Strategic Opportunity Review

The Care Sector in Flintshire

Summary

Cyngor
Sir y Fflint
Flintshire
COUNTY COUNCIL

Contents

1. Introduction

Social Services are delivered within a context of rapidly changing social, demographic and environmental demands, and the department needs to be able to respond to those demands whilst at the same time continuing to meet the needs of its service users and their carers within an agreed budget, whilst aligning practice to the Social Services and Well-being (Wales) Act 2014.

Many of our external providers (domiciliary, nursing and residential homes supporting elders and people living with dementia) are facing huge pressures and are concerned about the sustainability of their businesses.

In order to support the local sector, Flintshire County Council agreed to fund a 12 month post looking at the key factors that are influencing the fragility of the care sector in Flintshire in depth and develop a programme plan in line with priority areas to work on to address these factors. The project will also support the political argument being made in Flintshire regarding the fragility of the sector and help us to address some of the pressing issues providers and commissioners are raising. This report is the result of that work.

The report will be shared with Welsh Government to support the case for more investment in the social care sector. A copy of the letter we have submitted can be found in appendix 1 of the full report.

> Throughout this report, our case to Welsh Government for increased resources for the sector will be highlighted in the Green boxes.

The work has been overseen by a Steering Group made up of providers from the sector, officers within the Council and Third Sector representatives, who's knowledge and experience have been invaluable in the development and implementation of some of the work streams. We have also engaged with the wider sector though provider meetings.

Some of the issues affecting the sector are well documented, but a brief overview of each will be included here for context. Several useful documents are available, which have been reviewed alongside this work and may be referenced in other chapters. Some useful regional and national sources of information are outlines below.

One of the key principles behind this work however, is that a solution developed for one provider or community may not be appropriate to another. We must consider multi-stranded approaches to this work and focus on the principles of co-production to ensure that work undertake in the future is done so in partnership with the sector, key stakeholders and citizens.

"Instead of developing 1 solution you may use 100,000 times, develop 100,000 solutions you may use once'.
Anon

1.1 The Older People's Population of Flintshire

The population of older people in Wales grew by 77,176 people between 2009-10 - 16 and formed 20.2% of its population in mid-2015. A 2016 OECD (Organisation for Economic Co-operation and Development) report confirms that although the burden of chronic and complex conditions associated with increased life expectancy is increasing across the UK, it is higher in Wales than England.

Another key indicator, the levels of poverty (linked with ill health), is also higher in Wales than the other UK countries. On current population projections, Wales would need to be spending at least an additional £129 million by 2020-21 (at 2016-17 prices) to bring the per capita spend on local authority social services for over-65s back to 2009-10 levels (Luchinskaya, 2017).

Flintshire's older population (+80) is predicted to rise by 23% by 2020, with the number of older people with significant health and social care needs predicted to rise by 22% during the same period (Flintshire County Council, 2016). The Welsh Government's Future Trends (2017) report predicts that if current rates persist, there will be an increase in dementia sufferers across Wales. By 2025 there could be '50,000 people aged 65 or over living with dementia in Wales, with nearly a quarter of them aged 90 or over'. The North Wales Population Needs Assessment (2017) states from the data available, the number of people living with dementia in North Wales is between 4,600 and 11,000 and that this figure is anticipated to rise with approximately 3,700 people living with dementia in Flintshire alone by 2030.

Table 1: Number of people aged over 65, population projections 2014 to 2039

	2014	2019	2024	2029	2034	2039
Anglesey	17,000	18,000	20,000	21,000	22,000	23,000
Gwynedd	27,000	29,000	31,000	33,000	35,000	35,000
Conwy	30,000	33,000	35,000	38,000	41,000	42,000
Denbighshire	22,000	23,000	25,000	27,000	29,000	30,000
Flintshire	30,000	34,000	37,000	40,000	44,000	46,000
Wrexham	25,000	28,000	30,000	33,000	36,000	39,000
North Wales	150,000	170,000	180,000	190,000	210,000	210,000

Numbers have been rounded so may not sum

Source: 2014-based population projections, Welsh Government within North Wales Population Needs Assessment (2017)

If we are to look in a preventative way as part of this work, we must not constrain ourselves by looking for solutions within the social care sector alone, and look at the broader range of resources and partners available. As part of this work, consideration will be given to how we can work with others to meet the changing needs of our aging population, the workforce and local providers.

