from abuse and neglect, and any other types of harm. NQS 4.2 People are supported to actively manage their well-being and make their own informed decisions so that they are able to achieve their full potential and live independently for as long as possible.

1.04	The draft Social Services Annual Report for 2021/2022 is attached as Appendix 1.
1.05	The report is intended to provide the public, the regulator and wider stakeholders with an honest picture of services in Flintshire and to demonstrate a clear understanding of the strengths and challenges faced.
1.06	The Report illustrates how services have met the challenges presented by COVID-19 during 2021/22.
1.07	The report will form an integral part of Care Inspectorate Wales' (CIW) performance evaluation of Flintshire Social Services. The evaluation also informs the Wales Audit Office's assessment of Flintshire County Council as part of the annual improvement report.
1.08	The draft Social Services Annual Report has been prepared following an in-depth review of current performance by the Social Services Senior Management Team, Service Managers and Performance Officers. The improvement priorities contained within the report are aligned to the priorities contained within our Portfolio Business Plan, and the Council Plan.
1.09	This year's report has been prepared reflecting the headings from the North Wales Population Needs Assessment, and produced in an electronic friendly style by Double Click. The report will also be translated into Welsh and be made available on the Flintshire County Council website.
1.10	The report is scheduled to be presented at the following meetings: <table><tr><td>Social Care and Health Scrutiny Committee Scrutiny</td><td>28th July 2022</td></tr></table>
1.11	The draft Annual Report also outlines the improvement priorities identified for 2022/2023, including: Children • Develop an Early Years Strategy to ensure that all children ages 0-7 have the best possible start in life and are able to reach their full potential. • Implementation of therapeutic intervention model in small group children's homes. • Continue to grow the in house fostering service to support more looked after children. • Continue to develop services to support the reduction of the number of children looked after by the Local Authority. • Continue to develop fostering services utilizing the Mockingbird model. • Re commissioning children's respite services • Development of provider services for Children to support new homes developments. • Set up a registered Children's Home to help avoid the need for residential placements outside Flintshire. Older people • Continue to grow the Micro care market.

• Establish a Dementia Strategy Implementation Group, to include representation from people with lived experience
• Continue to grow the in-house homecare service to support more people to live at home.
• Further extend supply of Extra Care.
• Plan to provide additional placements for 'discharge to recover and assess' in the in-house provision (Croes Atti).

General health needs, physical impairment and sensory loss:

• Continue to lead the North East Wales Community Equipment Service.
• Increase the use of the Progression Model across services to people with physical disabilities, and other service areas to support them to achieve their personal outcomes.
• Develop short term emergency accommodation for people who find themselves homeless or in need of accommodation urgently.
• To promote the creative use of direct payments with individuals and carers to meet their outcomes.

Learning Disabilities:

• Launch the Project Search programme for over 25 year olds.
• Further develop day opportunities services for people with learning disabilities

Autism
• Develop opportunities for Autistic individuals to access services locally.
• Work to the action plan to further improve compliance with the National Autism Code of Practice.

Mental Health
• The Life Warriors have plans to become a peer run group and to extend to another group which they will help to support.
• Next Steps are now running their advanced volunteering program as a step up from the one they ran last year.

Carers:
• Developing the Direct Payment offer for carers.
• Further development of Young Carers Service - young carers ID card.

Safeguarding
• Prepare for the implementation of the new Liberty Protect Safeguard procedures.
• Continue to promote the corporate safeguarding e-learning package.
• Continue to ensure that statutory responsibilities for the safeguarding of adults and children are met
• Contracts for Advocacy services will be reviewed.

Workforce
• A clear commitment to support and encourage the workforce to be able to access training bilingually where available in line with the 'Mwy na Geiriau' strategic framework.

	• continue to support providers and social care staff and managers to complete the required management qualifications to register with Social Care Wales.
	• We will work to help increase the digital skills of our workforce, enabling them to work and learn using appropriate technology.
	• We will continue to support staff to complete :-
	       Level 2 Award in Dementia qualification
	       Level 2 Health and Social Care: Core qualification
	       Level 2 Health and Social Care: Practice (Adults)
	       Level 3 Health and Social Care: Practice (Adults)
	• Continue to support both social work qualifying training and post qualifying training in Wales, including the First 3 Years Framework requirements for all post qualifying Social Workers new into post.

2.00	RESOURCE IMPLICATIONS
2.01	The priorities identified within the report are aimed at delivering service improvements, improving outcomes and meeting local needs within the context of achieving challenging financial efficiencies and value for money. The improvement priorities contained within the report have been identified for delivery within existing resources.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Work began with Social Services Managers in September 2021 to identify the emerging priorities from their areas of work.
3.02	The draft Social Services Annual Report has previously been discussed by Chief Officer's Team, circulated for comment to the Chief Executive, Social Service Management Team, the Senior Management Team, and approved at Informal and formal Cabinet.
3.03	The views of Scrutiny Members will be sought on the 28 July 2022 where the proposed content of the report will be discussed.

4.00	RISK MANAGEMENT
4.01	The Social Services Annual Report is required to be published by September 2022.

5.00	APPENDICES
5.01	Draft Social Services Annual Report 2021/22

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Contact Officer: Dawn Holt Telephone: 01352 702128 E-mail: dawn.holt@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	CIW - Care Inspectorate Wales ensure that services meet the standards the pubic expect. They register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales. The regulator was formally known as CSSIW (Care and Social Services Inspectorate Wales).
7.02	Micro-care services – A pilot project to support the development of new Micro-care enterprises in Flintshire, which will support people with care and support needs in their local area, on a small scale.
7.03	Regional Transformation Programmes - A transformation programme that will take forward the priority areas in the North Wales Population Needs Assessment and recommendations in 'A Healthier Wales'. The North Wales programmes cover Community Services, Mental Health, Learning Disability Services and Intervention and intensive support for children and young people.
7.04	'Mockingbird Model' - This innovative model of foster care encourages a group of foster carers in the local community to think and act like a wide family; providing peer support, regular joint planning and training, social activities.

FLINTSHIRE COUNTY COUNCIL

CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL

SOCIAL SERVICES

ANNUAL REPORT

2021/22

& 2022/23 PRIORITIES

Contents

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Introduction

This Social Services Annual Report is prepared under the requirements of the Social Services and Well-being (Wales) Act 2014 and Regulation and Inspection of Social Care (Wales) Act 2016, both of which place a statutory requirement on the Council to report annually on its social services functions.

The focus of this legislation in on well-being, and our report summarises the key things that we are doing in Flintshire to support our most vulnerable residents. It describes our challenges, provides our stakeholders with a picture of how we have performed and improved over the last year, and sets out our priorities for the coming year.

Stakeholders include the people using our services, our staff, elected members, the general public, our partners, regulators and Welsh Government.

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Engagement with stakeholders is fundamental to what we do, and informs the development of our services and future plans. In the report we evaluate our performance against last year's improvement priorities and outline our priorities for next year. The work described in the report links to the National Quality Standards, which set out the Welsh Government's expectations at a national level of the quality of support that local authorities must be providing.

The standards are set out below:

People

NQS1.1: All people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them.

NQS 1.2: Effective leadership is evident at all levels with a highly skilled, well qualified and supported workforce working towards a shared vision.

Prevention

NQS 2.1: The need for care and support is minimised and the escalation of need is prevented, whilst ensuring that the best possible outcomes for people are achieved.

NQS 2.2: Resilience within our communities is promoted and people are supported to fulfil their potential by actively encouraging and supporting people who need care and support, including carers, to learn, develop and participate in society.

Partnerships & Integration

NQS 3.1: Effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people.

NQS 3.2: People are encouraged to be involved in the design and delivery of their care and support as equal partners.

Well-Being

NQS 4.1: People are protected and safeguarded from abuse and neglect, and any other types of harm.

NQS 4.2: People are supported to actively manage their well-being and make their own informed decisions so that they are able to achieve their full potential and live independently for as long as possible.

We have prepared the report reflecting the headings from the North Wales Population Needs Assessment and under each heading we will demonstrate:

- what we had planned to do last year and how we have succeeded,
- what difference this made to the outcomes for well-being of people, and
- what our priority objectives are for next year.
- Any lessons learnt from the work carried out during last year.

Section 2

Director's Summary of Performance

Welcome to this year's Annual Social Services Report.

Despite the challenges that we have faced over the past year, we not stopped positively delivering on our services.

You will see in this report that some of the priorities for our work have carried over from last year. However we have also been able to successfully progress a number of our services.

