

# Market Stability Report

Flintshire



2022

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## EXECUTIVE SUMMARY

Regional Market Stability Reports are a requirement of the Social Services and Wellbeing (Wales) Act 2014, and are developed alongside a regional Population Needs Assessment

Market stability reports **must** provide an assessment of:

- the sufficiency of care and support in **meeting the needs and demand for social care, as set out in the population needs assessment**, and
- the stability of the market for regulated services providing care and support

The information that follows has been submitted as Flintshire's contribution to the development of the Regional Market Stability Report for North Wales.

Key messages of this local report include:

<b>Care Home Services (Adults)</b>	<ul style="list-style-type: none"><li>• Flintshire currently has the capacity to facilitate 850 older people permanent placements in a care home in the area. A further 50 placements are available in specialist provision for those with mental health need or a learning disability</li><li>• Additional capacity is being built through the expansion and redevelopment of in-house care homes</li><li>• There is a local shortage of nursing and EMI nursing provision</li></ul>
<b>Care Home Services (Children's)</b>	<ul style="list-style-type: none"><li>• Local provision is being rebalanced to remove the profit from care</li><li>• The range of new in-house provision planned includes short term residential and assessment provision, emergency accommodation, small group homes and placements for unaccompanied asylum seeker children.</li><li>• Whilst in-house provision is being developed, children may remain in out of county placements</li></ul>
<b>Fostering Services</b>	<ul style="list-style-type: none"><li>• A number of innovative developments have been invested in to support children to be in local placements. These include RAP, Mockingbird and the Adaptations to Foster Carers Home Policy.</li><li>• It is a priority to increase foster care provision in the area.</li></ul>
<b>Domiciliary Care Support Services</b>	<ul style="list-style-type: none"><li>• There are ongoing pressures to address double person care, provision in rural areas, discharge from hospital</li><li>• The Council are working to expand our network of Extra Care accommodation with our partners.</li><li>• The council have invested in Micro-care as a model to support the delivery of direct care and wellbeing services.</li><li>• 39% of all home based services are delivered through Direct Payments</li></ul>

In addition to the above, there is a risk to market sufficiency and stability relating to recruitment and retention across the workforce and the projected increase in the number of older people with complex needs requiring care and support.

## 1. INTRODUCTION

Regional Market Stability Reports are a requirement of the Social Services and Wellbeing (Wales) Act 2014, and are developed alongside a regional Population Needs Assessment

Market stability reports **must** provide an assessment of:

- the sufficiency of care and support in **meeting the needs and demand for social care, as set out in the population needs assessment**, and
- the stability of the market for regulated services providing care and support

The Population Needs Assessment sets out current and projected need and demand for care and support, and the range and type of services that will be required to meet that demand.

Together the two documents should provide those commissioning care and support, at the regional and local level, with a comprehensive picture of current and projected demand and supply.

The information that follows has been submitted as Flintshire's contribution to the development of the Regional Market Stability Report.

## 2. CARE HOME SERVICES (ADULTS)

### 2.1 MARKET SUFFICIENCY

#### Current Care Home provision

Flintshire has a large population of people aged 65 and over, with population projections suggesting substantial and continued growth in the number of older people. This is likely to lead to an increasing number of people experiencing age relating problems such as, chronic physical and sensory diseases, dementia and falls. All of which have a potential negative impact on people overall well-being and will in turn increase the demand on services.

Flintshire currently has the capacity, in both the independent sector and in-house provision, to facilitate 850 older people permanent placements in a care home in the area. A further 50 placements are available in specialist provision for those with mental health need or a learning disability. The introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 has meant that the type of services provided within that number is more varied and fluid than categorising them into four traditional categories of care would allow, but for the purposes of market analysis the below table illustrates an estimate of the market split in March 2021;

Category of Care	Market Capacity
Residential	366
Residential with Mental Health	261
Nursing	179
Nursing with Mental Health (EMI)	44

Comparative to data obtained in 2016, it is evident that the overall number of long term placement options, specifically in care without nursing, has increased;

Category of Care	Capacity 2016	Capacity 2021	Difference
Residential	211	366	155
Residential with Mental Health	227	261	34
Nursing	243	179	-64
Nursing with Mental Health	44	44	0

The increases in residential provision are due to the re-opening of three care homes that were not occupied in 2016, along with the expansion of Marleyfield House in Buckley. There has also been a change in service provision, from nursing to residential care, for one large care home in the area. This has contributed to the expansion of our residential care capacity, but simultaneously has reduced the general nursing capacity in the area. Likewise a general nursing home in Holywell closed in 2019. Not included in these figures is the closure of a further nursing home in March 2022, which has further diminished local capacity for general nursing placements by 52. Finally, one care home is currently undergoing renovation work, which has temporarily reduced our market capacity, although this is expected to increase again once these works have been completed.

Marleyfield, Croes Atti, and Llys Gwenffrwd are purpose built care homes, owned by the Council, situated in the towns of Buckley, Flint and Holywell. Llys Gwenffrwd differs in that

provision is provided over three floors, which requires a change in staffing levels to creatively support people with dementia on the top floor.

Ensuring developments for new homes are accessible to all, through for example incorporating dementia friendly measures and accessible homes and developments is a recommendation in the Population Needs Assessment 2022. Both Marleyfield and Croes Atti have separate units for those with dementia related needs.

Supporting people to live at home for longer is a recommendation in the Population Needs Assessment 2022. Llys Gwenffrwd houses rehabilitation placements and all three homes provide a number of respite, step up / step down and assessments placements rather than permanent residential. Marleyfield and Croes Atti have adjoining day-care provision which would be affected with some of the options presented.

Embracing innovative, an £8.4 million redevelopment project at Marleyfield House was completed in 2021. This has doubled the number of placements from 32 to 64 and increased communal outdoor spaces and accessibility to support residents' well-being, reaffirming the Council's commitment to quality services, investing money in critical services.

The Council proposes to replace Croes Atti with a new care home on the former Flint Hospital site. The new care home will have an additional 25 placements, 12 of which will be accessible to the Health Board.

These 12 additional placements will be ear marked to provide a new model of step down care to support the discharge to assess and recover programme developed within the Health Board. The support model will be managed and run by the council, and it is envisaged the discharge to assess placements will be therapy led with the primary objective of maximising independence, assessing longer term needs and enabling individual's to get back home as soon as possible.

These are examples of the local authority's pro-active approach to addressing the current significant pressures and fragility in the care sector across the country, and addressing the need to support people to return to their own homes in the community.

The levels of vacancies in the sector over the pandemic has been impacted by care homes not being able to facilitate admissions at the usual quantity due to Covid-19 Red Status restrictions or other pressures that relate specifically to their business. This is evidenced by the fact that on average, between August-October 2021, 39% of vacant care home placements in Flintshire were not accessible for such reasons. As a result we currently see vacancy levels that are 82% higher in number than vacancies in April 2019, although this figures has risen to 157% during April 2021. As there has been market fluctuations, the below is the level of vacancies as a percentage of market capacity;

Care home vacancies as a percentage of overall placement capacity

Service Type	Oct-21	Apr-21	Oct-20	Apr-19
Residential	11%	7%	6%	4%
Residential with Mental Health	13%	18%	10%	5%
Nursing	11%	29%	24%	10%
Nursing with Mental Health	5%	25%	5%	7%

As can be seen nursing homes have returned back to a pre pandemic level of vacancies but the recent reduction in nursing placement, as outlined previously, is significant to this. Similarly a lower supply of Nursing with Mental Health placements for older people has led to a similar level of vacancy across the sector now in comparison to April 2019. The increases in vacancies related to residential and residential with mental health care provision will be more indicative of the demand for those services, with consideration to the impact of Covid-19 on the market as outlined in the previous paragraph.

