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sir ddinbych
denbighshire
County Council

To: Members of the County Council

Date: 5 October 2022

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Dear Councillor

You are invited to attend a meeting of the **COUNTY COUNCIL** to be held at **10.00 am** on **TUESDAY, 11 OCTOBER 2022** in **THE COUNCIL CHAMBER, COUNTY HALL, RUTHIN AND VIA VIDEO CONFERENCE**.

Yours sincerely

G Williams
Monitoring Officer

AGENDA

SUPPLEMENTAL REPORT

9   **NORTH WALES MARKET STABILITY REPORT - DRAFT REPORT 2022** (Pages 3 - 188)

To receive a report by Ann Lloyd/ Rhiain Morrlle (copy attached) to seek Council's approval of the North Wales Market Stability Report.

MEMBERSHIP

Councillors

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Report to	Council
Date of meeting	11th October 2022
Lead Member / Officer	Cllr Elen Heaton / Cllr Gill German / Nicola Stubbins
Report author	Ann Lloyd / Rhiain Morrlle
Title	North Wales Market Stability Report – Draft Report 2022

1. What is the report about?

1.1. To provide an overview of the North Wales Market Stability Report 2022 (MSR) (see Appendix 1), which has been produced as a requirement of the Social Services and Well-being (Wales) Act 2014.

1.2. A single regional draft MSR must be produced for the North Wales Region and be approved by Full Council for each of the 6 Local Authority (LA) areas and the Board of the Local Health Board (LHB). The final version of the MSR will be going to the Regional Partnership Board (RPB) for final sign off in November 2022 before being submitted to Welsh Government.

2. What is the reason for making this report?

2.1. To seek Council's support for the approval of the North Wales Market Stability Report

3. What are the Recommendations?

3.1. That Council approve the North Wales Market Stability Report 2022

3.2. That Council confirms it has read, understood and taken account of the Equalities Impact Assessment as part of its consideration.

4. Report details

4.1.   The MSR Code of Practice requires that LAs and LHBs work in partnership to prepare and publish a MSR based on data for each LA area as well as an aggregated version on an RPB footprint.

4.2.   The MSR will inform both regional and local decision making around commissioning care and support, feeding into the strategic plan for the RPB area and helping shape local and regional commissioning strategies.

4.3.   In preparing their MSR, LAs must carry out an assessment of both:

   a)   The sufficiency of care and support in meeting the needs and demands for social care as set out in the Population Needs Assessment (PNA), and
   b)   The stability of the market for regulated services providing care and support.

4.4.   The MSR 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 services

4.5   The Code of Practice also notes other themes that must be considered in the MSR including:

   a)   Social Value
   b)   The Welsh Language
   c)   Workforce

d) Direct Payments and self-funded provision

4.6   There is a strong link between the MSR and the recently produced North Wales Population Needs Assessment (PNA) 2022 which 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 MSR will assess the sufficiency of the care and support provided in meeting the needs and demand established through the PNA.

4.7   Both the PNA and MSR are live documents that will need to be kept up to dare and will be used to plan local and regional delivery plan and service development plans going forward.

4.8   It should be noted that very little national data on the care market was available and thus we have relied heavily on local and regional commissioning information.

4.9   The MSR is a co-produced document and engagement led which means that we have 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.

4.10   **Key Local Messages from the Population Needs Analysis –**

- 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 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

- Most individuals and their families want / expect to have a greater level of independence and to be a key part of their community

- Support is generally provided via immediate family members and / or long term paid care staff. Less use is made of informal community based assets

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

- For carers 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)

- Denbighshire recognises the following issues affecting sustainability of the Fostering 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.

5. How does the decision contribute to the Corporate Priorities?

5.1. The MSR assessment of the sufficiency and stability of the market for regulated services adds to the assessment of care and support needs of the population contained in the PNA. Both the PNA and MSR documents contribute to regional and local level strategic planning cycles, consequently this will support the LA's corporate priorities that are linked to the health and social care need of its resident population.

6. What will it cost and how will it affect other services?

6.1. There has been a cost to the LAs, LHB and Public Health Wales in staff time and resource to support the project. This includes carrying our engagement work to support the analysis and writing of the report.