Flintshire County Council has developed a local Ageing Well Plan. This action plan begins to outline the work to take place in Flintshire over the next five years against each of the five national priority areas, which are:
☐ Age-Friendly Communities

Falls Prevention
 Dementia Supportive Communities
 Opportunities for Learning and Employment
 Loneliness and Isolation

A summary of the plan can be found here.

Loneliness and isolation presents a significant challenge for people as they get older. The Welsh Government's Ageing Well in Wales Programme (NWPNA, 2017) goes on to say that 'having strong social networks of family and friends and having a sense of belonging to the local community is important in order to reduce social isolation and loneliness for people who need care and support and carers who need support'.

Research suggests that loneliness and isolation have significant effects on the mental and physical health of people in our communities and has been likened to smoking 15 cigarettes a day (Holt-Lunstad, 2015 via Campaign to End Loneliness). By putting in measures to tackle this issue, the need for social care services may be reduced.

The assets available in a person's community are just as important as the care they received at home or within a residential care setting for maintaining health and wellbeing. Through consultation in local communities to gather information for the local Ageing Well plan, older people who attend 50+ Action Groups identified a number of factors that would contribute towards an 'age friendly' community. Older people expressed concern over access to transport and social activities alongside feeling safe in their community. One person expressed "getting out is important, otherwise you can become isolated".

Flintshire County Council is committed to supporting people with Dementia. In partnership with NEWCIS, the Council employs an officer to lead on the development of Dementia Friendly Communities, Intergenerational projects, Memory Café's, research and programmes aimed at supporting people living with dementia. This successful partnership working has created:
- 10 memory Cafes
- Dementia Friendly Communities
- Steering groups ready for the next steps
- 30 Dementia Friendly Businesses and Organisation and more on the way
- Dementia Friends Schools with 5 more on the way
- 12 Care Home working together

1.2 Funding Pressures

In Flintshire, the Social Services portfolio total 2016/17 budget figures are:-

Net budget	£60,551m
Income budget	£13.782m
Gross expenditure budget	£74.333m

The Welsh Local Government Association which represents councils, has called upon the Welsh Government to 'recognise and address the immediate funding pressures facing the social care sector' (WLGA, 2016) and to invest more in the preventative services as the 'sustainability of the NHS is intertwined with the sustainability of other public services, most crucially social care'.

If costs in Wales rose in line with the projections for England, there would be an increase in net local government spending on social care for older people of around 55 per cent by 2025, with a further large increase in the five years to 2030 taking to the total increase to 101 per cent. There would be an increase in local authority net expenditure from £510 million in 2010-11 to around £794 million in 2025 (Wales Public Services 2025, 2016).

In 2016/17, the total net spend on Purchased Domiciliary Care for Older People was £6,051,176 which was made up of the following elements:

Payment to external care providers	£,202,484
Direct payments	£1,154,960
Income*	(£306,268)
Total:	£6,051,176

In 2016/17, the total net spend on Purchased Residential and Nursing Care for Older People was £5,747,368 which was made up of the following elements:

Residential Care Payments	£5,257,863
Nursing Care Payments	£2,572,198
Income**	(£2,082,693)
Total:	£5,747,368

*The income is made up of a mixture of joint funding contributions from BCUHB, service user contributions, and recoupments of over payments in relation to direct payments. There is also a recharge of £53,053 to BCUHB in respect of their contribution to our costs of supporting service users with early on set dementia.

** The income covers £500k from ICF towards the cost of residential care, £535k Free Nursing Care from BCU, £25k BCU CHC, £141k Client Contributions, £859k Property Income.

We urge Welsh Government to increase the funding available to Local Authorities to provide social care. We echo the concerns raised by the WLGA in November 2016, and call on Welsh Government to look to invest more. Wales Public Services 2025 have projected, based on information from England, that there would be an increase in local authority net expenditure from £510 million in 2010-11 to around £794 million in 2025.

Wales is aging faster than any other UK nation. In turn, Flintshire's older people's population (+80) is predicted to rise by 23% by 2020 with the number of older people with significant health and social care needs predicted to rise by 22% during the same period. We are currently not equipped to satisfy this demand. Since 2011, Flintshire County Council have achieved £70 million saving across the Authority, but still have £11million in savings to make. We are determined to sustain the high levels of social care we have achieved throughout austerity and welcome the announcement of the Welsh Assembly's enquiry in to the cost of social care to support the case for additional support.

We also call on Welsh Government to recognise the social care sector as an area of business growth. The North Wales Regional Skills and Employment Plan (North Wales Economic Ambitions Board, 2016) has identified social care as an area for growth, but this needs to be nurtured, with care providers being seen as SMEs with access business expansion support. Whilst we are linking providers to the support available via Business Wales, more capacity within this service is essential and we suggest bespoke investment in support directed towards the care sector.