We have highlighted below just some of the key reasons that this has been possible:

- Our services are solution focused and our Social Care workforce continue to receive a high standard of training via our Workforce Development Team during challenging times.
- We have strong, robust and trusting long standing partnerships with our Independent Sector Providers.
- We have a dedicated, loyal competent Business Support / Administration service, Senior management team and committed staff.
- Our creative and innovative approach has led to new and successful projects such as the completion of our expansion of Marleyfield House.
- We have strong In-house, Home Care, Learning Disability, Residential care services.
- We are leading regional approaches, such as Learning Disability services, Integrated Autism Services (IAS) and Children's Services transformation.
- We offer a high level of support for Carers in Flintshire.
- The Regulator is satisfied with our Services and in a recent all Wales CIW report we have at least 8 Best Practice mentions across Adults and Children's Services.
- Throughout the pandemic we have met our statuary duties.

Some of our key successes from last year include:

- Completion of our expansion of Marleyfield House providing additional capacity at the site and state of the art facilities.
- Flintshire County Council's Lleisiau Clwyd Voices of the Future project, which was established with our partners Theatre Clwyd, was successful in being shortlisted as finalists for a prestigious Accolade award organized by Social Care Wales.
- The Micro-care programme has been very successful, with 27 Micro-carers delivering services in the County.
- Completion of the refurbishment work at Arosfa, increasing the provision and capacity to accommodate long term residents, and provide a quality local service as an alternative to out of county placements.
- Further developing our actions to support people living with dementia.
- We have continued to grow and successfully progress our existing Mockingbird Foster Carer support Model.
- Developed our 'Small Homes Scheme' for children, which is currently supporting one child, and have commenced building works to develop two Residential Assessment Centres for children.
- Our Wellness and Recovery programme has adapted and expanded to support individuals with their mental health and well- being.
- Our partnership with Hft continues to thrive in delivering services for people with learning disabilities.
- Receiving a Highly Commended Award at the GeoPlace Conference 2021 for our innovative approaches, which include an interactive map of Dementia Friendly communities and services.

In September 2021, I completed a 7 day treck along the historic Pilgrims way and raised £2,200 for learning disability charity Hft. I am privileged to learn that the people supported have decided to use the money to fund a summer ball in 2022. Here people with learning disabilities and their families will be able to reconnect after so many years disrupted by the pandemic.

This year has seen the appointment of a new Chief Executive of the Council, Neal Cockerton. Neal was previously in post as Chief Officer of Housing and Assets. Neal has always been supportive of developments in Social Services and we look forward to working closely with him in the future.

From both myself, and Counsellor Christine Jones, my colleague Cabinet member for Social Services, we would like to take this opportunity once again to express our acknowledgment and appreciation of the hard work and dedication of our employees in delivering our services and meeting the needs of our local residents. We are very proud of the developments made in our services over this past year, which have been helped by our really positive working relationships with partners and providers, and our focus upon co- production with people, to achieve the outcomes that they which to attain.

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Section 3

How are People Shaping our Services?

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It is a Priority that the voices of people are heard and that we learn from them.

Officers have kept in constant contact with the providers we work with, to ensure they are supported by answering their enquiries and hearing feedback on the impact that COVID-19 has had on their services and the people who use them.

Social Services have invested in new systems to enable us to develop surveys to gather feedback from all stakeholders. This has been a beneficial investment and the feedback received has increased significantly in the last year.

The Contracts and Commissioning Team have facilitated regular meetings with Residential care, Domiciliary care and Supported Living providers. These meetings are a valuable arena for sharing information and networking, as they are attended by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers.

A network for Responsible Individuals from across all services areas to meet has been introduced. Whilst this is in its infancy, they have scope to develop, and one area being discussed is the development of 'peer review' within care homes.

Voices to be Heard | NQS 1.1

Voices to be heard is Hft's involvement group for the people they support.

The group contributes to consultations about different issues affecting the service, gather feedback/suggestions on developments and use it as a way to share information. The group discuss issues affecting people with Learning Disabilities this has included, loneliness and isolation, hate crime and digital inclusion. The group have helped to develop the person specification and job advert for support workers following a session where they decided what makes and good and bad support worker. The group also reviewed and developed a smoking policy for all the sites in Flintshire.

Significantly, people with learning disabilities and their families were also consulted about how they would like to see the attendance payment budget reinvested into the service, some suggestions included a lunch club, trips out and more online activities. Some of the funding has also been invested into developing the UK's first Project SEARCH programme for over 25's.

Volunteering In Social Care | NQS 3.1

Last year the report shared the amazing work volunteers had been doing to support the social care sector.

FLVC have continued to develop the Volunteering in Social Care project in partnership with Flintshire County Council. FLVC have provided support with recruiting volunteers and training tools and

have made links with Coleg Cambria, Glyndwr University and local schools to encourage Level 2 and 3, Year one H&SC students to engage with their community and to support Flintshire Care Homes with Volunteering to complete their placements.

Since the beginning of the programme in 2020, the project's achievements include:

- 70+ Volunteers have been linked directly with Flintshire care homes. Many more interested volunteers had to put their application on hold due to Covid restrictions. The recruitment of volunteers has now resumed.
- 70+ Volunteers attended the FLVC training which is ongoing and includes: Introduction to Volunteering, Introduction to Social Care with an external trainer registered with Social Care Wales delivering; Safeguarding / Dignity in Care / Health and Safety / Equal Opportunities/Confidentiality and Inspiring Digital Activities to help support residents to keep in touch with relatives online.

Some of the roles that the volunteers have undertaken are; befriending, assisting staff and residents with refreshments and daily activities, gardening and supporting residents to use IT equipment.

Young Carers | NQS 4.2

Young carers supported by NEWCIS continue to be active in the development of the regional young carers ID card, by designing posters and information.

The ID Card Steering Group has also welcomed a young carer to support decision making using their lived experience.

Young Voices Out Loud | NQS 3.2

Children's Social Services are proud to support the Young Voices Out Loud group, who continued to meet during the pandemic, although online. This group is made up of young people with lived experience of the care system. The group missed meeting as a group, and as restrictions have been lifted, they are now meeting face to face.

The group has a lot of new members following a recruitment campaign. A number of members have been in the care system for some time the group gives them an opportunity to share their experiences with other young people in or leaving care, and to have a bit of social time with them also. The group recently had a discussion about how young people are addressed in colleges and schools when tutors or teachers are discussing parental roles, and how it makes them feel. They have met with professionals from a number of agencies including

Voices from Care and Tros Gynnal Plant Advocacy service as well as the Children Looked After Nurse and Volunteer Mentor Coordinator to offer more information on support that is available to them.

Young people from the group are also welcome to attend the Children's Services Forum, which opens up more opportunities for care experienced young people to make a difference to how services are delivered locally.

Flintshire Dementia Strategy Consultation | NQS 4.2

People living with dementia, their carers, and those who work with them have contributed to the development of a local Dementia Strategy. Around 50 surveys were completed, and more than 100 people attended meetings to discuss the priorities for dementia in Flintshire. More than 700 individual comments and suggestions were received. The feedback from the consultation has been used to identify key priorities and produce a detailed plan of action.

The Council has a particular focus upon dementia, and implementing the new dementia strategy is a priority in the Council's plan.

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Section 4

Promoting and Improving the Well- being of Those We Help

Children and Young People

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Summer of fun and Winter Well-being | NQS 3.1

The Summer of fun and Winter of Well- being projects provide a range of free leisure, recreational, sporting and cultural activities for children and young people receiving support from Social Services.

Flintshire County Council's Lleisiau Clwyd Voices of the Future

In the summer of 2021, through Theatre Clwyd, children and young people were able to work with a range of creative people including actors, a visual artist, a choreographer, a musician, a director, a singer, a fight director, a writer and two stage managers in fun-filled artistic sessions.

Lleisiau Clwyd Voices had a significant impact on the lives of the young people and artists involved. Both groups recognised the benefits it brought to their general well-being and mental health. Whilst the lockdowns resulted in loneliness, depression and anxiety about the future, the project enabled social connection by safe in-person creative activities. This provided a sense of hope, positivity, and escapism for both groups.

The Scheme was shortlisted for a 2022 Social Care Wales Accolades award.

"I can only give positive feedback for the scheme. This is a brilliant, well organised scheme giving opportunities to our son that he wouldn't usually have."

"He is so excited every Saturday to come to Theatre Clwyd and really hope you get further funding for the scheme to continue."

"She wakes up on Saturday morning and is constantly asking: when is it time to go?! She comes out super happy! She also seems a little less frustrated!"