These numbers offer a picture of the local provision in regards to long term placement capacity, but it's important to recognise additional areas of development that contribute to the overall market provision. As previously outlined, Marleyfield House has expanded its long term capacity, but there are also an additional 16 short-term discharge to recover and assess placements, which would aim to ensure people are not inappropriately assessed as requiring residential care. Also there are currently a number of independent sector homes with planning permission in place to extend their provision.

### **EMI Provision**

The number of people living with dementia in Flintshire is set to rise over the forthcoming years. People living with dementia may need intensive support as they progress along their dementia journey. Individuals may need EMI provision due to their complex needs, of which there is a limited supply in the county.

- 261 EMI residential placements across 12 homes.
- 44 EMI nursing placements – 2 homes only.

In 2016 Flintshire completed an in-depth residential care review which provided detailed evidence regarding the current state of the residential care sector in Flintshire and outlined projected increases in needs and demand. The report concluded in order for the local authority to meet the projected need (based on demographic changes) a further 178 placements will be required by 2020; 67 Residential, 52 EMI Residential, 51 Nursing and 8 EMI Nursing. These are now stabilizing with only 8 EMI nursing placements vacancy 24/05/21.

The Flintshire shortage in EMI nursing provision is historical and leads to placements being made out of county which is not only a challenge for the individual themselves but also for family. As of May 2021, there are 32 out of county residential EMI placements, and 29 EMI nursing placements.

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

### **Supported Living - Volume**

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

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

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

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

### **Out of County**

Within the Learning Disabilities and Physical Disabilities sector, due to the small choice of local providers and the specialist nature of support, some of these residential placements may need to be made out of county and this can incur higher costs. This impacts on families visiting and link to the individual.

## **2.2 MARKET STABILITY**

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

1. The effect of the National Living Wage on the sustainability of independent care providers.
2. Reported lack of financial resources available to improve the state of repair of independent care homes, and a decreasing appeal for potential new investors to the sector.
3. Retention and recruitment rates of care staff, with a perceived unclear career pathway and unappealing job conditions, specifically registered managers.
4. A national concern of poorly performing nursing homes.
5. Increasing demand for services with decreasing budgets'.
6. Brexit

There is a diverse provider base with no reliance on one provider. However, there is limited EMI residential and nursing placements available as outlined in section 1A (44 placements EMI nursing).

The markets is diverse with homes of varying size, in-house and independent, family run or as part of a larger organisation. The Council is moving ahead with increasing capacity in in-house residential provision.

The Contract and Commissioning Team work closely with providers on both entry and exit to ensure the process runs smoothly, offering any support that is required.

Although the market is robust and each provider has contingency plans in place to deal with the majority of issues, the COVID-19 pandemic presented exceptional circumstance and providers did not have this included in their plans. These have since been updated.

Between June and September 2017, Osterley Associates offered a business diagnostic to providers across the residential and nursing sectors who were based within Flintshire on behalf of the Council. Osterly Associates is an independent consultancy which was established in 2014 to provide business sustainability support to community based businesses and stakeholders. It specialises in working with SMEs in groups and sectors that are vulnerable to political change or facing challenges that are outside normal business

modelling. Often the businesses in these groups are micro or family run and as such do not access mainstream support.

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

The diagnostic tool to conduct the interviews was designed to structure the interview but allow for a personal conversation so as to ensure that individual circumstances were accommodated (Osterly Associates, 2017). The findings can be found in Appendix 1.

### **2.3 Action Taken Due to Provider Failure**

*Needs to include recommendations for future mitigating actions and lessons learned*

#### **Escalating Concerns**

The process is guided by '[Quality Services: Delivering What Matters](#)', the North Wales' procedures for contracted care and support services for children, young people and adults:

- Ensuring quality services
- Responding to increasing and escalating risks or concerns (including 'embargo policy')

When placed under escalating concerns, providers may not be able to accept new admissions and Social Service staff will visit on a weekly basis, and where appropriate, link with the Health Board to streamline this process. Once aware of the reasons behind escalating concerns, the provider will be required to produce a corrective action plan which is monitored.

Recent experience shows us that issues arising may be related to changes in the Management.

#### **Provider Failure**

The Welsh Government has produced statutory guidance about the closure of care homes where there are concerns about financial viability or abuse. Further guidance from the Older People's Commissioners Office for Wales includes securing the human rights of residents, meaningful consultation and engagement, provision of advocacy if required and ongoing impact assessments.

When it has been confirmed that a Care Home provider is no longer able to continue supporting its residents, Commissioners will contact the provider and explain the purpose of the Home Closure Team (HCT) and get key contact information. At this stage they will request a list of all individuals and identify any immediate risks or issues. A Home Closure Group meeting will then be set up as soon as possible where roles and responsibilities will be confirmed.

Following this a finalised full list of residents who will be transferred will be produced and staff members will check the most recent CIW and monitoring reports to identify any other positive or negatives that could impact on the closure. The Providers Business Continuity Plan will also be checked. An up to date list of care home vacancies based on the needs of the residents will be developed and shared with all partners, residents/ next of kin / carers / commissioners as appropriate. It would also be identified at if there are any current safeguarding / criminal enquiries are under way or there was a potential for them to be consulted, other partners that would need to be involved e.g. Police / Fire

The finalised list of all individuals and their needs will be confirmed with the Provider. It will identify those who lack capacity to make decisions about where they live e.g if they have

dementia or a learning disability, and ensure that they have a family representative or an independent mental capacity advocate. Any special factors will also be identified relating to support equipment, or urgent or very complex care needs and needs which may require reassessment or review such as stress, anxiety or health factors and any additional clinical factors. A residential relocation plan will be completed for each resident as well as a resident property sheet for relocation. Responsibility for assessing or reassessing resident's needs and funding status, including any self-funding or out of LA area residents will be agreed and any other commissioning bodies will be identified if they need to be informed and consulted.

### **Lessons Learnt**

Following recent local care home closures, we have asked colleagues within the LA and BCUHB for their views on what has worked well, and what are the challenges during this time.

#### What's working well

- Good working relationship between CIW, LA and BCUHB, with colleagues from CHC and Community Nursing leads involved alongside, Social Services senior staff, Social Workers and Contracts and Commissioning Officers
- Named Social Worker assigned for each resident – *outline their particular roles in the process*
- Allocated team of LA staff to support people with their packing and accounting for their belongings, alongside providing a LA presence in the home.
- Linking to Advocacy
- Provision of list of current vacancies in the sector

#### Challenges

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

## **2.4 Consideration of Market Quality**

### **Feedback from service users**

Choice and control over what service and provider an individual would like to receive care forms part of the 'What Matters' Conversation.