2. Factors Affecting Care Providers

Between June and September 2017 Between June and September 2017, Osterley Associates offered a business diagnostic to providers across the residential and nursing sectors who were based within Flintshire on behalf of the Council. Osterly Associates is an independent consultancy which was established in 2014 to provide business sustainability support to community based businesses and stakeholders. It specialises in working with SMEs in groups and sectors that are vulnerable to political change or facing challenges that are outside normal business modelling. Often the businesses in these groups are micro or family run and as such do not access mainstream support.

Owners and managers from 18 homes were interviewed by an experienced business adviser and a diagnostic review was completed, 2 homes declined the offer and 4 were unable to schedule an interview in the timescale.

The diagnostic tool to conduct the interviews were designed to structure the interview but allow for a personal conversation so as to ensure that the individual circumstances were accommodated (Osterly Associates, 2017).

Summary Findings of the Business Diagnostics

General description of business
The group owned care homes were able to provide varying degrees of back of house support and many administrative tasks were conducted on a central basis. This allowed the registered manager to concentrate more on the delivery of care than worrying about the day to viability of the business.

Smaller independent homes were more reliant on the capability of the registered manager and time pressures and work load were more noticeable in these homes.

Client/Patient Base
The differing factors between private and Local Authority (LA) sponsored patients were investigated and at no time was any discrimination noted in valuing patients. Because of financial pressures most of the homes are now requesting top up fees from LA sponsored patients. The business advisers observed care and innovative methods adopted by the homes to care for the patients. The level of activities with the patients were high, the care assistants were engaged with the patients and communication between the managers and staff appeared to be positive.

Staff
The availability of local transport has an impact on some of the homes and those on good bus routes were more likely to be able to staff their homes than those off a main bus route. All of the homes interviewed paid at or above the living wage but recognised that this would be difficult in the future as wages increase above the income streams. Group owned homes had central HR services available to them and several of the family owned homes contracted with external HR agencies such as Peninsula to manage their HR issues.

Sickness and absence rates are high in comparison to other industries but it is accepted as one of the negatives of the sector. The most common causes of absence is sickness and diarrhoea. The impact is for a short term need to replace staff and the added costs associated with this. All homes operated a statutory sickness policies.

When asked directly about the difficulties of recruiting staff there was a variance in replies. Several homes stated that more should be done to increase the image of the sector and that very often potential recruits were unaware and unprepared for the nature of the job. The variation in replies came when some homes stated that they had difficulty in finding suitable candidates and others stated that they had waiting lists. Others suggested that the NHS "poached" the experienced members of staff and several homes were proud of the fact that majority of their staff had been employed by them for many years. It was concluded that the difference is likely to be effected by the size of the home and the way that the home is managed. The fact is that there is a need to attract new entrants into the sector

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and increases in the living wage will add to the financial pressures on owners in the future.

Training

All homes visited were very proud of their training record and acknowledged the value of the Flintshire County Council training vouchers. The homes owned by a group have their own training programmes in place and often used external training providers. They recognise the value of career progression and remarked that this policy often assisted in staff retention rates. Smaller family owned homes found the cost element to be more of a handicap but still recognised the need. There was a willingness for managers to broaden their management skills but stated that time to train was a major barrier in them not proceeding.

Premises

Many homes are converted Victorian merchant houses or country homes and several had recently expanded the premises. Many are old and difficult to alter. Many of the older buildings are not energy efficient and the ability to meet the new care standards is beginning to take effect. One home interviewed had a genuine concern about the prospect of having to decommission 4 rooms which would reduce their income by £100,000 per annum. Others spoke about the cost of heating the buildings with one example of a monthly oil bill of £1,400. Other businesses have used as much of the outside space as practical thus restricting future growth. Homes that are located in an urban area tended to be restricted for future expansion and in the sample we visited, there seemed little capacity for new growth. However, homes located in more rural Flintshire have significant space, excellent outside space but are less convenient to access.

Sales and Marketing

When asked "What is the breakeven figure for the number of patient's resident in the home to make the business viable?" No home could answer this. However, they were fully aware as to whether they were losing money or not. Almost all of the homes were fully occupied and several had waiting lists for rooms. This negated the need to advertise the homes to attract residents.