Summer 2021 was **SHEP**, the School Holiday Enrichment Programme's most successful summer yet. Over 160 children and young people aged 5-12 benefitted from the 'Food and Fun' programme, whereby six schools kept their doors open for the first three weeks of the school holidays.

Aura Wales played a key role in delivering structured sporting activities and interactive games at each school. In all, 17 different sports were introduced with all sessions being coached by Sport Development staff, and committed staff who co-ordinated this comprehensive programme of activities for the children that attended- Dodgeball, tennis and rugby were very popular!

The programme also offered the children a variety of enrichment activities, including making lava lamps from recycled bottles, dreamcatchers, wooden keyrings and graffiti name plaques.

The children that attended enjoyed a healthy breakfast, snack and hot lunch provided each day by NEWydd Catering and were encouraged to try new foods and take part in practical food activities as part of the programme's focus on Nutrition education.

Aura libraries and Aura Sports development ran the **'Fit Fed and Read'** programme which gives children opportunities for physical activity and promote a healthy diet by providing healthy snacks. Aura added a library element, focusing on reading and creativity. Flintshire Sorted and Youth Justice Service were also at the sessions and engaged with over 800 young people during the sessions.

Summer Sports Camps were set up in various locations across the County. The children who attended were taken through a variety of different sporting activities, working in teams and developing their individual skills.

Well established play schemes ran throughout the County, including additional sessions for children with disabilities. Overall, over 2,700 children aged 5-12 years registered to attend the 1,055 play sessions across the county.

Flintshire Integrated Youth Provision provided drop in well-being sessions for young people aged between 11 and 25 at Wepre Park. Each session attracted over 25 young people taking part in planned programmes of arts and craft activities, fun sporting activities and mindfulness and wellbeing sessions.

Flintshire Sorted ran sessions were over 100 young people participated in activities and discussions, and gained increased awareness on the risks of substance use including alcohol, tobacco and energy drinks.

The Flintshire Inclusion and Progression team supported young people to try a variety of activities including, pet first aid, making cakes, making pottery, a trip to the beach, Theatre Clwyd, Rhug Farm Estate and climbing at the Boardroom.

As part of the Welsh government's Winter of Well-being initiative, these fantastic opportunities continued, with Aura leisure and libraries providing a range of activities for children and young people to enjoy, from holiday clubs to creative writing workshops, to promote the well- being of the body and mind. Activities included sessions at the new inflatable skate park in Deeside, a visit to the skate park, soft play and bowling, a reading campaign to promote the power of books and reading.

Early years support team | NQS 2.2

The Childcare Offer for 3-4 Year Olds continues to go from strength to strength each year enabling children of working parents up to 30 hours of combined childcare and early education, for up to 48 weeks each year. The programme has been so successful and there has been local and national learning, identifying the need to expand the programme further. The team have been working on a national system with Welsh Government, with considerable input from Flintshire due to the development of the Flintshire bespoke system, it is intended the national system will be rolled out late 2022-23; and the team have supported the extension of the Offer to eligible parents in education and training from September 2022. This is an exciting development.

Due to a Welsh Government Capital grant the childcare provider sector has benefited from small capital schemes, whereby providers could apply for a grant for up to £10,000 to develop their provision, based on certain criteria. For this year 71 applications were received, with an investment of £378,194.07. For the large capital schemes, 5 schemes have been completed providing a strong pathways between early years childcare and early education. These include Bagillt Merllyn; Maes Y Felin, Holywell; Westwood, Buckley; Ysgol Derwen, Higher Kinnerton; Ysgol Sychdyn, Sychdyn with an investment of £2,361,318.58. A further 5 schemes are in progress: Caerwys; Shotton; Carmel; Whitford and Bagillt. This will make a real difference to creating quality, modern childcare provision, providing strong foundations for children as they develop to adulthood.

The Early Years Pathfinder | NQS 2.2

The Early Years Integration and Transformation Pathfinder programme has seen positive distance travelled towards seamless early years services across all sectors, assisted by oversight from the Early Years Partnership. Regional work is a significant contributor to progress, enabling shared learning and testing in each locality across the Health Board footprint. The draft Early Years Strategy and priorities has been approved by the Partnership and will be consulted on during 2022. At the request of Welsh Government Flintshire have taken on the lead role for the Regional Early Years Integration and Transformation collaboration which commenced March 2022.

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Welsh Government have committed to the Pathfinder for a further two years. The work programme will include priorities such as the expansion of Flying Start, increased eligibility to the Childcare Offer for parents in training, a focus on quality childcare and sufficient places and early childhood development and the impacts on children born during the pandemic, particularly speech, language and communication and development of the volunteer parenting programme Empowering Parents, Empowering Communities. Delivering the expansion will be challenging due to the additional demands on resources. The work achieved this year has succeeded initial plans, and priorities are progressing for 2022-24.

Advocacy service for children | NQS 1.1

The children's advocacy service has been reviewed and will be re commissioned next year to take into account any gaps identified.

Arosfa developments | NQS 3.1

The Arosfa Short Breaks Service offers short term residential breaks at regular defined intervals which include overnight, mid-week and weekend stays for children and young people with profound disabilities. Utilising funds from the Integrated Care Fund, an unused wing at Arosfa has been refurbished, and this has increased the service capacity.

In April 2021 the refurbishment work at Arosfa was completed increasing the provision to 5 beds at Arosfa. These beds bring capacity to accommodate permanent long-term residents, and provide quality local services as an alternative to out of county placements. The development supports the Council's 2021/22 strategic priority to provide direct provision to support people closer to home, by setting up a registered Children's Home to help avoid the need for residential placements outside Flintshire, and by developing respite services for families with disabled children.

"I think Arosfa is a wonderful service, I'd be lost if it wasn't for Arosfa."

"I needed the 3-day break this month as we've had a really difficult time lately. I am so grateful to Arosfa for their help and support."

Ty Nyth | NQS 2.1

Despite the commitment to prevention and early intervention, there will always be a small proportion of Looked After Children who need residential placements, and Social Services want to make sure that these children and young people can remain close to home.

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Teams have continued work to meet this objective in providing local residential care within Flintshire, utilising funds from the young people's Transformation Programme.

Y Nyth in Mold is a property that has been acquired by Flintshire Council on behalf of Flintshire and Wrexham, and will provide short term residential accommodation for four children, plus one emergency room, for children aged 11 to 18 years.

Alongside the Residential Care Team a specialist MST-FIT (Multi-Systemic Therapy Family Integrated Transition) Team will be on site to support young people accommodated at the service alongside their families. The Team will identify issues which may present difficulties in order to plan a successful return home. This is the first provision of its type in Wales.

Refurbishment is well underway to provide two further small registered homes to accommodate children and young people from Flintshire who need long term residential care. The build programme is scheduled to be completed by the Summer/Autumn 2022.

Fostering | NQS 4.2

As part of the Council's commitment to enhance the Fostering service, the Mockingbird family model has been implemented. This model replicates an extended family in 'Constellations of 6-10 fostering households. The constellation is supported by a Hub carer' who provides planned and emergency sleepovers, as well as advice, training and support'.

Following the launch of the 1st constellation in January 2020, and the second in February 2021, a third constellation has now been established in November 2021, and supports 4 satellite families, comprising 8 looked after children, and 5 birth children.

Children and Young People's Priorities for 2022/23:

- Develop an Early Years Strategy to ensure that all children ages 0-7 have the best possible start in life and are able to reach their full potential. | NQS 2.1
- Implementation of therapeutic intervention model in small group children's homes. | NQS 2.1
- Continue to grow the in house fostering service to support more looked after children. | NQS 3.1
- Continue to develop services to support the reduction of the number of children looked after by the Local Authority. | NQS 3.1
- Continue to develop fostering services utilizing the Mockingbird model. | NQS 3.1
- Re commissioning children's respite services | NQS 3.1
- Development of provider services for Children to support new homes developments. | NQS 3.1
- Set up a registered Children's Home to help avoid the need for residential placements outside Flintshire. | NQS 3.1

Section 4

Older People

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COVID-19 has continued to have an impact on local communities. Social Services have worked to deliver services with as little disruption as possible, with safety measures in place, ensuring people are safe in the places where they live.

The teams have received so many wonderful compliments, from people in receipt of care and support, their families and carers.

"I'm so very grateful for what you have done for my Dad. I now know how hard you work in social services and you're probably the last ones to receive any recognition for it, so I feel it's important that I say it to you, so thank you".