6.2. Going forward the MSR will identify regional and local priorities, which may require some level of investment at either a regional or local level.

7. What are the main conclusions of the Well-being Impact Assessment?

7.1. A Well-being Assessment must be produced as a requirement of the Well-being of Future Generations (Wales) Act 2015 by each Public Service Board (PSB). The population assessment considered the care support needs of the population, while the Well-Being Assessment covers prosperity, health, resilience, equality, vibrant culture global responsibility and cohesive communities. There is overlap between

the two so the project team for the MSR are liaising with officers for the PSB about the progress of the needs assessment and Well-being assessments and sharing information where necessary.

8. What consultations have been carried out with Scrutiny and others?

8.1. 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. His has provided rich qualitative data to inform the MSR. Further findings are available on the regional collaboration engagement database, which is an ongoing project to improve the coordination of engagement activities across the region and enable better use of the findings.

8.2. The Market Stability Report was approved by Performance Scrutiny on 14th July 2022

9. Chief Finance Officer Statement

9.1. 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 with the public, service users, staff and elected members and staff to support the analysis and writing of the report.

9.2. 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 regionals or local level.

10. What risks are there and is there anything we can do to reduce them?

10.1. There are no risks identified in producing and publishing the MSR.

11. Power to make the decision

11.1. Section 21 of the Local Government Act 2000.

11.2. Section 7.4.2 (b) of the Council's constitution.

11.3. S114B Social Services and Well-Being Act 2014

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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

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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
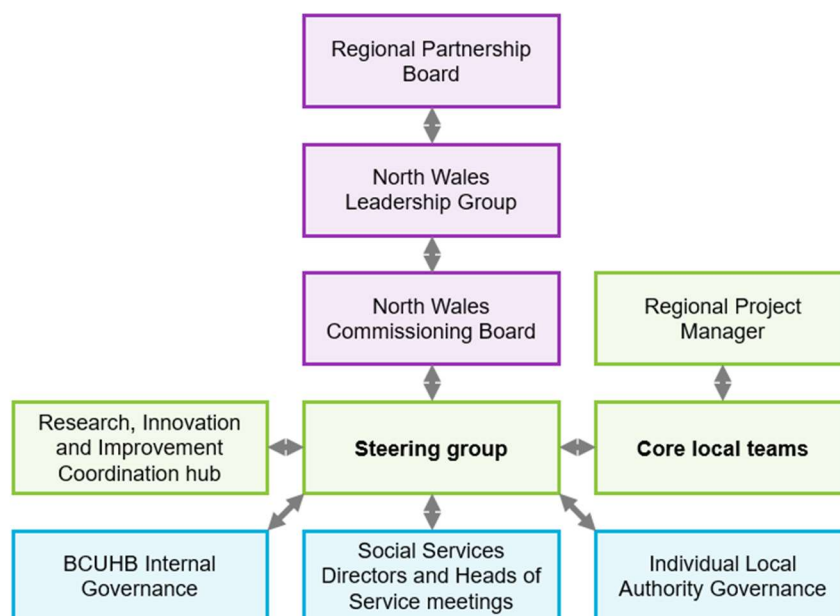
1.6 Limitations, lessons learnt and opportunities

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.

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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.

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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

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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.

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- 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.

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.

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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

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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.

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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)

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"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.

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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

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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.