Engagement and consultation with people who use care and support services is a requirement for all care providers, this includes both in house and independent sector providers registered and regulated under the Regulation and Inspection of Social Care (Wales) Act 2016.

For the Councils in house services this means Residential Care, Extra Care, Domiciliary Care, and services for people with a Learning Disability. Twice a year, the Responsible Individual coordinated conversations with people receiving Council care services in each setting through questionnaires, group and 1:1 conversations.

The responses from tenants and residents was overwhelmingly positive, this particularly focused on the staff providing support. They were described as very caring, having time for people and supporting with all aspects of personal care and related needs. Managers and office staff were also mentioned in terms of being approachable and sorting out problems when they arrive. Everyone also said they felt safe in the buildings.

Some issues were raised by individuals. These were fed back to the managers. A number of issues related to the need to provide training, or reminders to staff about areas such as knocking and waiting at doors, use of mobile phones and how their approach to tenants is important (e.g. not rushing, treating like an adult). It should be emphasised that these were isolated, mainly one-off comments, however, they are still important.

### **Care home monitoring**

In 2017, the Contracts & Commissioning Team moved away from systematic annual minoring visits, adopting a practice development approach in supporting providers to achieve positive outcomes for individuals receiving care and support. This has nurtured and developed effective, constructive and professional relationships with providers of care and support (managers, Responsible Individuals and Owners). These relationships have been critical as we have met the challenges of the pandemic together.

### **Progress for Providers**

Progress for Providers in Care Homes is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes. 'Personalised Support' is a key aim of national policy and means tailoring support to the individual, and enabling them to have as much choice and control over their service and life as possible, rather than supporting everyone in the same way. This means learning what matters to the person and ensuring that any support wanted or needed is shaped by this. Using person-centred thinking tools and approaches helps staff to provide the best support that they can in ways that reflect what is important to the person. Working in this way is not about doing more, but about doing things differently.

The programme has been expanded to include domiciliary and extra care services and in 2020/21, the Progress for Providers Programme has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector.

## **2.5 Current and Projected Trends**

The Population Needs Assessment (2022) shows the projected increases on the population of older people, and those living with Dementia.

## 2.6 Impact of Commissioning practices on the market

### Support from the Council to providers

Flintshire have developed the 'Progress for Providers' Programme in Care Homes. This is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes, tailoring support to the individual and enabling them to have as much choice and control over their service and life as possible. Using person-centred thinking tools and approaches helps staff to provide the best support that they can in ways that reflects what is important to the person. Bronze, Silver and Gold accreditation will help managers check their own progress over time and demonstrate publically that they are making continued progress along the road to truly person centred care. Those who have achieved the accreditation will be listed on Flintshire County Council's website.

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

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

As well as the above, the Contracts and Commissioning Team have facilitated regular meetings with residential care, domiciliary care and Supported Living providers. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attend by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed

As part of our Contact and Commissioning Teams role, they work with due diligence when trying to identify any risks that a provider might have in the market, whether this be financial or other information. The Team are now able to do financial checks online on providers and companies, this enables them to complete an assessment of the provider's financial stability and identify any information that may flag up as being an issue in the future.

### **Supported Living – Commissioning**

In February 2020, Denbighshire's Cabinet approved the North Wales Supported Living Framework on behalf of all the 7 partner organisations, and agreed for it to go live from the 1st April 2020.

By adopting this Framework, Flintshire is able to effectively commission Supported Living services, when the need is identified whilst ensuring consistency and quality of provision across North Wales. Multiple service providers have already been admitted to the framework agreement following the requisite due diligence and quality checks. This enables Flintshire's commissioners to commission services adopting the framework agreement which can streamline processes whilst remaining in accordance with relevant legislation and the local authority Contract Procedure Rules.

For any service contract with a total value (projected annual contract value multiplied by the length of the contract) of £1 million will require the necessary delegated approval. Any service contract with a total projected value over £2 million will seek Cabinet approval prior to commissioning in accordance with the local authority Contract Procedure Rules.

Contracts officers and associated involved professionals adopt a collaborative approach with the individuals (where feasible) and stakeholders such as families to develop an appropriate service specification that meets the needs of each individual. Services are procured collaboratively with stakeholder involvement (where feasible) to select the service provider.

## **2.7 Sustainability of provision**

Flintshire County Council has recently employed a Planning and Development Officer to support the independent adult social care sector through the recent COVID-19 pandemic, and to become confident and resilient to meet the support needs of older people in Flintshire into the future. The officer will work closely with the adult social care sector to aid sustainability and recovery following the pandemic. This will include supporting with sustainability plans and recruitment drives in house and across the sector.

Due to the recent COVID-19 pandemic and its ongoing effects on Social Care, the market is extremely unstable at present. This is due to a number of factors including :

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

## 2.8 Risks to market stability

- Increasing population, people are living longer and therefore the demand for services is going to increase over the next five year period.
- Ageing population poses challenges for Flintshire, the projected increase in both 65-84 and those over 85+ years will lead to an increased service need.

In October 2021, workshops were held with Responsible Individuals (RI) in the sector to explore the strengths, weaknesses, opportunities and threats. Below are some themes raised in conversations with RIs from the Residential sector:

- Rapid changes in guidance
- Cost of living increases
- Hardship Fund tapering
- Recruitment and retention of care and nursing staff
- Good carers who are not IT savvy and not looking to upskill and undertake additional training for registration

### **Funding**

Some independent care homes charge more than the rate the Council can pay for care. If The Council is paying toward care home fees, and the individual chooses to move into a home which charges more, the difference between the two amounts has to be paid by another means. This is usually a relative, friend or a charity of the individual.

Sustainable care fees are required to ensure fair pay for care workers in the independent sector and sustainable fair pay for local authority funded care workers. The Care Home Sector and partners require fair funding to ensure they retain and recruit staff through higher pay rates. Social care jobs are simply not competitive with retail and delivery occupations which offer similar or more pay with less stress.

## 2.9 NON-REGULATED PROVISION [PREVENTATIVE SERVICES]

### **Local examples of community approaches:**

Cares Support - A number of organisation across Flintshire provide a range of support for carers to support them in their caring roles. This includes assessment, respite, small grants and training.

Single Point of Access (SPoA) - SPoA is multi-agency initiatives in Flintshire providing support for adults. By telephoning just one number an individual will be able to speak to someone about community health, wellbeing and care services. Access to information, advice, assistance, assessment and co-ordinated care will be available. SPoA also supports a co-ordinator who can advise and signpost to organisations within the Third Sector.

DEWIS - Dewis Cymru is a website that aims to help people with well-being, whether that's their own well-being or the well-being of a family member or friend.

The website contains information that can help people think about what matters to them and has information on services that can be accessed for support. Organisations across Wales can upload their own information to the site

## 2.10 Social Value

### Volunteers

Since April 2020, Flintshire County Council (FCC) and FLVC have worked in partnership to develop a creative, effective response to the Covid-19 pandemic focussing on voluntary support for formal and informal social care activities

This involved:

- FLVC staff working with Social Care Senior Officers and operational staff assessing the need for volunteers generally
- agreeing bespoke volunteering roles to support Social Care staff
- utilising FLVC's Volunteer centre staff resource, Volunteering in Wales website
- recruiting and training volunteers to complement the work of Social Care staff
- deployment of a trainer registered with Social Care Wales to provide introductory training in Safeguarding / Dignity in Care / Health and Safety / Equal Opportunities/Confidentiality

The volunteer group provided support from April to August to a number of activities and initiatives including twice-weekly delivery of PPE for staff at older people's care homes and domiciliary providers and schools, weekly shopping deliveries to two Supported Living Homes, delivery of donates chocolate eggs, 1:1 telephone support, Well Fed project and Food Bank Food parcel delivery; and delivery of iPads and Codgers Quarterly Newsletter to reduce isolation in care settings.