Asset Management

A recent grant from Flintshire County Council for asset purchase has had a significant effect on the sector and was broadly welcomed by all homes. There is a general acceptance that a good standard of assets is an important part of providing a quality service and all homes stated that they regularly review and upgrade assets. A common comment amongst all homes was the wish that an asset library be established where equipment that is expensive to purchase and only used on occasion could be sourced and a rental scheme for larger equipment be considered.

Environmental and Energy. The cost of utilities was highlighted as an issue and there was a distinct difference between group owned and privately owned homes. The group owned homes had a central utilities policy and the purchasing decisions were not made by the registered manager, but the privately-owned homes were very conscious of the cost implications. Heating costs were the biggest concern and many of the businesses had signs of being very inefficient. Several homes

suggested that they would be interested in a joint procurement project to give themselves a stronger buying power. The value of a robust Waste policy is an area that is becoming more topical and most homes indicated that if we were able to provide support in this area, it would be welcomed.

Finance
All of the homes are reporting that the financial viability of the business is getting more challenging. The majority of the homes require a top up to LA sponsored fees and need a proportion of private patients to survive. The impact of the new care standards will add to cost in the short term but the biggest threat to the sector will be the cost of employing suitable staff. The increase in the living wage, a general reduction in unemployment rates, increase in employment and the unknown impact of Brexit suggests that the pool of candidates will get smaller. Profit margins are tight and any increase in interest rates plus increases in other overheads such as business rates, fuel costs and food costs will have an impact on the long term sustainability of the sector.

Compliance
The new care standards are very much at the forefront of the planning of all of the homes. Each home had their own needs to address on compliance but they have accepted that the intention of the care standard is for "increasing standards" and they prioritise these issues.

Growth
Many of the homes have either recently increased their capacity or are intending to increase their capability. There is limited opportunity for some of the homes visited to extend due to restricted outside space and one home is for sale, so there are no plans for growth. Several of the privately owned homes indicated that they would be prepared to meet a growth adviser in the future.

The feedback received has mainly focused on the issue of recruitment and retention in the sector and the purchase of consumables, utilities, equipment and waste services.

We would ask Welsh Government to introduce equipment subsidies for independent care providers. Funding has been made available to the Farming sector for a 40% contribution towards the purchase of equipment and we would like the Welsh Government to consider a similar scheme for the care sector. This will enable settings to respond to the needs of residents and members of the community within their settings.

2.1 Common Factors Affecting All Providers

Recruitment and retention issues are reported as the most significant issue affecting the sector locally. However, providers have identified that people in the workforce don't necessarily leave the sector, but move around within it and when they do leave,

move on to employment in other caring roles such as within the NHS. Our challenge is to increase the number of people entering the sector.

There are difficulties here. Colleagues at Job Centre Plus report that they are not encountering many who are seeking work in the sector, and those who have expressed an interest are looking for 9-5 hours, which is not conducive with working patterns in care. Provider assistance has also been removed in recent years, including apprenticeships funding for people aged over 25 leading to difficulties in staff gaining the relevant qualifications, staff having to pay the fees themselves leading to providers finding it difficult to meet the current requirement that 50% of staff to be qualified to QCF level 2, unless they support with funding the training themselves.

> Apprenticeships present a real opportunity in the sector to engage with people who can develop a career in the care sector. Business Wales' website states that 'delivery of apprenticeships will be driven by the needs of the Welsh economy and communities', and this is surely one of the biggest areas of need across Wales at present. We support the request to reinstate the apprenticeship funding for over 25s to undertake the Qualifications and Credit Framework Health and Social Care Diploma (QCF) at levels 2 and 3.

Further changes affecting recruitment and retention in the sector are expected with the implementation of the regulations of the Regulation & Inspection of Social Care (Wales) Act 2016, some of which are explored further in section 2.3.

We have engaged with providers throughout this work. One of the main issues identified by providers through our work, and reflected in reports nationally, is the difficulties surrounding recruitment and retention in the sector. 66% of respondents to the Welsh Government consultation on recruitment and retention in domiciliary care cited low wages as a reason people did not join the sector. Enabling providers to increase staff wages will allow them to compete with the local retail sector and with NHS recruitment drives.

Whilst we recognise that some of the issues around non-guaranteed hours contracts and travel are being consulted on and will become part of regulations under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), more money needs to be invested in the sector to enable providers to draw good, dedicated people in to the available posts and to reflect the working conditions and the value of the work they do in supporting our older population.