"Thank you so much for all your hard work and planning for our mum. We will always be so grateful for how professional, caring and helpful you are. You and your colleagues have such a demanding and stressful job, but your dedication makes a real difference to individuals' lives and that of their families. You are quite often making sure that the most vulnerable in our society are looked after."

Marleyfield House | NQS 2.1

The [expansion of Marleyfield House](#) residential Care Home was completed in May 2021. It provides an additional 32 bedrooms, bringing the total to 64.

The new development is state of the art, with personal outdoor space for each of the new rooms.

16 of the beds are utilised for short term stays, supporting hospital discharge through a 'discharge to recover and assess' model, in conjunction with The Health Board. This is for those who are fit to leave hospital, but may need further assessment and support before they return home.

"I thought it would be like a hospital but it is more like a four star hotel, nothing is too much trouble, the food is unbelievable, it is a fabulous place. I've come on leaps and bounds, I've never laughed so much and I've tried to be as independent as I would have been at home. I rate it 100%, I couldn't rate it anymore"

Croes Atti | NQS 2.1

There are plans to relocate Croes Atti Care Home to a modern building, with an additional 25 new rooms, almost doubling the number of placements currently available. This £15 million redevelopment moved a step forward in February 2022, with the completion of the transfer of land from the Health Board to Flintshire County Council.

The new Croes Atti Care Home will follow a similar model to Marleyfield, with further capacity for 'discharge to recover and assess' provision within the county.

Micro-care | NQS 1.1

To meet the growing demand for care in the community the Micro-care project was established to expand both the supply of care and the choices available for people across Flintshire. Micro-care enterprises are small businesses ranging from sole traders up to businesses employing 5 people who offer flexible and personalised care and support services to for people, tailored to their individual's needs.

The programme has been very successful to date, with 20 micro-carers set up and delivering over 26,000 hours of care and wellbeing support over the pilot period. The programme is now being embedded as part of Flintshire's offer.

There is a steady flow of enquiries from people interested in developing a Micro-care business, and Social Services welcome their enthusiasm, ideas and creativity.

The project was featured on ITV news.

Extra Care Developments | NQS 2.2

Extra Care continues to be an extremely popular housing choice for older people in Flintshire, which offers them the opportunity to live independently whilst having the support of an on-site care and support team, if and when needed. This in turn, releases capacity and time in community based domiciliary care.

The Council currently has 4 Extra Care facilities, Llys Eleanor (Deeside), Llys Jasmine (Mold), Llys Raddington (Flint) and the newly occupied Plas Yr Ywen (Holywell).

Plas Yr Ywen is the fourth extra care scheme to be opened in Flintshire. In partnership with Wales and West Housing Association it opened in March 2021 and is made up of 55 one and two bedroom apartments that support independent living. The scheme has had a particularly successful year having opened during the pandemic. Although this posed some challenges for the team and the tenants, they have still managed to build a vibrant and exciting place to live.

The success has been built on a well-established care team from Social Services and housing support from Wales and West. This has helped tenants to settle in quickly. One area that has been difficult due to the pandemic is providing activities, with many taking place online and less opportunity for social, face to face group activities. This is slowly changing as restrictions are lifted.

Dementia Strategy | NQS 3.2

The Flintshire Dementia Strategy aims to improve the lives of people living with dementia, and their carers and families, and to develop well informed and supportive communities.

A consultation process was undertaken between May and August 2021, which engaged with people with lived experience, including carers and families, community groups, social care and health professionals, third sector service partners and independent care providers. The feedback has been used to identify key priorities and produce a detailed plan of actions.

Work is underway to implement these actions, which include improving information about dementia, establishing activities and groups for people to attend, ensuring there is the right support available for people before during and after diagnosis.

One main areas of focus is to help people to get out and about again, meeting in the community

following Covid restrictions. There are a number of Memory Cafes and dementia and age friendly groups across the county that have not been open for a long time. These are now beginning to reopen and welcome people from across Flintshire.

This, is in parallel with, and aligned to, the work of the North Wales Dementia Strategy.

The Council has a particular focus upon dementia, and implementing the new dementia strategy is a priority in the Council's plan.

Ageing well | NQS 2.2

Positive progress has been made to continue to develop age friendly communities across the county.

The development of age friendly communities will continue with a focus on the submission of an application for Flintshire to become members of [World Health Organisation Global Network of Age Friendly Communities](#). An Ageing Well Engagement Officer has been recruited to lead community engagement work in support of this project.

Independent Providers/ Progress for Providers | NQS 3.1

The Contracts and Commissioning Team have continued to facilitate regular meetings with residential care, domiciliary care and Supported Living providers. These meetings have also been attended by colleagues from the Environmental

Health Team, Health and Safety Officers and BCUHB officers so partners could advise and give support when needed, and are a valuable arena for sharing information and networking.

Having worked closely with the Environmental Health department, the Wellfield care home in Flintshire, were able to safely arrange for some of their residents to enjoy a trip to Blackpool.

"Well, last year we were in the thick of a lockdown and unable to do our annual Blackpool trip, so we made up for it this year"

We laughed, sang, waved our glow sticks and had the best time…We all loved seeing the illuminations, we cannot wait to do it again next year, it's absolutely Fantastic getting back out again and trying to live a normal fun filled life!!"

Older People's Priorities for 2022/23:

- Continue to grow the Micro care market. | NQS 3.2
- Establish a Dementia Strategy Implementation Group, to include representation from people with lived experience. | NQS 4.2
- Continue to grow the in-house homecare service to support more people to live at home. | NQS 4.2
- Further extend supply of Extra Care. | NQS 4.2
- Plan to provide additional placements for 'discharge to recover and assess' in the in-house provision (Croes Atti). | NQS 3.1

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Section 4

General Health Needs, Physical Impairment and Sensory Loss

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Disabilities services aims to support people to be as independent as they can be, reducing the reliance on paid support over time. One area identified for development was the provision of suitable accommodation, and there has been investment in this over the last year.

Glan Y Morfa | NQS 4.2

Glan y Morfa house is a temporary 'step up / step down' shared accommodation for people who have a physical disability. The people accessing the house may be homeless, or temporarily unable to return home due to planned adaptations being made to their existing home. Whilst at the house, the individuals are supported to improve their wellbeing and independence, so they are able to live as independently as possible when they have returned to their own or more permanent accommodation. This is a joint initiative between Social Services and Housing Services and commenced in February 2021.

Since opening, Glan y Morfa has been consistently in use, offering two people temporary accommodation following discharge from hospital whilst they wait for more permanent housing.

Llys Yr Ial | NQS 4.2

Llys Yr Ial are self-contained apartments provide self-contained accommodation for adults with learning disabilities, autism and physical disabilities.

Where there is an assessed need, individuals receive appropriate care and support to enable them to live independently. The support provided focuses on developing their skills and each person has become more independent since moving there.

This model is providing residents with the opportunity to live independently and greater choice of the way that they lead their life in an environment where they are valued and treated with respect. The young people who live there have also formed strong friendships and social groups.
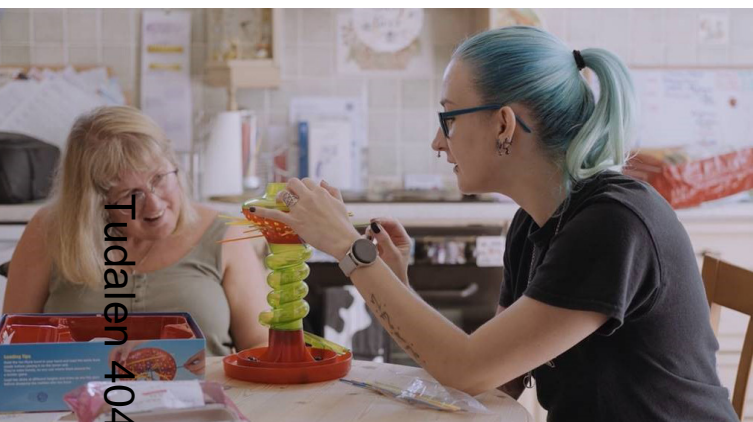
"It's good to have my own flat and I can see my friends"

"I like the independence"

Direct Payments | NQS 3.2

Direct Payments are monetary amounts made available by local authorities to individuals, their representatives and Carers to enable them to arrange bespoke solutions that meet their assessed care and support needs.

Direct payments are an important mechanism by which people can exercise choice, voice and control to decide how to achieve their needs for care and support and achieve their personal outcomes.

Tudalen 404

Direct payments enable individuals to enjoy new life experiences and develop their confidence.