### Achievements

- Successful partnership working with FCC/Contracts Team
- 70+ Volunteers linked directly with Flintshire care homes, many more interested volunteers but have put their application on hold due to covid restrictions
- 70+ Volunteers attended the FLVC training: Introduction to Volunteering, Introduction to Social Care and Inspiring Digital Activities
- Level 2/ 3 Health and Social Care Student placements & partnership working with:
  - Glyndwr University
  - Mold Alun School
  - Coleg Cambria

<https://www.leaderlive.co.uk/news/19655304.flintshire-care-home-residents-helped-kind-hearted-volunteers/>

## 2.11 Resources

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

- Promoting third sector organisations, services and activities to statutory partners
- Representing the third sector at strategic planning and partnership groups
- Engaging the third sector in consultations and engagement about health and social services
- Promoting partnership working within the third sector and across sectors
- Signpost to or provide business support and funding
- Provide training to organisations to improve their capacity and effectiveness
- Explain the complexities of commissioning and procurement
- Help keep services up to date with the latest evidence base, and guide you through the changes in NHS and local authority structures.
- Help the start up of new services or groups
- Support the third sector in Flintshire and Wrexham to access FLVC and AVOW's services

## 2.12 Self funders

As of 1<sup>st</sup> February 2022, there were 194 self-funding placements in Flintshire care homes.

## 2.13 Workforce

### Transport

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

### Perceptions of social care

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

### Sickness and absence

Sickness and absence rates are high in comparison to other industries but it is accepted as one of the negatives of the sector. The most common causes of absence is sickness and

diarrhoea. The impact is for a short term need to replace staff and the added costs associated with this. All homes operated a statutory sickness policies.

### **Recruitment and retention**

Recruitment and retention issues are reported as the most significant issue affecting the sector locally. However, providers have identified that people in the workforce don't necessarily leave the sector, but move around within it and when they do leave, move on to employment in other caring roles such as within the NHS. Our challenge is to increase the number of people entering the sector.

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

### **Regulations**

Providers have reported concerns around the HR implications of new regulations and where this will lead in terms of existing staff who do not want to register or work towards qualifications.

### **Nursing staff shortages**

Shortages in nursing staff are presenting a problem across the UK (Public Policy Institute for Wales, 2015). In 2017, Welsh Government began to consult on the Phase 2 regulations for the Regulation & Inspection Act Wales 2016. Within this, a proposal was outlined that there would no longer need to be 24 hour nursing care on site for as long as it can be proven that the provision meets the needs of the individual. This may have an impact on those setting who have a low need for nursing care, as they can look at how they can meet these needs in a more flexible way. However, for homes where high levels of nursing care are required, the issue is still present.

### **Employee Assistance Programmes**

Flintshire County Council has bought in to the Carefirst Employee Assistance Programme. Carefirst provides confidential, impartial advice and support 24 hours a day, 365 days a year, online or via the freephone telephone number. The service is free for all employees to access whenever they need it.

Carefirst offers free and confidential assessment, short term counselling and follow up services to employees who have personal and/or work related problems. These can include from complex issues affecting mental and emotional well-being, such as alcohol and substance abuse, stress, grief, family problems and psychological disorders. A similar form of support may be of benefit to those working in the sector to build a resilient, supported workforce. The effect on sickness levels and retention levels can be monitored alongside and implementation.

### **The Hardship Fund**

Over the course of the recent COVID-19 pandemic, Welsh Government's Hardship Fund provided additional financial support to the sector which included:

- Support towards the cost of void placements in care homes, plus an additional £50 per week per resident.
- An additional £1 per hours for domiciliary care staff.

- Additional £37 per week per individual for Supported Living providers.
- Other support, for example, funding for additional staff capacity to support individuals who found it difficult to isolate in care homes.

### **Assessors**

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

### **Impact of Covid-19**

Following the COVID-19 pandemic staff numbers within the sector may go down which will cause issues within a sector that already struggles with staff recruitment and retention. Throughout the pandemic, the sector has received praise from the Government as well as the public and this may change opinions on working in the sector.

### **Progression**

Homes owned by a group have their own training programmes in place and often used external training providers. They recognise the value of career progression and remarked that this policy often assisted in staff retention rates. Smaller family owned homes found the cost element to be more challenging, but still recognised the need. There was a willingness for managers to broaden their management skills but stated that time to train was a major barrier in them not proceeding.

## **2.15 Conclusions and Recommendations**

There are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. There are suggestions on how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

Other local actions include:

- Progress in-house residential care expansion schemes

### 3. CARE HOME SERVICES (CHILDREN)

#### 3.1 MARKET SUFFICIENCY

##### **Rebalancing Local Residential Provision**

Despite the commitment to prevention and early intervention, there will always be a small proportion of Children Looked After who need residential placements, and Social Services want to make sure that these children and young people can remain close to home.

Teams have continued work to meet objective in providing local residential care within Flintshire, utilising funds from the young people's Transformation Programme. This also serves to meet Welsh Government's Programme for Government ambition to eliminate private profit from the care of children looked after through establishment of Local Authority provision.

North Wales has secured £3.8m grant funding for a regional Transformation Programme for Children and Young People for 2021/22. In the East Area, the strategic partnership of Wrexham and Flintshire Councils with BCUHB is overseeing the delivery of the transition programme, which aims to provide:

- i) Early intervention and prevention to improve the emotional health, wellbeing and resilience of children and young people
- ii) Edge of Care interventions incorporating Multi-Disciplinary Teams.

##### Ty Nyth

Ty Nyth in Mold is a property that has been acquired by Flintshire Council on behalf of Flintshire and Wrexham, and will provide short term residential accommodation for four children, plus one emergency room, for children aged 11 to 18 years.

Alongside the residential Care Team a specialist MST-FIT (Multi-Systemic Therapy Family Integrated Transition) Team will be on site to support young people accommodated at the service alongside their families. The Team will identify the issues which may present difficulties in order to plan a successful return home. This is the first provision of its type in Wales.

Whilst in the residential assessment centre, the residential team will work on a number of skills with the young people through an Integrated Treatment Model (ITM), including mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness and Social Skills

The residential team will provide day to day support, care and supervision of the young person, including but not exclusive:

- ensuring they continue to attend their school and support them with homework;
- provide and cook their meals;
- support them in any contact they may have with family / carers;
- support the young person to stay safe both physically and mentally;
- provide any support the young person may require with meeting other professionals.

The residential team will also be responsible for the day to day running of the assessment centre, including but not exclusive:

- ensuring the policies and procedures are up to date and adhered to;
- the centre is adequately staffed 24 hours a day every day of the year;
- the building is kept secure and safe at all times;
- the building is kept clean and tidy, with adequate food and other provisions.