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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)
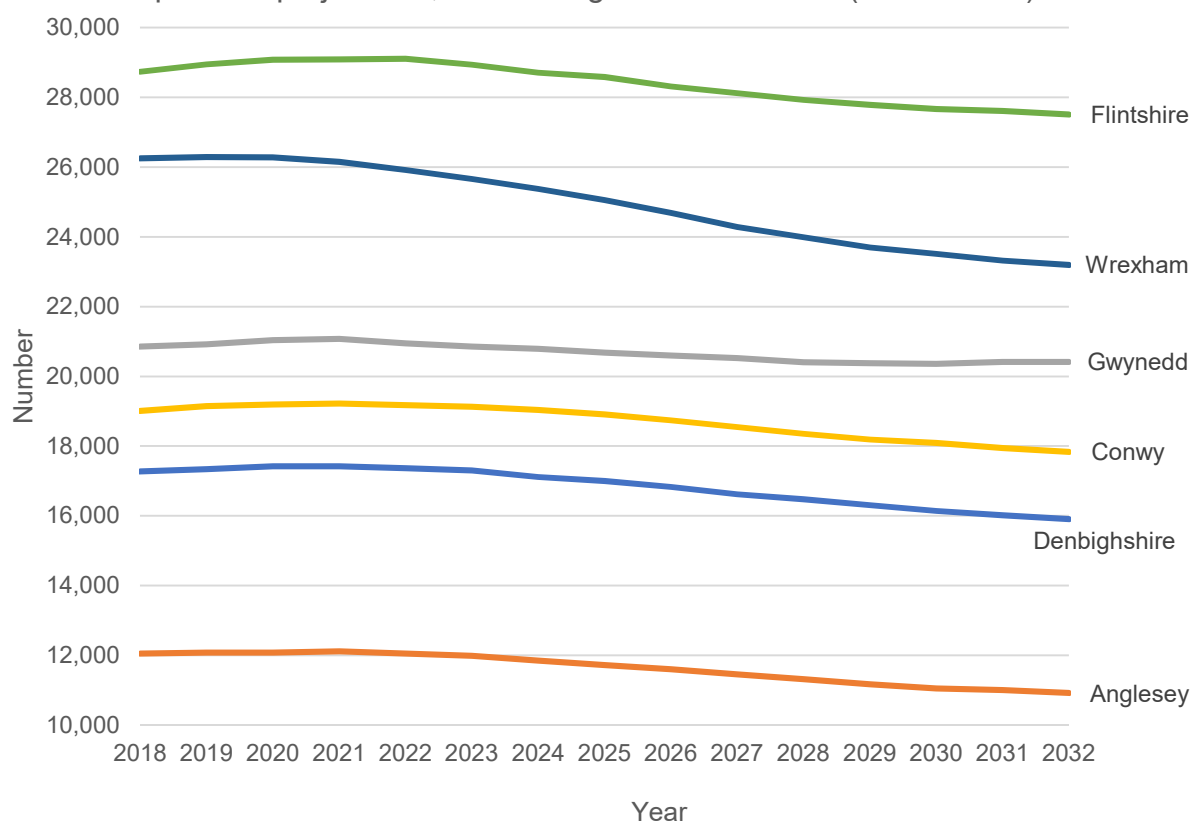
Source: 2018-based local authority population projections for Wales (principal projection), Welsh Government

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.

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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.

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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.

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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.

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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.

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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.

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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

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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

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.

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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.

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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

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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,

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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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	Regional Business Manager – Commissioning and Workforce	
Sarah Bartlett	Regional Innovation Coordination Hub Manager	
Natalie Pryor	Regional Innovation Coordination Project Manager	
	Commissioning, Contracts and Transformation Manager - Gwynedd County Council	
	Quality and Policy Officer - Denbighshire County Borough Council	
	Planning and Development Officer – Flintshire County Council	
	Planning and Development Officer – Wrexham County Borough Council	

	Isle of Anglesey County Council	
	BCUHB	
	Public Health Wales	

*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.

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.

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)?

- *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*
- *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?**

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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)
	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)

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
	- *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)
- *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)
	- *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

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 3	Freedom from torture and inhuman or degrading treatment	
• Article 4	Freedom from Slavery and forced labour	
• Article 5	Right to liberty and security	
• Article 6	Right to a fair trial	
• Article 7	No punishment without law	

• Article 8 — Respect for private life, family, home and correspondence
• Article 9 — Freedom of thought, belief and religion
• Article 10 — Freedom of expression
• Article 11 — Freedom of Assembly and association
• Article 12 — Right to marry and start a family
• Article 13 — Right to access effective remedy if rights are violated
• Article 14 — Protection from discrimination

9.   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.

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[empty box]
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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?)

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N/A
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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)

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[empty box]
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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])

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N/A
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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 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.

Note[2]: 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 :

<u>**Procurement**</u>
- 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

<u>**Partnerships**</u>

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	

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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. **What 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?

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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.

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