"E was part of the Theatre Clwyd Summer of Fun 2021 scheme, and his continued enjoyment of performing has led to other opportunities. E has recently performed at the Story House in Chester with his Drama group.

When performing he comes alive. One day E is 'going to be on the stage' and would 'love a job working as a holiday camp entertainer".

To the left is a photo of him performing his puppet show in Alexandra's Jazz Bar, Chester!

The Community Support Initiative (CSI)
| NQS 3.1

In October 2018, organisations were commissioned to deliver services in the community for citizens in Flintshire who are living with a disability. Each contract was awarded to a different third sector organisation following a tender process, including Keyring, Deafness Support Network (DSN), and the Centre of Sight and Sound.

The use of Direct Payments has increased significantly during the year, with 498 people receiving a Direct Payment in Flintshire between July and September 2021. This represents the highest number of recipients per head of population of any Welsh Local Authority. Direct Payments support the delivery of 39% of the services people receive in their home.

"It provides the freedom to use the funds to enrich my son's life in ways best suited to his needs and well-being. I recruit Personal Assistants for my son so that

he has a mix of ages and sexes and train them myself to help them better understand his needs".

Working in partnership with a small local film company, Follow Films, the Direct Payments Team have supported Flintshire Direct Payments recipients to tell their unique stories of their lives and how direct payments have contributed towards them achieving positive outcomes and improved life experiences. The videos can be found embedded in sections of the Direct Payments Portal.

Each service was designed to deliver support for individuals in the community living with a disability, enabling and supporting their independence and maintain their wellbeing. As with many services, the pandemic has affected the way that these services have been delivering their support, and the past 12 months has been an opportunity to return to normal service delivery whilst also supporting with specific needs that the pandemic has made apparent.

The biggest 'highlight' from the past 12 months for the services has been engaging in the community face to face in a safe and consistent way, when restrictions have been eased.

"V absolutely loves attending the local keyring hub and joining in on the variety of activities Outside Lives community group has to offer. V likes meeting new people and becoming more sociable. V feels less isolated and much happier."

Keyring

"I spoke to D on the telephone after a few weeks from issuing the Symbol Cane to see how she was getting on, D said that this has been a life changing piece of equipment that has given her confidence when out in the community with her husband or mum."

DSN

"He was so happy with the equipment. He could finally have a bit of independence back by being able to speak to people on the phone, organise his own appointments and speak to his family. He could also enjoy watching TV with his partner without her telling him to turn it down, or him relying on reading the subtitles."

Centre of Sight and Sound

General Health Needs, Physical Impairment and Sensory Loss Priorities for 2022/23:

- Continue to lead the North East Wales Community Equipment Service. | NQS 3.1
- Increase the use of the Progression Model across services to people with physical disabilities, and other service areas to support them to achieve their personal outcomes. | NQS 2.1
- Develop short term emergency accommodation for people who find themselves homeless or in need of accommodation urgently. | NQS 4.1
- To promote the creative use of direct payments with individuals and carers to meet their outcomes. | NQS 3.2

Tudalen 405

Section 4

Learning Disabilities

Together Learning Disability Programme

The Together Learning Disability Programme is a partnership involving the social care departments of the six local authorities in North Wales and Betsi Cadwaladr University Health Board. The project aims to co-produce services with people with learning disabilities and their parents and carers.

Sixty-eight projects have since been set up to support the North Wales Learning Disability Strategy 2018 to 2023 and more than 125 'roles' have been created for citizens and carers, building on their individual strengths.

The Scheme was shortlisted for a 2022 Social Services Accolade Award.

Learning Disabilities Services with Hft | NQS 2.2

The partnership with Hft for the delivery of services for people with learning disabilities has continued to strengthen and innovate. Hft deliver services for people with learning disabilities on behalf of the Council, through a day centre and a mix of day opportunities.

As part of the ongoing innovations in learning disability services, Abbey Metal has been relaunched as 'Abbey Upcycling'. The service, supports people with learning disabilities in three distinct activities which enable those supported to

develop a variety of new skills. Activities include upcycling bicycles, making and upcycling furniture and homewares, and using recycled electronics to make guitar pedals.

"We are really excited to be relaunching Abbey Upcycling as an eco-friendly project, reusing items that would normally be scrapped or end up in landfill, giving them a second life. The people we support are already seeing the benefits by learning new skills, trying out new activities and taking pride in seeing something they have worked on bring joy to other people."

Jordan Smith: Regional Manager, Hft

As activities at Freshfield's Café were suspended during the pandemic, the attendees had an opportunity to try out some community based activities, which allowed for fresh air and social distancing. This included maintenance of a walled garden at Greenfield Valley Heritage Park, weekly walks in the countryside, helping at allotments in Bagillt. The participants have decided they enjoyed these activities so much they would like to continue instead of returning to a catering setting. This has led to the development of a new day opportunities service called 'Nature Force'.

Hft's 'Voices to be Heard' group of individual with learning disabilities, continues to be active in supporting to develop the service. Recently the group decided on what entertainment, food and theme they would like for the upcoming summer ball and in the new catering services being developed at Hwb Cyfle. The group have also picked new names for part of the service and helped redesign and relaunch Rowley's Pantry in to Caffi Dai.

Project SEARCH | NQS 2.2

Project SEARCH is an internationally recognised program dedicated to supporting people with learning disabilities gain the skills and experience to go in to full time employment.

Working with a Tutor and Job Coaches from Hft, the goal of Project SEARCH is to immerse young people, or 'interns' in to a true work environment. This includes going through initial induction and training, shadowing other employees, taking normal breaks, eating lunch with other staff signing in and out, providing and wearing the correct uniform, dealing with a supervisor and being evaluated on performance.

Over a year programme, each intern will have experience 3 different types of jobs with the host business, Clwyd Alyn Housing Association and other businesses around Flint.

"Being a part of Project Search has made a massive difference to my life, not just in a work aspect but in my personal life. The staff have been incredibly supportive especially during the Covid pandemic, I hadn't received that support in School or College, so I'm extremely grateful that I have been given this opportunity otherwise I would have really struggled in life and I would be nowhere near as confident as I am now without them.

When I started Project Search back in October 2020 I was a very shy person and I didn't really talk to people I didn't know and I was quite an anxious person who didn't have very much confidence in myself. With help from Project Search over the last two years and by believing in myself, I now can speak to people I don't know very well, I'm more willing to try new things that I would be too nervous to even attempt before and my confidence has grown massively and I know I can do anything I put my mind to.

On Project Search you have 3 rotations to complete whilst you're on the programme. For my first rotation I worked as a Community Assistant for Clwyd Alyn which really helped me build my confidence and prepare myself for the workplace. A Kickstart post came up for this role whilst I was still doing my placement, I decided to go for it and I got the job, I was ecstatic when I found out I cried! I have now been working for ClwydAlyn since January and since I have been learning so many new skills.

Since leaving Project search, I have been assigned a follow on Job coach from HFT who is amazing and has been helping me to keep growing my confidence and my resilience which is really important to me."

For the next Project SEARCH programme in 2022/23, a new partnership has been developed with GXO on Deeside Industrial Estate, who will act as the host employer for the under 25s programme. GXO are excited to have the young interns as part of their team.

The partnership with Clwyd Alyn Housing Association will continue, as they will become the host employer for the UK's first Project SEARCH for over 25 year olds. This new programme will be launched in the summer of 2022.

C2A | NQS 4.2

The Child to Adult (C2A) Team supports children from 0-25 years and their families. Younger children (aged below 16 years) are supported to achieve what matters to them throughout their early years and young people over 16 years are supported by C2A team through the changes that come through age eg. Leaving school, finding work, making new friends, developing interests.

Tudalen 408

Families of children and young people with disabilities are also supported by the team.

Flintshire has a successful transition process in learning disability service which supports individuals, families and carers with transition planning from 16 years of age. The individuals and families are supported by their Social Worker and plans are put in place for their move on into adult services. A team working with individuals meets monthly to make detailed plans for a young person and includes representatives from Education, Health, Careers Wales.

The team have reviewed and updated their staffing resource, with a full time Manager and 2 Senior Practitioners offering support to a diverse team of Social Workers, Community Care Officers and Children's Services Assistants. The team is continuing to review services and ways that these can be developed. Some of the things that are in development include:

- Increase local options for younger people to continue to learn and develop after leaving school. This will reduce the need for specialist residential colleges and give people the chance to live and work locally, retain family relationships and friendships, be more independent and less reliant upon formal support.