The property will be operational by November 2022, following registration.

#### Park Avenue

Alongside the Ty Nyth site and being refurbished at the same time is a 4 bedded residential children's home for long term placements for young people from Flintshire. The property will be operational in November 2022, following registration.

#### Small Group Homes

Bromfield Park offers care and support including accommodation for two young people between the ages of 8 years – 18 years and 3 months who are supported by Flintshire County Council. It is recognised that the young people who live at Bromfield Park are likely to have experienced trauma which may have impacted on their ability to manage their feelings and emotions, communicate their wants and needs effectively and to form positive attachments.

Young people living here will be supported to prepare for their future which might include a foster arrangement and/or independent living arrangement. The amount of time that young people will be living at Bromfield Park will vary depending on their age, needs and individual circumstances. This will be determined in their care plans and personal plans.

Following the assessment and understanding of the young person's care and support needs; the team will ensure that the appropriate care and support is put in place and available to all young people living at Bromfield Park. We believe that by providing young people with a clear care and support plan and co-produced personal plan, that fully and clearly reflects their individual needs, it will allow them the opportunity to explore, reflect upon and manage the impact that the trauma they have experienced has had on their social, emotional and cognitive development.

Refurbishment is well underway to provide two further small registered homes to accommodate children and young people from Flintshire who need long term residential care. The build programme is scheduled to be completed by the Summer/Autumn 2022. Indicatively we are seeking to commit to 6 small group homes over the next 3 years.

#### Accommodation for Unaccompanied Asylum Seekers

A 3 bedded Council property is being refurbished as accommodation for Unaccompanied Asylum Seekers. Support for residents will be provided externally by those with specialist skills and experience, sources through the 4Cs Framework. This will be based on a Supported Living model. This property will be ready by the end of 2022, subject to RISCA registration.

#### Arosfa

The Arosfa Short Breaks Service, delivered by Action for Children, offers short term residential breaks at regular defined intervals which include overnight, mid-week and weekend stays for children and young people with profound disabilities. Utilising funds from the Integrated Care Fund, an unused wing at Arosfa has been refurbished, and this has increased the service capacity

In April 2021 the refurbishment work at Arosfa was completed increasing the provision to 5 beds at Arosfa. These beds bring capacity to accommodate permanent long-term residents, and provide a quality local services as an alternative to out of county placements and again, meeting priority areas by working with third sector organisations to remove the profit from care services.

### Unregulated Placements

Whilst bringing enhanced local placement capacity these developments are within the context of a national shortage of residential placements for children. We know that across Wales there is a significant shortfall in placement sufficiency leading to unprecedented reliance on unregulated arrangements. It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced.

Locally we currently have a number of children supported in unregulated placements. We also have a sibling group of 4 children in regulated, out of county placements, who are at significant risk of losing their placements and require a bespoke provision to ensure placement stability and the delivery of positive support to their lives which currently feature behaviours of concern, vulnerability of exploitation and episodes of missing from care. The reality is that this sibling group require the immediate development of a bespoke provision/s in county.

The development of options for this sibling group forms part of a wider strategic approach to developing local provision that takes stock of the national and local context and aligns placement demand/need, sufficiency, accommodation, education, workforce, and finance/funding.

**Update:** Further information about these schemes can be found in Flintshire County Council Placement Commissioning Strategy 2022 to 2025. ([link to be included once approved](#))

### **Out of County Placements**

Whilst local provision is in development, there will always be a small proportion of looked after children who need residential placements, and we want to make sure that these children and young people can remain close to home.

An increasing demand for residential places and a lack of supply in local residential providers has resulted in a 'providers market'. Providers are able to be more selective of the young people they accept, which may result in those with higher levels of complex needs and behavioural challenges being more difficult to place. This may be due to the skill/expertise of the provider, a concern about how behaviour might impact other residents and the local community, and worries that all of this might impact upon the outcomes of the service.

Alongside the financial pressure, there is also a pressure on staff time. In the event of a bed available, a number of local services may be seeking to secure it, resulting in competition.

This high demand puts pressure on Local Authority finances, with providers able to dictate the cost of the provision. There is a risk expenditure on out of county placements increases as placement costs increase in a demand led market.

A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset. Our research tells us that while children have been appropriately placed in residential settings based on their presenting needs, there had been few viable

alternative approaches available which could have contributed to a de-escalation, eliminating the need for out of county placement.

Flintshire County Council commission 39 children's care home services. Out of these 39, 18 are placed in Wales, 16 are in England and two are in Scotland.

From the placements with Wales, 14 are in North Wales and 4 are in South Wales.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

At present, there is a demand for residential service for children who suffer with their mental health, and there is no the sufficient level of care and support with the local authority area to provide this. Therefore services are being sought out of county which incurs further cost implications.

### **Emergency provision**

Social Services across the UK are facing increased pressures to find placements in emergencies. Locally, we do have situations where no placement can be sourced for child. This necessitates the development of a holding position to provide accommodation and support until a placement can be found. This situations may arise from difficulties in placing young people following the breakdown of relationships at home, transfer of children where the police have used their powers of protection to remove children and a lack of secure placements for young people with high level needs and welfare risks.

It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced. Safeguards around unregulated placements include the need for Senior Manager approval, notification to CIW as our regulator, a care and support plan, completion of social work visits, involvement of Independent Reviewing Officers and supervision of social workers to look at arrangements/ move on plans.

The arrangements that local authorities have to put in place in emergencies can amount to unregulated placements. Under RISCA it is an offence for a person to provide a regulated service without being registered in respect of that service. This project will move to establish a registered provision that be set up in an emergency to provide accommodation, care and support. The provision will be designed to open as situations arise and close down as move on placements found. We would draw on registered staff in other provisions as opposed to employing a dedicated staffing Team.

### **Please also see:**

- Draft Children and Young People's Residential Care and Fostering North Wales Market Position Statement. Update to May 2019 publication. April 2021 to April 2023.
- Care Closer to Home - Flintshire County Council's Placement Commissioning Strategy from 2022 to 2025

### 3.2 MARKET STABILITY

Like many other authorities, Flintshire is currently reliant on the independent sector for Children's Residential Care provision. This provision is very expensive and often in placements that are out of area. There are opportunities to use transformation grant funding to facilitate a different approach to help reduce the reliance on Out of County placements which lead to unsustainable financial pressures for social services and education. Approaches to this have been outlined above.

In August 2020, ADSS Cymru published a [report](#) which examined the case for rebalancing social care provision in Children's Services. The report identified a significant imbalance of power in the children's residential care market, which is affecting placements and choice, the ability to make the best match to a child's needs, the workload, and the outcomes for children. Without rebalancing, there will be a continued reliance on private providers with, in some cases, high cost, and questionable value for money, greater instability for children and poor outcomes. The aim of any rebalancing must be to develop stable, resilient markets, which offer options and choice, quality care, fewer placement breakdowns, and good outcomes for children.

Over the next five year period, in order to ensure stability within the sector, the Authority aims to :

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

The First Minister and the Deputy Minister for Social Services are clear that the 'Eliminate private profit from the care of looked after children' Programme for Government commitment is a top priority for delivery. This commitment itself builds on the long held view of Ministers that private profit be removed from the care of looked after children and aligns with calls made by the Children's Commissioner for Wales and Voices from Care.