The recently drafted North Wales Care and Community Health Workforce Strategy outlines that in 2016 surveys showed that 38% of domiciliary care workers and 36% of the residential care are unqualified. This is a significant number of workers that will need training in order to meet the new registration requirements, with increased resource implications for the sector. Concerns have been raised about the number of assessors available to meet the increased demand, which may have implications on provider's ability to comply with regulations.

We welcome the drive on improving standards and professionalising the workforce, but the costs of this cannot sit at the door of care providers alone. We are encouraged by the commitment of Social Care Wales to make additional funding available to fill this training gap, but are at this point, unsure of levels and distribution across Wales. Funding should be made available to train those who have been part of the company for a long time as well as those who have recently been employed.

2.2 Factors Affecting the Nursing and Residential Care Sector

A review in to Flintshire's Residential Care sector (2016) outlines the challenges and some potential options as we move forward, but highlights a number of strategic issues that 'would impede efforts by any local authority to strengthen their residential care market. National coordination and action will be needed to minimise the impact of these factors, which include;

1. The effect of the National Living Wage on the sustainability of independent care providers.

2. Reported lack of financial resources available to improve the state of repair of independent care homes, and a decreasing appeal for potential new investors to the sector.

3. Retention and recruitment rates of care staff, with a perceived unclear career pathway and unappealing job conditions, specifically registered managers.

4. A national concern of poorly performing nursing homes.

5. Increasing demand for services with decreasing budgets'.

6. Brexit

> We would like to draw Welsh Government's attention to the need for Care providers to be able to access national affordable capital borrowing to enable improvements to be made to existing facilities. Providers are concerned about the investment needed to maintain and develop ageing buildings in the next 2-5 years, to include the updating of heating systems and building maintenance to ensure residents are warm and safe in their own home. Providers across the region are also reporting that accessing mortgages is difficult for properties with less than 30 beds.
>
> It is essential that Welsh Government lead on the collection of information across the social care workforce on EU nationals and monitor the effects on the workforce of Brexit.

On a local level, Flintshire have been working in partnership with providers and others to support local providers and transform commissioning and provision of care. Flintshire are embedding "Creating a Place Called Home – Delivering What Matters" to deliver 'very best experience we can imagine for an older person living in a care home in Flintshire. Using person-centred practices we want to better enable people to make choices and have more control over how they live their lives' (Flintshire County Council, 2017).

As part of this, Flintshire, have developed the 'Progress for Providers' Programme in Care Homes. This is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes, tailoring support to the individual and enabling them to have as much choice and control over their service and life as possible. Using person-centred thinking tools and approaches helps staff to provide the best support that they can in ways that reflects what is important to the person.

Bronze, Silver and Gold accreditation will help managers check their own progress over time and demonstrate publically that they are making continued progress along the road to truly person centred care. Those who have achieved the accreditation will be listed on Flintshire County Council's website.

Further issues include those centred around the workforce within homes. Shortages in nursing staff are presenting a problem across the UK (Public Policy Institute for Wales, 2015). In 2017, Welsh Government began to consult on the Phase 2 regulations for the Regulation & Inspection Act Wales 2016. Within this, a proposal

was outlined that there would no longer need to be 24 hour nursing care on site for as long as it can be proven that the provision meets the needs of the individual. This may have an impact on those setting who have a low need for nursing care, as they can look at how they can meet these needs in a more flexible way. However, for homes where high levels of nursing care are required, the issue is still present.

2.3 Factors Affecting the Domiciliary Care Sector

Much has been written on the issues surrounding recruitment and selection in the Domiciliary Care workforce. In March 2016, Welsh Government published a research report on the 'Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care' (Atkinson et al, 2016). The research, undertaken by Manchester Metropolitan University sought to identify factors that influence whether people choose to 'become and remain working as domiciliary care workers'.

There are approximately 15,000 domiciliary care staff employed by commissioned care providers in Wales (Care Council for Wales, 2015). Welsh Government's consultation in to the Domiciliary Workforce (2016) recommends that work take place to recognise those working in the sector as skilled professionals to counter some of the negative media, as this puts people off joining or staying in the sector.

The key factor highlighted by this consultation included:
- Low wages
- Work pressures
- Unsociable hours
- Poor terms and conditions
- 'Zero hours' or 'non-guaranteed hours' contracts deterring people from joining the sector, as there were no guaranteed hours
- Some call times not enough to address the needs of the individual

- Lack of training and career development opportunities
- Seen as a low status job compared to healthcare

The Phase 2 consultation on the draft regulations for the Regulation & Inspection of Social Care (Wales) Act 2016 took place during summer 2017. The consultation included limiting the use of non-guaranteed hours contracts; the delineation of care time and travel time; and extending the Social Care Wales register of Social Care Workers to include domiciliary support workers. This workforce-related consultation also invited stakeholders to explore solutions to the current shortage of registered social care managers in Wales. An event hosted by the Council in August with Domiciliary Care providers enabled them to discuss these elements and feed them in to the Council's response. In addition to this, consultation also took place on the fees required for registration and the qualification requirements by Social Care Wales though 'Transforming Care in the 21st Century'.