- Review the use of support to attend social groups. Currently everyone attending receives their own support, and by sharing this, people would have more options and support would be focused on those who need it.
- Continue to use Progression model in Supported Living arrangements, and expand the model in other areas of work supporting people with learning disabilities to become more independent and less reliant on formal support.
- Work regionally to ensure Flintshire benefits from the development of the Regional Learning Disability Employment Strategy, taking up opportunities offered by Department for Work and Pensions (DWP), Regional groups and local employers.

Learning Disabilities Priorities for 2022/23:

- Launch the Project Search programme for over 25 year olds. | NQS 4.2
- Further develop day opportunities services for people with learning disabilities | NQS 2.2

Section 4

Autism

In 2021, Welsh Government launched its Code of Practice on the delivery of Autism Services. Social Services has developed a local action plan covering aspects such as assessment, staff awareness and training, to ensure the duties as set out in the Code of Practice.

Some developments over the past years include:

- New Autism pages have been developed on the Council's website, providing people with information in one place on services and support for autistic individuals, their families, Carers and the professionals who work with them.
- Young people with lived experience have developed a Neurodevelopmental Awareness session to raise awareness of the value people with learning disabilities, autism and dyspraxia have in the workplace. The session will be delivered in Spring 2022.
- An Elected Member from Flintshire has become the Autism Champion for North Wales, and promotes autism awareness initiatives across the region, linking in to the Regional Partnership Board to ensure Flintshire have links to national and regional developments and practice.
- A new Social Work post has been created to support young people who have autism and other social care needs, to offer young people support to achieve their agreed outcomes.

North Wales Integrated Autism Service
| NQS 1.1

Flintshire County Council continues to host the North Wales Integrated Autism Service (NWIAS) on behalf of the region and the Health Board.

The NWIAS offers continuity of support for Autistic individuals through the various transitions in their lives, and helps people achieve the things that are important to them. The service is for individuals who do not have moderate to severe mental health or learning disability.

The NWIAS has been active training and awareness raising and have held 'understand autism' groups online for adults who were newly diagnosed. A working training booklet is developed by the team and is released to attendees in chapters as they attend each week. Parent support training has also been developed and staff have been trained in 'teen life' building the skills and knowledge to support parents and carers of young autistic people aged 10 to 16.

The service continues to receive compliments for their work. One service user said:

"Without over-egging the pudding, you have provided me with the first step on an entirely new path in my life, and I am sure I will be thanking you again in the future for the success I am sure I can achieve now that I have a greater understanding of who I am, and who I have always been."

Autism Priorities for 2022/23:

- Develop opportunities for Autistic individuals to access services locally.
  | NQS 4.2
- Work to the action plan to further improve compliance with the National Autism Code of Practice.
  | NQS 4.1

Section 4

Mental Health

Tudalen 412

Mental Health support from Social Services | NQS 2.2

Flintshire Social Services work in partnership with individuals and their families so people can live meaningful and independent lives in the community. Key to this is helping to prevent crisis, avoiding admissions to hospital and supporting discharges into the community.

The services use the 'recovery approach' to support people to live independently, to join in with social and leisure activities, be employed and take part in volunteering or education.

The support that a person may need will vary from person to person and the council provides flexible, person centered services to meet the individual's needs. This can include intensive and medium one to one support, as well as community based provision, as well as support to access employment and volunteering.

Next Steps provides support and guidance for people to enter education, training, voluntary work and employment. They can also support people to stay in work if already employed. Next Steps team works closely with other organisations such as Job Centre Plus, Careers Wales, FLVC's volunteer centre and local universities and colleges.

The team delivered an online 'Introduction to Volunteering' course in April 2021. Using an online platform worked well for many as they were able to engage in a group, whilst still in a "safe space". Participants went on in to volunteering positions, two of them within mental health services. One individual is now accessing college.

"This course has really opened my eyes. Been an amazing group and tutors. I owe this course a lot and am so glad I took the step to do this course. Thank you for helping me."

"I cannot thank you enough for all the work you do and for all the effort you made with me since the early days. I was well and truly lost".

Flintshire's **Learning for Recovery and Well-being Programme** is a multi-agency developed initiative which promotes learning and social activities that are accessible locally to anyone in Flintshire struggling with their mental health and/or their carers. It is aimed to improve an individual's well-being through meeting new friends, developing confidence and learning new skills.

"I have been struggling with my mental health due to anxiety. This session made me realise if I am to remain a carer

and be there for my family I need to do something for me that's relaxing and enjoyable and teaches me a new skill. I have since enrolled on a floristry course and intend to pursue a career in floristry. Thank you for giving me the opportunity to gain confidence, meet new people and learn".

"I just wanted to thank you for all the effort you put into organizing the Flintshire Wellbeing activities. I have been attending sessions for a few years now and have benefited immensely. Gaining new skills has aided my mental health, getting me out of the house when I would otherwise stay home, dwelling on things".

Over the past year Double Click Design have developed a website for the program with Welsh Government funding at www.flintshirewellbeing.org.uk This complements the brochure which is also produced by Double Click.

During early 2022 the Wellbeing and Recovery Team extended its services from being one Wellbeing and Recovery Social Worker to two. The worker has been supporting the **'Life Warriors Group'**, established in April 2021. The group is

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a peer-led therapeutic support group for people with a diagnosis of, or people who identify with the characteristics of 'personality disorder' (PD). The group provides members with a regular and therapeutic, peer led safe space for people to share their experiences around struggling to maintain relationships, risk taking and emotional regulation. It was set up due to their being no specialist support available in this area for people with these experiences despite demand being high.

"I'd just been diagnosed with Bi-polar Disorder and I was asked if I'd like to join this group. And so I did because there's nothing else out there and the NHS don't seem to have anything. This was the first thing that's actually helped me... It's helped me because there are other people in my situation that understand. My confidence has grown tremendously. All these wonderful people in this group are my family. Whenever I'm struggling in the week, all I've got to do is hang on until Wednesday...it helps me stay a bit more stable than I normally would".

In February 2022, the group submitted a report to the Welsh Government Health and Social Care committee as a response on their consultation on in equalities in mental health. Their paper can be accessed [here.](#)

Mental Health Priorities for 2022/23:

- The Life Warriors have plans to become a peer run group and to extend to another group which they will help to support. | NQS 1.1
- Next Steps are now running their advanced volunteering program as a step up from the one they ran last

Section 4

Carers

Tudalen 415

We are proud of the range of services available for Carers in Flintshire, all of whom have been working tirelessly with carers.

Services for carers can be accessed through a 'gateway' with Newcis who can then refer and signpost to other services and sources of support based on needs. This could include a carers needs assessment, access to sources of funding, referral in to specialist services for parent carers and carers of people with substance misuse and mental health issues, as well as young carers support.

Young Carers Support Service | NQS 1.1

Young Carers provide essential support to their families and loved ones and the Council greatly values them for their commitment and selflessness. The Young Carers Support Service delivered by Newcis provides a single and open access point for all young carers up to the age of 25 years old, their families, professionals and partner organisations. The pandemic has been a particularly challenging time for young carers, and the service has helped young carers have a break from their caring role by providing groups, activities, trips, grants, counselling and respite.

"The Young Carers service feels like it has always been part of our family. They are like another family member who is there to help out and support you, someone

to rely on. I know that can get in touch and they will help support us. The boys get a lot from being involved with the service and the staff have made a huge difference to them."

North Wales Young Carers ID card
| NQS 2.2

In March 2022, the North Wales Young Carers ID card celebrated its first Anniversary on Young Carers Action Day. The ID card aims to help professionals including doctors, teachers and pharmacists to recognise young carers to ensure that they can offer the appropriate support they need and deserve. As of March 2022, there were 258 young carers registered with Newcis and 72 with an ID card in Flintshire.

Bridging the Gap respite scheme
| NQS 2.2

Additional funding from Welsh Government through the Emergency Respite Grant enabled work with partners to extend the support available through additional resource to the award winning 'Bridging the Gap' respite scheme.

Throughout the pandemic, the scheme has been overwhelmed with applications, and the additional funding directed to this has benefited many Carers.

As part of using the Bridging the Gap funding innovatively, the 'Bridging the Gap Family Grant' has been introduced. This can be used to help with costs for a family member to come and offer support with practical or caring tasks, or to cover their expenses if they take the cared for individual out for the day, as respite for their primary carer.

Through the funding, Carers were supported via NEWCIS and the Council's Direct Payments Team to access a Direct Payment to support with respite based on their Carers Needs Assessments. Carers were identified who had received support through embedded methods, but needed something different to support their needs.