Further, children themselves have expressed upset at being looked after by profit making organisations, that they feel 'bought and sold'.

### 3.3 Action Taken Due to Provider Failure

The majority of residential placement providers are signed up to the Children's Commissioning Consortium Cymru (4C's) and therefore they take the lead on any monitoring arrangements. If there is provider failure or concerns these are investigated and resolved through their own internal procedures.

North Wales Quality Management Escalating Concerns Procedure

There is a small number of providers which have not signed up to the 4C's Framework, if there are any issues with these providers or concerns, Flintshire County Council follow the North Wales procures for contracted care and support services for children, young people and adults : ensuring quality services, responding to increasing and escalating risks or concerns (including 'embargo policy').

Increasing and / or escalating concerns arise where there are accumulating issues and / or a singular significant event or incident relating to the operation of a service, or the quality of care and support being provided. They may also be instigated alongside or as a consequence of other procedures including safeguarding providers and/ or regulatory procedures. Each of the north Wales commissioners has a range of methods in place to assure themselves of the standards of quality and safety and the outcomes for individuals that a service offers.

### **3.4 Consideration of Market Quality**

During April 2021, Care Inspectorate Wales (CIW) completed an assurance check to review how well the Local Authority Social Services continue to help and support adults and children with a focus on safety and well-being. The key lines of enquiry were focused within the four principles of the Social Services and Well-being (Wales) Act 2014 and findings / judgements were aligned to these – People – Voice and Control, Prevention, Well-Being, Partnerships and Integration.

### **3.5 Current and Projected Trends**

- Challenges in accessing secure welfare placements and local alternatives that provide crisis intervention and diversion from secure accommodation.
- Challenges in sourcing appropriate local placements for children and young people with complex needs.
- Need for additional and appropriate short term care arrangements and facilities for children. This also includes children with additional needs and on occasions their siblings.
- Children ages 16+ often have complex needs and placement options are limited, a strategic approach is needed in supporting the accommodation and support needs of young people ages 16-18 and for care leavers.

### **3.6 Impact of Commissioning practices on the market**

The Authority will continue to use the All Wales Local Authority Frameworks to commission individual placements across a range of placement types. These frameworks deliver strategic level partnerships with providers in fostering and residential services. The frameworks are used where either the Regions Sufficiency Duty necessitates external commissioning or where best quality, outcome delivery and value for money is achieved through external commissioning rather than internal service delivery. The All Wales Frameworks are managed by the 4C's.

The vehicle used for e-tendering external fostering and residential placements is the Children's Commissioning Support Resources (CCSR) which offers transparent and

outcomes focused placement commissioning for both Framework and Non-Framework regulated placements and allows compliance with the relevant procurement guidance and regulation that underpins commissioning.

### **3.7 Provision of service in the Welsh Language**

There is a gap in provision for services that are provided in the Welsh language.

### **3.8 Sustainability of provision**

With the development of in-house provision, we seek to address sustainability issues.

### **3.9 Risks to market stability**

For the Regional Market Stability Report, the local authority identified the following market sufficiency issues:

- Sourcing appropriate local placements for those with complex needs
- Meeting demand for children who need complex multi-agency care packages or have challenging risk management plans, example behaviours include anger management issues, verbal and physical aggression towards adults
- Insufficient placements lead to children being placed in unregulated settings
- Not enough carers who speak Welsh
- North Wales has a shortage of parent and child places, especially in Wrexham and Flintshire

Flintshire along with other local authorities have experienced that a lack of supply in local residential care means that providers were often able to 'pick and choose' which children and young people they support. There is often a reluctance to take children and young people with complex needs and behavioural challenges. This may be due to a number of reasons including the lack of skill/expertise, a concern about how behaviour might impact other residents and the local community, and worries that all of this might impact on their inspection judgement.

Alongside this, the capacity of the workforce presents a risk. The challenges with social care recruitment are well versed and reflected in recent efforts to recruit to our developing in house provision. The approach is been to recruit based on aptitude, values, and potential, as opposed to direct experience. This does create risks which are likely to compound as we extend our provision at a time when neighbouring authorities will start to expedite their own plans to expand in house provision and the associated workforce expansion. There will be an increasingly competitive market. Demand for staff for children's residential services, especially Residential Managers will be in high, with local authorities paying different rates.

In order to operate the in-house provision as outlined in this document, 33 residential staff are required. Alongside the time taken to recruit, additional time is needed to develop these new staff and support them through a wealth of training to enable us to develop a quality service. Whilst incurring this additional expense, the local authority will still be funding the current cohort of placements, resulting in budget pressures.

The Council are also mindful of the risk that the new resources will have on the current sector, in that there may be movement between private and local authority provision. There is a need to work collectively and collaboratively to ensure businesses remain viable businesses, and placements are still made with local providers to prevent destabilisation

Given the Council's ambitious plans, investment will need to be made in building Responsible Individual capacity. Flintshire is in a current period of expansion in other areas of social care, including in-house residential care for older people and Extra Care. With these new services coming online, additional capacity will need to be considered to meet the need of the growing children's residential provision alongside this.

The Council are in the early stages of exploring residential educational provision for children with physical and learning disabilities. This will provide an offer local to home, which is currently not available. Learning has been taken from across North Wales to develop a business case to take this forward. Alongside this, there is scope to explore additional options for young people with Learning Disabilities post-16 through existing partnerships with third sector organisations. The accommodation needs to this cohort will also need consideration of there is a local educational option to out of county residential college.

There are further educational considerations. We need to ensure that as more children and young people with complex needs will be accommodated closer to home, that there is appropriate educational provision in place to meet their needs. The need to review the range and capacity of specialist educational provision across the authority has been identified by the Education & Youth Portfolio and as such, has been included as an ongoing priority area within the Council Improvement Plan. To inform the requirements, a review and feasibility study were commissioned to provide information regarding the level and areas of need for specialist provision and potential options to address these.

The review identified the following:

- A shortfall in provision for pupils with behavioural, emotional and social difficulties (BESD)
- A shortfall in specialist provision for pupils with Autism
- A need for additional capacity within the existing specialist schools to meet the level of demand
- A specialist Resourced Base provision for a small number of pupils with moderate learning difficulties.
- A shortfall in residential provision for pupils with additional learning needs

In response to the review, the Council has invested £6m in the development of a purpose built facility for pupils with BESD. Plas Derwen pupil referral unit (PRU) opened in September 2021 providing a specialist setting for a greater number of Flintshire pupils. Flintshire is one of only two councils nationally to have made a significant investment in their PRU facilities in recent years, offering an improved learning environment for some of our most vulnerable pupils.

A feasibility study has been completed to outline the potential options for the Council to address the other identified shortfalls in provision. A range of options have been identified and these proposals will now be considered as part of the Council's strategic development of its educational provision.

### 3.10 NON-REGULATED PROVISION [PREVENTATIVE SERVICES]

#### REFLECT

The REFLECT Service supports women who have had one or more child/ren removed through care proceedings and are at high risk of having children who will be subject to same experience. Through the delivery of an evidence based model you will support women to avoid pregnancy that could lead to care proceedings and removal of their children in the future. This will support women (and their partners) to achieve positive change in their lives to so that they can break this cycle.