The feedback received raised a number of areas of concern which have been fed back to Welsh Government and Social Care Wales. These centre around that the additional requirements for registration, to pay a fee to do so and the need for a social care workers to achieve a certain level of qualifications may have a negative impact on the sector which is already struggling to recruit and retain staff. In addition to this, gaining the qualifications needed to register may be prohibitive to older staff, who may then leave a void of good, experienced staff. This has led to fears in some providers that the quality of care will be in jeopardy.

Providers have also reported concerns around the HR implications of new regulations and where this will lead in terms of existing staff who do not want to register or work towards qualifications. Providers do not have the resources and capacity to carry out consultations with staff, manage many differing contracts and invest in the additional training.

There are concerns that some staff would not wish to study to gain new qualifications, which is a daunting at any age, as they may not feel equipped to do so if they may not have undertaken formal study for a number of years. We, along with providers are fearful that this could lead to a sharp drop in experienced carers as they leave for other sectors where the pressures and requirements are not so great, leaving a void. Additionally, the impact of these regulations could lead to employment tribunals.

Moving forward, we must be mindful of the quick pace of change within the sector on a national and local level. Alongside the changes in legislation, North Wales will be moving towards a regional framework for the commissioning of Domiciliary Care.

We urge Welsh Government to also introduce further support for training social care staff given the pressures imposed on the sector through the introduction of new regulations under the RISCA and through the proposed changes in the 'Transforming Care in the 21st Century' consultation from Social Care Wales.

The recently drafted North Wales Care and Community Health Workforce Strategy outlines that in 2016 surveys showed that 38% of domiciliary care workers and 36% of the residential care don't have formal qualifications. This is a significant number of workers that will need training in order to meet the new registration requirements, with increased cost and resource implications for the sector. Concerns have been raised about the number of assessors available to meet the increased demand, which may have implications on providers ability to comply with regulations.

2.4 Support for Local Providers

Over the years, Flintshire have been working to develop strong relationships with those who provide services for Flintshire's residents. The Council support providers in a number of ways.

- Regular Provider Meetings, open to all Care Providers in Flintshire, which include updates, Care Forum representative feedback, workshops and information sharing. These events are valued and enable two way communication between Provides and the Local Authority. These events are also used to develop a coordinated response to national consultations. The Local Authority can then submit responses that includes the voice of the local sector alongside out own.
- Information is circulated on a regular basis to Providers via email.
- Training is available via the Council's Workforce Development Team and number of Providers attend the Workforce Strategy Meetings.
- Providers are supported to achieve accreditation through Progress for Providers Programme as described in section 2.2
- The Council has developed a template for Providers to produce a 'Welcome Pack' for new residents. The pack, tailored to each home, outlines information on rights and entitlements, staff, what's available locally and person-centred practices.
- The Contracts Monitoring Team provide support for settings who may be facing difficulties or in need of improvement.
- Through the Council's dementia work, free activities are provided to Care Homes via a 'buy one get one free' as part of the Dementia Friendly Communities programme, coordinated through a private Facebook group.
- Providers are offered support with National Care Home Open Day.
- Flintshire County Council provided packs containing hoists, a mattress, chair, commode, bath lift, scales and other equipment to all Care Homes in 2017.
- The Social Care Workforce Development Programme (SCWDP) training voucher scheme gives independent and voluntary sector social care staff

access to mandatory or core training from a small number of approved local training providers.

3   Regional Work Streams

Alongside the work undertaken on a local level to support providers, it is important to take in to consideration and support the work taking place on a regional basis. Further details on each can be found in the full report, but these include:

- North Wales Workforce Strategy
- Social Value Forum
- North Wales Domiciliary Care Framework

4   Community Based Approaches

Community based approaches play a key role in keeping people living independently for longer which may reduce, delay or prevent the need for formal social care. These may be delivered by a number of partners, including the Third Sector, private sector and Local Authority. These approaches put people at the heart of the work, and focuses on what matters to the individual and the community.