The funding has been used to:

- Reducing demand on family members
- A noticed improvement in the health and well-being of the carer
- Enabled family member to continue to volunteer
- Build and approach to support multiple caring roles

Innovative use of Direct Payments will continue to be explored in the next financial year.

Input from Carers has been essential in helping us to develop local actions and priorities for Flintshire's Dementia Strategy. There is more information about this in Section 4: Older People.

Carers' Priorities for 2022/23:

- Developing the Direct Payment offer for carers. | NQS 3.2
- Further development of Young Carers Service - young carers ID card. | NQS 2.2

Section 4

Safeguarding

Liberty Protection Safeguards | NQS 4.1

Social Services and their partners will see a change in procedures with the implementation of the Liberty Protection Safeguards (LPS), which will apply to everyone over the age of 16. The new safeguards will provide important rights and protections for people who lack the mental capacity to agree to care, support or treatment arrangements, where these arrangements amount to a deprivation of a person's liberty. These procedures will replace the current Deprivation of Liberty Safeguards. The UK and Welsh Governments are consulting on the draft Regulations and Code of Practice. Local Safeguarding Teams are closely following the developments and colleagues are already beginning to plan for the implementation of the new Liberty Protect Safeguards. NQS: 4.1.

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) learning module | NQS 4.1

Employees continue to be encouraged to complete the Welsh Government's VAWDASV e-learning module 86% of the Social Services workforce have completed the module as of March 2022.

All new employees are required to complete the module as part of their induction.

Safeguarding Priorities for 2022/23:

- Prepare for the implementation of the new Liberty Protect Safeguard procedures. | NQS 4.1
- Continue to promote the corporate safeguarding e-learning package. | NQS 4.1
- Continue to ensure that statutory responsibilities for the safeguarding of adults and children are met. | NQS 2.1
- Contracts for Advocacy services will be reviewed. | NQS 1.1

Section 5

How We Do What We Do

a) Our workforce and how we support their professional roles

Tudalen 418

The Workforce Development Team | NQS 1.2

Our Workforce Development Team offer training through both internal and external trainers using both face to face and online platforms. Training is free and accessible to those working (paid or unpaid) in social care across Flintshire including our independent and voluntary sector services.
The team have responsibility for direct training delivery and development of bespoke developmental sessions. Each year we develop an annual training directory which is developed against sound analysis from a needs assessment; reviewed against the new qualification frameworks and evaluation of previous courses.

We support internal social work students throughout the journey of their social work qualification and in their first 3 years in practice.

Our Assessors support social care staff to complete their Health & Social Care qualifications. These qualifications are available for individuals working in adult's services: older people, mental health, learning disabilities, residential and domiciliary care.

Achievements during 2021/2022:

- Facilitated over 321 training sessions (an increase of 44% on last year) on 111 subject matters (an increase of 44% on last year) through continually adapting our training in line with emerging priorities and presenting challenges. In excess of 3000 candidates attended these sessions (an increase of 20% on last year).
- Development of a programme of teaching and learning for the core qualification in social care that is fit for purpose and meets City & Guilds requirements.
- The Assessment Centre had a very positive EQA (External Qualification Assessment report from a visit in January 2022.
- Supported 8 new student social work trainees and continued to support existing social work students in their year 2 and 3 qualification.
- Began supporting a 4 year part time degree course in partnership with Coleg Cambria for an Occupational Therapy traineeship.
- Continue to work with Communities for Work to deliver the 'Pathway in to Social Care' course offering qualifications and an insight in to working in social care.

"I feel truly blessed to have had this opportunity to attend the course as it gave me an excellent footing to confidently apply for employment in social care. I am now pleased to say that I been successful in gaining a position with Flintshire County Council as a Learning Disability Support Worker."

Supporting Flintshire Staff | NQS 1.2

Throughout the pandemic, all staff have been offered access to CareFirst, an employee assistance programme. CareFirst offers support around work place stress, problems and managing work life balance.

"My assessor, met up with me following each module to give me some pointers as to where I needed to strengthen my knowledge. I found that if I needed a little extra help, she was always keen to make time to support me. This helped build my confidence and belief that I would have the right skills and information available to me to be successful".

During the Pandemic, staff have been provided with equipment and IT support to ensure a safe and stress free home working environment.

Priorities for 2022/23: | NQS 1.2

- A clear commitment to support and encourage the workforce to be able to access training bilingually where available in line with the 'Mwy na Geiriau' strategic framework.
- Continue to support providers and social care staff and managers to complete the required management qualifications to register with Social Care Wales.
- We will work to help increase the digital skills of our workforce, enabling them to work and learn using appropriate technology.
- We will continue to support staff to complete:-
  Level 2 Award in Dementia qualification
  Level 2 Health and Social Care: Core qualification
  Level 2 Health and Social Care: Practice (Adults)
  Level 3 Health and Social Care: Practice (Adults)
- Continue to support both social work qualifying training and post qualifying training in Wales, including the First 3 Years Framework requirements for all post qualifying Social Workers new into post.

Section 5

b) Our Financial Resources and How we Plan for the Future

Tudalen 420

ICF fund

The Welsh Government's Integrated Care Fund (ICF) programme has supported the delivery of revenue and capital based projects under four structured themes:

- Older People - including alternative support services to avoid hospital admission and support discharge, increased capacity for residential and home based care and social prescribing service models.
- Early Intervention – providing targeted and preventative support for families, including repatriation services and support and reduce risks for vulnerable people.
- Learning Disability – providing care and support for children with disabilities or complex care needs, including respite services and progression for young adults to increase independence.
- Dementia – increased focus on home and community based support and engagement for people living with dementia and their carers.

Although the ICF programme is due to come to an end in March 2022. ICF will then be replaced by a new five year Regional Integration Fund (RIF). The RIF programme will promote collaborative working between the Council, Health Board, independent and third sector providers to implement six priority models of care:

- Community Based Care - Prevention and Coordination
- Community Based Care - Care Closer to Home
- Home from Hospital
- Supporting Families to stay together safely and therapeutic support for care experienced children
- Accommodation Based Solution
- Promoting good emotional health and well-being

Social Value

The Council have adopted the definition of Social Value as set out by Social Value UK: "Social Value is a way of thinking about how scarce resources are allocated and used. It involves looking beyond the price of each individual contract and looking at what the collective benefit to a community is when a public body chooses to award a contract." The Council looks to give a monetary value to these additional benefits.

Flintshire's social value programme since its implementation has thrived, with around 90% of all procurement activity supported to include social value. Between January and September 2021, over £2.2m actual social value has been recorded as delivered in Flintshire.

The actual social value which has been delivered has returned significant social, economic and environmental outcomes locally to Flintshire. Some key highlights include over £1.6m spend in local supply chain supporting economic

growth, 37 employment opportunities for local residents (both new and sustained opportunities), over 226 volunteering hours invested to support local community initiatives and in excess of 190 Apprenticeship training weeks delivered.

During the National Social Value Conference Wales 2021, the Council was highlighted by Hannah Blythyn, Deputy Minister for Social Partnerships, as a local authority in Wales who are leading the way in the successful application of social value through commissioning and procurement.

Planning for the Future

The Council have been contributing data and information to the development of the next North Wales Population Needs Assessment. The assessment will be produced by the six North Wales councils and Betsi Cadwaladr University Health Board. The Population Needs Assessment sets out current and projected need and demand for care and support, and the range and type of services that will be required to meet that demand.

The Assessment will form the foundation for the development of future provision across the region's health and social care sector, ensuring that peoples' needs are met sufficiently. The Assessment will be published in April 2022 on the Council's website.

The Population Needs Assessment will be followed in 2022 by a Market Stability Report. This regional report will provide an assessment of:

- the sufficiency of care and support in meeting the needs and demand for social care, as set out in the Population Needs Assessment, and
- the stability of the market for regulated services providing care and support.

Alongside this, Flintshire's Public Services Board are producing an Assessment of Wellbeing in Flintshire. This well-being assessment is then used as a basis to develop the area's wellbeing plan. The full assessment will be published here, and a Wellbeing Plan will be developed in 2022.

This information, and the priorities in this report will be reflected in Flintshire County Council's current Council Plan, which will soon be refreshed.

Section 5

c) Our partnership Working, Political and Corporate leadership, Governance and Accountability

Who we are

Elected Members represent the residents of Flintshire and play an important part in the governance of the Council. They agree the Council's priorities and approve policies to deliver its continuous improvement. Flintshire Council has 70 Elected Members [Elected Members](#) who represent their ward interests and participate in full Council meetings to oversee the performance of all aspects of the Council.