#### Early Help Hub

The Early Help Hub is a multi-agency early help resource for children and families demonstrating 2 or more Adverse Childhood Experiences (ACEs). Partners include Social Services, Police, Health, Youth Justice, Housing, Flintshire Customer Connects, Education, Family Information Service, Early Years Support and Flintshire Local Voluntary Council (FLVC).

The Early Help Hub (EHH) received 2641 referrals between April 2020 and end of March 2021 (Flintshire County Council, 2021) and the team have adapted to meet needs during the pandemic. All EHH members quickly reverted to having discussions online and agencies adapted well during lockdown and there was no interruption with meetings. Referrals slowed down slightly during April/May but started to pick back up again from June.

#### Parent and Child Together Placement'

The 'Parent and Child Together Placement' recruitment campaign is beginning to come to fruition. This aims to keep children with their parents in a specially assessed foster care setting.

Flintshire closely scrutinise decisions about whether older young people should be taken into care and, in particular, what difference can be achieved at this relatively late stage.

#### Flintshire Meeting Service

Flintshire Meeting Services approach is aimed at keeping families together wherever possible. Families are offered a Family Group Meeting at the earliest opportunity, to prevent them from reaching crisis. Family Group Meetings explore if wider family members or connected persons would be willing to put themselves forward to be assessed to care for the child. Further funding has been made available to strengthen this approach. We have seen an increase in referrals to the service and its been noted that families during this period required additional support due to the impact of COVID19 and the strain and increased pressure/stress on family life. We have also seen a sharp increase in referrals from statutory services which again highlights the strain the pandemic has and is having on families.

#### Family Information Service (FISF)

We are a statutory local authority service providing free and impartial information, advice and guidance to families (and those working with families) on a range of topics and in various formats.

Topics include health, education, leisure, finance and registered childcare. The service processes an average of 20,000 enquiries each quarter either face to face, by telephone & email or on the website and via social media.

### 3.11 Conclusions and Recommendations

#### Summary of commissioning intentions

##### Residential Provision

Having care facilities and placements delivered by registered providers both locally and in the region of North Wales is a strong intention for Flintshire going forward. If additional funding is available then there is a clear commitment to extend the development of Small Group Homes over the next 3 years.

Work is also developing on a provision to support Unaccompanied Asylum Seeking Children (UASC) as the authority has been allocated 10 children through the initial phases of the National Transfer Scheme (NTS) that will require support as looked after children. This number is likely to increase as part of national allocations through the Home Office.

##### Edge of Care

Flintshire want to invest in children who are deemed to be on the edge of care. This support will ensure that children do not necessarily become looked after due to inadequate support that may prevent care and support needs escalating to a point beyond the immediate family's ability to maintain the child. This will also ensure that Flintshire will be aware that those who do become looked after will come into care with more intensive and complex needs that we can support accordingly. This edge of care support will also look at commissioning short periods of care on a temporary basis where necessary so that appropriate work can be done to facilitate ongoing family reunification.

##### Responsible Individual Capacity

With these new services being developed, additional capacity will be needed to meet the need of the growing children's residential provision alongside development in adult's services.

## 4. FOSTERING SERVICES

### 4.1 MARKET SUFFICIENCY

As of the 31<sup>st</sup> of March 2021, there were 109 children and young people in foster placements within and outside the Local Authority Area (not including kinship placements). As of 16<sup>th</sup> February 2022, this figure was 102.

We must ensure we meet the forecasted demand for children by creating a resilient pool of in-house foster carers to provide care for local children with a variety of needs.

Children's Services Placement Commissioning Strategy details Flintshire County Council's commitment to ensure safe, high quality, support for children on the edge of care services and to the children we look after. Our aim is to support this cohort of children and young people so they are able to develop the skills and resilience to lead fulfilled lives.

#### **Where are the gaps and areas of concern?**

- Demand for foster placements currently outstrips supply. This includes placements for children who require a complex multi-agency care package or have challenging risk management plans, examples of these behaviours include anger management issues, verbal aggression and physical aggression towards adults.
- As a host Local Authority for other areas, there is a significant pressure on our available resources to support children who are looked after.
- Lack of sufficiency for the highest end of needs profile. These are children who currently live in a care home as there are not enough skilled foster carers who are able to meet their needs.
- There is a need to increase the supply of foster carers
- There is a need to expand the Mockingbird Hub model
- There is a need for suitable accommodation for Looked After Children including sibling groups and children with disabilities.
- There is a need to stimulate growth in specialist provision for children and young people who have complex mental health needs
- There is a need for more foster carers to support children in the age categories 10-14 and aged 15+
- There is a need to strengthen targeted/intensive support for children and families on the edge of care
- An insufficient supply of placements leads to young people being placed in unregulated settings.
- Covid has placed significant pressure on families.
- There are not enough foster carers with the right skills to care for our children who have a disability.
- There is not enough availability in our region for our disabled children who require short breaks.
- There are not enough carers who are able to speak Welsh in our region.
- There is a shortage of parent and child places in the North Wales region, particularly in the Wrexham and Flintshire areas.

#### **What we don't need:**

- We do not want to compete with independent providers for local carers. We believe this is a waste of everyone's resources. This can be achieved by independent

agencies targeting their local recruitment at the areas where we are not developing our own in house services.

- The provision of general foster placements by the independent sector is not an area where we require an increase in provision.
- We are able to look after the majority of children under 8 within our in house fostering services.

**Please also see:**

- Draft Children and Young People's Residential Care and Fostering North Wales Market Position Statement. Update to May 2019 publication. April 2021 to April 2023.
- Care Closer to Home - Flintshire County Council's Placement Commissioning Strategy from 2022 to 2025

## 4.2 MARKET STABILITY

### **Foster Carer Recruitment.**

The [Foster with Flintshire](#) portal has been developed to promote Fostering roles. The site contains a wealth of information, resources and stories from some of Flintshire's current Foster Carers.

### **Babies and young children**

There is currently a surplus of enquiries from those who are interested in fostering babies and/or young children. Given the current population of Children Looked After, the demand is for foster carers who have the skills and experience to support teenagers and sibling groups. We have now targeted our recruitment strategy to address this.

We are now actively recruiting carers who can support a wide age range, including older young people aged years 12+. We have seen an increase in 14, 15, 16 year old coming in to care.

### **Rebalancing Local Foster Care Provision**

We have a pool of experienced and committed foster carers and have been able to grow our foster care numbers. Applications for fostering are typically made after a 'skills to foster' course. The reality is that we have not had the capacity to respond to the pace of placement demand. The provision of appropriate kinship placements is significantly greater than that of 5 years ago and the focus of this work, within the context of court timescales, has impacted on the overall capacity of the Fostering service. It is recognised that investment in fostering is a critical interdependent component of reducing, and managing, the demand for residential placements.

Another challenge is that we have a surplus of enquiries from people who are interested in fostering babies and/or young children. Our need is for foster carers who have the skills and experience to support teenagers and we have a targeted digital recruitment strategy to address this. We have also undertaken a Parent and Child Together Placement recruitment campaign which is beginning to come to fruition.