The Flintshire Public Services Board are implementing an 'Inspiring Resilient Communities Framework'. High levels of resilience enable communities to prosper and thrive and supports individuals to fulfil their potential. This leads to a reduction in demand for public services. The framework recognises that community based work is essential if communities are to be engaged and empowered to solve the issues they face and that any approach has to be 'co-designed with communities and partners, and has to evolve and adapt based upon the results and learning' (Flintshire Public Services Board, 2017).

There are a number of initiatives across the UK and wider that develop community capacity to support people to live independently for longer. These put the person at the heart of their care and focusing on what matters to the individual. Further details can be found in the full report.

Flintshire benefits from a strong third sector presence and networks and a positive relationship between the Council and Flintshire Local Voluntary Council (FLVC). The Wellbeing Team in FLVC and AVOW (Association of Voluntary Organisations Wrexham) supports the third sector and statutory partners in a number of ways.

The Social Services and Wellbeing (Wales) Act 2014 encourages new approaches including co-operatives and social enterprise. The Welsh Government funded organisation Wales Co-operative Centre are able to provide support to services moving to this model.

5   Current Approaches within Health

Make Every Contact Count (MECC) - Making Every Contact Count is an approach developed by the NHS to encourage positive behaviour change through the millions of day to day interactions that organisations and individuals have to support them in making positive changes to their physical and mental health and wellbeing

Well North Wales - The approach for Well North Wales has been developed from the 'Well London' Programme which involved community development work with a health focus. The needs are raised by the community and actions are then developed to address them. The programme looks more holistically in to the needs of the community and instead of focusing directly on health needs, can look more widely at other issues which will have an effect of a person's health, such as debt and housing.

Eirias Park - The Health Care and Wellbeing Precinct, based at Colwyn Leisure Centre within Eirias Park is a collaboration between a number partners and sees Health, Social Care and Leisure professionals working together to improve the health of people by applying physical activity to manage chronic disease conditions and to assist rehabilitation from acute or chronic ill health.

Care Closer to Home - Through the 'Care Close to Home' Programme, the NHS were looking at a range of options to modernise care. These included new technologies, providing care in community settings, and systems to direct patients to the right teams to provide care rather than via a GP.

Care Home Response Teams - This approach, whereby multi-disciplinary practitioners would be based within a team, but be able to available to provide the right care to individuals in care homes at the right time is supported

Vanguard Sites in England - 50 Vanguard sites have been chosen across England to develop new innovative care models under three categories. 'Integrated primary and acute care systems join up GP, hospital, community and mental health services, whilst multispecialty community providers move specialist care out of hospitals into the community. Enhanced health in care homes offer older people better, joined up health, care and rehabilitation services' (NHS England, 2016).

6. Overview of Work Streams

The following areas have been explored in more details and project briefs developed. Work in currently underway on each of these work streams working with partners and the information given is up to date at the time of writing this report.

Marketing and Recruitment Campaign and Implementation Plan
This is a large area of work, raised as a priority by providers at the steering group and the through sector provider meetings. It includes the development of a Portal which will act as the hub of a local marketing and recruitment campaign for the sector. This area also covers employment initiatives currently underway.

Community Proposal
A project brief is currently in development looking at a mixed model to include elements of community agents, community circles and Local Area Coordination. We are joined in this work by the Co-production who have a number of links in this area.

Micro-care Enterprises
Working with the Business Development Team, the opportunities to look in to Micro-care provision are being explored. These operate on a small scale, usually employing less than 5 people, and focus on a small group of clients. This model could be an advantage to the rural areas and a feasibility study in to the need in Flintshire is being developed.

7. Areas for Further Consideration

This section in the full report explores other possible actions that could be considered for the medium to long term. For each area, the information below is outline:

- Background
- Examples
- Potential local application

Shared Lives	Housing
Homeshare	Co-operatives and Alternative Business Models
Support for Unpaid Carers	
Staff Benefits, Well-being and Support	Supporting Social Workers
Nurseries in Care Homes	Efficiencies/ Income Generation Teams
Purchasing Consortiums	Reablement
Care Associations	Trusted Assessors
Technologies	Direct Payments
Older People as Part of the Workforce	Personal Assistants
Transport	Intermediate Care
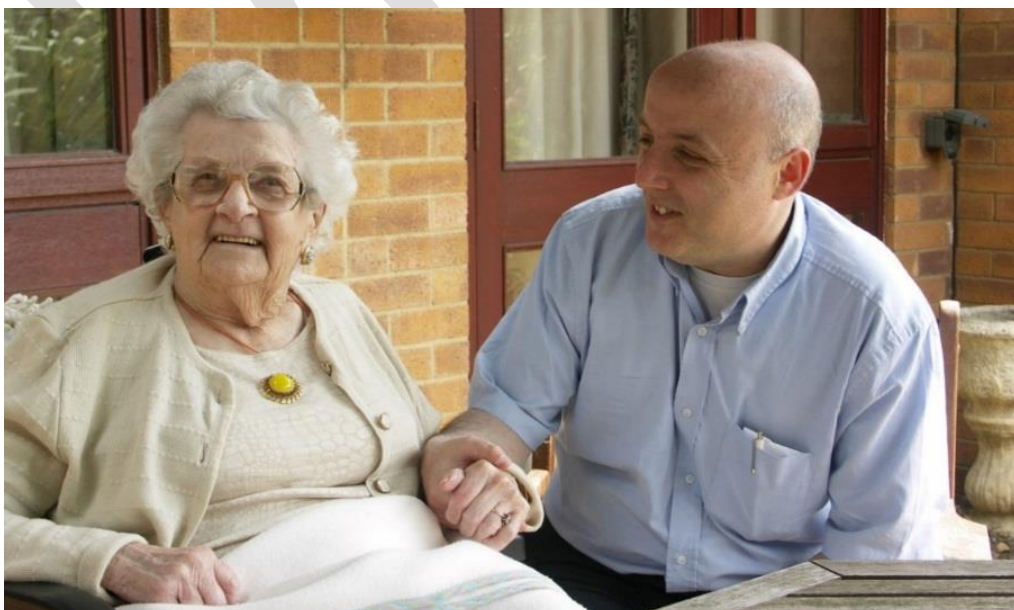
8. Recommendations

8.1 Immediate attention

- A letter to Welsh Government updating on the work to be sent.

- Learning from this report to be shared with other Local Authorities and partners.

- To continue to involve our Social Care Partners in the development of our local approaches to support the sector.

- Further data is needed on current business models in social care (including social enterprise models such as community interest companies, and third sector ownership). This information is not currently collected. Flintshire County Council to lobby CSSIW and Social Care Wales to collect this data in light of the emphasis put on these through the Social Services and Wellbeing (Wales) Act 2014.

- The Council to support the development of apprenticeships and placements in independent providers and to lobby Welsh Government to introduce further support for training social care staff given the pressures that may be imposed on the sector through the introduction of new regulations.

- Lobby the Data Unit to collect information across the workforce on EU nationals working in social care and monitor the effects of Brexit.

- Feasibility studies to be undertaken exploring:
  o Micro-care
  o Purchasing Consortiums
  o Assets Library

- The Council to work with the Third Sector Well-being Network to develop opportunities for Third Sector Health and Social Care Services to feedback to the Council on any issues arising and solutions to enable better communication.

- The Council continue to work with the Third Sector Well-being Network and other partners to map and understand the current local use of Social Prescribing models.

- Flintshire County Council to explore extending the provision of Blue Badges to Community Transport Operators.

8.2 Medium-term attention

- Flintshire County Council to give further consideration to the programmes outlined in section 7.

- Continue to support the local Marketing and Recruitment Campaign

- The Council to consider investing in the recruitment of a marketing graduate to develop the campaign for the social care sector further with allocated budget.

- A clear understanding of the complexities of the commissioning arrangements for social care to be developed in partnership with Procurement, so all parties have an understanding of the sector, co-production and person-centred thinking.

- To develop an approach where MECC and What Matters Conversations are aligned, and to develop a public information campaign to share these tools to people in the community, who can then signpost and support citizen to access support to meet their needs.

- To establish a network or joint training group to develop training opportunities across Local Authorities, the Local Health Board and the Third Sector, reducing duplication and maximising the skills and expertise of all partners.

- The Council to develop a survey for the whole local social care workforce to feed in issues, concerns, solutions and examples of innovative practice.

- To develop and review our local Market Position Statement. Consultation on the regulations related to this are expected in summer 2018 as part of the Phase 3 consultation on the regulations for the Regulation and Inspection of Social Care Act (Wales) 2016.

- To annually review the current state of the residential and domiciliary care markets and to monitor any issues arising with providers over, looking to provide support where we can.

- Flintshire County Council to develop an update report taking in to account changes in legislation, funding and support in 12-18 months.

8.3 Long Term attention

- Support providers, if appropriate, to consider developing a Local Care Association to include a purchasing consortium and a celebration of the achievements of the sector.

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