One Member is elected by their peers to represent each portfolio area. These are known as Cabinet Members and together with the Leader and Deputy Leader, Chief Executive Officer and Chief Officers, they form the Council's Cabinet.

How we make decisions

Each Cabinet Member is supported by Overview and Scrutiny Committees, and for Social Services this is the Health and Social Care Overview and Scrutiny Committee. Because of the close working relationship with the Education and Youth Portfolio, the Council also holds joint Health and Social Care and Education and Youth Scrutiny Committee meetings, to discuss services for children and young people that cut across both social services and education. The Council Leader, Deputy Leader and Cabinet Member for Social Services are also involved in the social services work programme through the Social Services Programme Board

and the Cabinet Member also attends the Social Services Management Team meetings, which have continued virtually every month. The officers of the Council are led by the Chief Executive Officer who is supported by Chief Officers responsible for each of the portfolio areas. The Chief Officer for Social Services has the statutory "Director of Social Services" role. The Council's structural arrangements for both members and officers are clearly laid out. The constitution details how the Council operates, how decisions are made and the procedures that are followed to make sure that these decisions are efficient, transparent and accountable to local people.

The Council also has its own internal governance through a system of internal audit. The outcomes of audits are monitored by the Audit Committee and officers can be called to give evidence to the committee should concerns be raised regarding their service areas.

Our partnership working

Flintshire has a strong record of partnership working, and in Section 4 we describe some of the services and initiatives that we have developed with other bodies and agencies. At the heart of our collaborative culture is the Flintshire Public Services Board. Established in April 2016, this statutory body is made up of senior leaders from public and voluntary sector organisations. It aims to ensure that statutory and third sector partners work together to

manage shared priorities through collaboration, and these priorities are set out in the [Assessment of Well-being in Flintshire 2022.](#)

The North Wales Regional Partnership Board was also established in 2016 and has a membership representing statutory bodies, third sector partners, carers and users of services. The Board works to enhance the integration, efficiency and effectiveness of outcomes-focused care and support services in North Wales, and has been successful in its bid for a new Welsh Government fund made available to transform health and social care services in Wales. The Council and Health Board continue to work closely together, with strategic meetings between the chief executives and leaders taking place bi-annually. Many joint operational meetings happen throughout the year, including a six monthly special scrutiny meeting where health colleagues are invited to attend and take questions from elected members. Relationships with the voluntary sector continue to be strengthened by our involvement with the Voluntary Sector Compact. This three-way partnership between the Council, Health Board and voluntary sector facilitates mutual understanding in respect of roles and responsibilities, and enables opportunities for partnership working to be fully utilised. Membership comprises the Chief Officer and Chair of Flintshire Local Voluntary Council, other voluntary sector members, the Chief Executive and Leader of the Council, and a Senior manager from the Health Board.

Section 6

Come and Join Our Care Team

Come and Join Our Care Team!

Make a difference to the lives of people in your community

Support people to live their best lives in their own homes

Support people to stay as independent as they can be

Work as part of a dedicated, professional, supportive team

-

If you answer YES you are exactly who we are looking for!

We are looking for workers with the right values – experience is not necessary as full training will be provided.

For more information about a secure, rewarding career with a huge range of benefits with a range of hours and shift patterns available please contact us on 01352 701317 or via email socialservicesrecruitment@flintshire.gov.uk.

"Thank you for all the wonderful care you gave to our mum. You care, kindness and concern was above and beyond anything we could have imagined. Our mum has been so happy there and just loved the banter and laughter. She loves you all! You're such special people"

Section 7

Accessing Further Information and Key Documents

Social Care Legislation & Information Links:

National Outcomes Framework for people who need care and support and carers who need support

Regulation and Inspection of Social Care (Wales) Act 2016

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

Well-being of Future Generation (Wales) Act 2015

North Wales Population Needs Assessment

North Wales Safeguarding Board

An-Assessment-of-Well-being-in-Flintshire-2022

Flintshire County Council's Key Strategic Documents Links:

Council Plan 2018-23

Corporate Parenting Strategy 2018-2023

Digital Flintshire 2017 - 2022

Glossary of Terms

Advocacy

The act of speaking on the behalf of or in support of another person.

Betsi Cadwaladr University Health Board (BCUHB)

The largest health organisation in Wales, with a budget of £1.3 billion and a workforce of over 17,000 staff. Providing primary, community, mental health and acute hospital services for the population of North Wales.

Children Looked After

A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Community Services Transformation Programme

A Welsh Government funded programme of work between the council, Health Board and Third Sector Partners to ensure that health and social care services for older people (in the first instance) are well co-ordinated, achieve what matters to individuals and provided as close to home as possible.

Deprivation of Liberty Safeguards

Provide a legal framework that protects people living in care homes or hospitals who are vulnerable because of mental disorder and who lack the mental capacity to make decisions about their own accommodation and care needs.

Direct Payments

Give users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them.

Extra Care

Housing designed with the needs of service users in mind that provides varying levels of support which is available on site and promotes independent living.

Flintshire Local Voluntary Council (FLVC)

The umbrella and support organisation for over 1200 voluntary and community groups based in Flintshire.

HFT

Formally known as Home Farm Trust. Flintshire County Council have commissioned HFT to deliver day services and work opportunities for people with learning disabilities in the county.

Integrated Care Fund (ICF)

A Welsh Government fund that "aims to drive and enable integrated working between Social Services, Health, Housing, the third and independent sectors.

Liberty Protection Safeguards

Liberty Protection Safeguards (LPS), will will replace the current Deprivation of Liberty Safeguards, in safeguarding the rights of people who are under high levels of care and supervision but lack the mental capacity to agree to care, support or treatment arrangements, where these arrangements amount to a deprivation of a person's liberty.

Multi Systemic Therapy (MST)

MST is an intensive family and community based clinical intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody.

Outcomes-focused

The definition of outcomes is the impact or end results of services on a person's life. Outcome focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.

Regional Integration Fund (RIF)

RIF replaces the current Integrated Care Fund (ICF). It brings together ICF and the Regional Transformation Programmes under a single 5 year funding programme .

Person-centered Care

An approach that moves away from professionals deciding what it best for a patient or service user, and places the person at the center, as an expert in their own experience. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals and outcomes.

Respite

A short period of temporary care in order to provider rest or relief for carer's who require a break in their role

Responsible Individual

Someone in charge of providing the service at an organisation or local authority.

Safeguarding

A term used to denote measures to protect the health, well-being and human rights of individuals, which allow people to live free from abuse, harm and neglect

Social Enterprise

An organisation that applies commercial strategies to maximise improvements in human and environmental well-being - this may include maximising social impact alongside profits for external stakeholders.

Social Value

Social value looks beyond the financial cost of a service and considers what wider additional benefits to the community can be generated. Implementing the Social Value Strategy will be a key element in delivering the Well-being of Future Generations Act.

Statutory Services

Services provided by the Local Authority as a matter of course, examples of these types of services are domiciliary care and respite breaks.

Step up / step down

This provision enables professionals to support an individual's return to independence, as an alternative to hospital admission or to support discharge from hospital. Sometimes called 'discharge to assess'.

Third Sector

The part of an economy or society comprising non-governmental and non-profit making organisations or associations, including charities, voluntary and community groups, co-operations etc.

Well-being

The state of being comfortable, healthy or happy.

Appendix 1

Adult Social Services

6,615 No of contacts received for Adults by the SPOA team

4,849 No of people who received advice and assistance

3,242 No of new assessments completed during the year

28% Percentage of assessments that went on to have a care and support plan to meet their outcomes

No of contacts should also include people who received help from the social prescribing service

On the last day of the year we were helping **1,094** people over the age of 65 to live at home and **499** Older people in care homes

82 yrs Average age of adults entering residential care homes

42% Perecentage of people with a package of support who had their care plan reviewed within timescales

374 No of people who completed a package of reablement during the year

1,719 No of adult carers who were identified and referred to our carers service

358 No of people who commissioned their own services through a direct payment

755 No of adult safeguarding reports received during the year

92% Percentage of those which progressed to Section 126 enquiries which were completed within 7 days

291 No of cases waiting to be allocated for a Deprivation of Liberty Safeguards assessment in Flintshire

Children's Services

12,910 No of contacts received by statutory services between 1st of April 2021 and 31st of March 2022

9,894 No of those contacts who were provided with advice or assistance

1336 Total no of families that received information and support through the Early Help Hub

128 No of children on the Flintshire Child Protection Register on the 31st of March 2022

Mae'r dudalen hon yn wag yn bwrpasol