Our **Special Guardianship Support Service** continues to go from strength from strength. Foster carers who take out a SGO continue to receive the support necessary from their supervising worker easing their transition.

Work continues to support a small number of looked after children through the

establishment of a **Rehabilitation and Prevention Service (RAP)**. The service provides intensive therapeutic support for looked after children with support from experienced foster carers. The service is a partnership between the local authority, Health CAMHS and Action for Children. The Service is split in to two elements:

Children and young people referred to the RAP Tier 3 service all have severely disrupted and abusive backgrounds and their needs are among the most complex conceivable. The service provides intensive therapeutic support to the child/young person and their carers to stabilise their placement and encourage the development of healthy attachments for the individual children and develop their ability to regulate their emotions. Practitioners also work alongside Social Workers and Education staff to develop positive plans for the future, promote positive contact with birth families and to support the child's access to and use of education. The aim of this service is to maximise the potential for positive future outcomes for this vulnerable group of children and young people who are at significant risk of developing mental health problems, drug and alcohol addictions, criminal pathways and social exclusion. Involvement in this service could continue as long as 18 months, or longer dependant on the needs of those involved.

'Solutions' (Wrap Tier 2) is a therapeutic service offering early intervention and prevention services to children, young people and their families where there are indications of emotional and/or behavioural difficulties that could lead to the development of future placement breakdown and mental health problems. Therapy, primarily following a solution focused model, is providing children and their parents to promote emotional well-being, resilience and familial bonds to enable families to find alternative ways of coping with particular difficulties and/or predictable transitions in life.

The service deals with a huge range of referrals including behavioural management problems; anxiety and phobic issues; distress caused by parental separation; trauma from past neglect, abuse or exposure to domestic violence; children who are at risk of losing their place at home or with foster carers as a result of their challenging behaviour. These interventions vary in length depending on the complexity of the case.

As part of the Council's commitment to enhance the Fostering service, the **Mockingbird family model** has been implemented. This model replicates an extended family in 'Constellations of 6-10 fostering households. Groups of Mockingbird Carers are called a Constellation. A Constellation comprises of 6 – 10 satellite Fostering Families who are supported by a Hub Home that is operated by an experienced Foster Carer and offers advice, training and peer support, planned and emergency sleepovers. It also facilitates positive relationships and visits for sibling groups who are in care, but not in the same care setting. Each constellation is supported by a Mockingbird Liaison Worker who provides support and a link between the Constellation and Fostering Service.

Therapeutic services within Mockingbird provide additionality, focusing on support for foster carers to discuss the children's behaviour directly with the therapist and receive support and develop strategies for meeting the holistic needs of the children.

Following the launch of the 1st constellation in January 2020, and the second in February 2021, a third constellation has now been established in November 2021, and supports 4 satellite families, comprising 8 looked after children, and 5 birth children.



The Fostering Network's Mockingbird programme

The 'Adaptations to Foster Carers' Homes' policy was introduced in 2020, supporting foster carers make necessary adaptations to their home to provide adequate space for children/young people. It supports; sibling placements, the needs of children with multiple disabilities, secure extra capacity for foster placements and to meet health and safety requirements which would otherwise result in a child being moved.

Funding compliments existing support and is a step forward in securing local and stable placements for children. Applications for grant funding will be considered up to £36,000, and £20,000 for relocation to a more suitable property. To access the grant, carers and social worker must first exhaust other options/resources.

Grants are also available to; existing or prospective adoptive families, family and friends/carers of children under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

#### Parent and Child

Extension of timescales constantly. PAC placement could last as long as proceedings. Care tied up. Parent moves on, leave child with carer 12 – 18 months while looking for adoption. Offered out training to all carers. Take up, but not carrying forward to a placement. Need to revisit with current cohort of foster carers. Need carers who are able to offer flexible. Increase in allowance with pact, and step back down.

#### 4.3 Action Taken Due to Provider Failure

Placement stability meetings are held when placements become unstable.

The Disruption meetings process brings in the 'Family Group' Meeting service to bring stakeholders together to discuss solutions and outcomes. Lessons learnt will be recorded.

#### 4.4 Current and Projected Trends

There are a number of identified pressure points and ways that these can be supported. They are:

##### Children age 10-18

Flintshire needs to develop some step down options for Children should their care and support needs decrease and be ready to explore at earlier stages a possible integration back into birth family, where it is safe to do so. Mostly, children wish to maintain strong ties with their immediate family and Flintshire must be sure to take adequate steps to make this a reality.

##### Connected Persons

A robust service to support connected persons is essential to be developed. Flintshire recognises that in future connected persons will require robust training and support to help them maintain a placement and to keep a child within the family network. Flintshire will also need to support and encourage Special Guardianship Order's be undertaken and that support is in place to make the SGO's a continued success.

##### Children at Crisis Point

Flintshire recognises that whilst in a placement children can still come into crisis, and ensuring that there is contingency support should this be the case is crucial. The need for respite to be built into a care plan to support the maintenance of a placement and having carers that are adequately skilled in managing challenging cases and individuals. Flintshire County Council also recognize a grown trend in the number of children becoming looked after who are in their older teenage years and will take steps to meet this need but to also prevent situations escalating into crisis to begin with.

##### Older Children

The trend of older children coming into local authority care is notable. Flintshire must ensure that Foster Carers are adequately trained to support these older children and that links are built with housing, education, and residential providers to meet this need.

##### No Wrong Door

The Children's Commissioner for Wales has asked every region to adopt a 'No Wrong Door' commitment so that children and their families would not get bounced between services or get doors shut in their faces. Every Regional Partnership Board has a plan for children's provision, and has begun to make changes towards a No Wrong Door approach.

The [NEST Framework](#) is a planning tool for Regional Partnership Boards that aims to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales. The NEST/NYTH framework includes No Wrong Door as one of its key principles. Boards have engaged positively with the new NEST / NYTH framework and all have a plan to work within this framework

## 4.5 Workforce

### Foster carer recruitment.

The [Foster with Flintshire](#) portal has been developed to promote Fostering roles. The site contains a wealth of information, resources and stories from some of Flintshire's current Foster Carers.

## 4.6 Conclusions and Recommendations

### Summary of commissioning intentions

#### Mockingbird

Following the successful development of 3 Mockingbird constellations, a further (4<sup>th</sup>) provision will be developed.

#### Training for Foster carers

There is need to commission and develop robust packages of support for Foster Carers who are caring from children with complex needs. Adequate training and support for carers is paramount to Flintshire so that we can provide appropriate, loving and supportive care to those children who have the most complex needs in an environment most similar to a family home.

#### Advocacy

Development and focus on advocacy for parents as part of the national service development.

#### The voice of children and young people

The Council are to commission an App to support feedback from children and young people in receipt of services

## 5. DOMICILIARY CARE SUPPORT SERVICES

### 5.1 MARKET SUFFICIENCY

#### In house services

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

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

The Community Support Service adopts an ethos of reablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014.

The Community Support Service provides services to people over 18 years who have been assessed as having a social care need living in Flintshire.

We are able to provide care and support to individuals who have an assessed care and support need. The range of health and care needs we support is wide and includes:

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

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

- **Reablement** - This care and support approach is designed to support people to regain, improve and maintain their daily living skills and maximize their independence whilst continuing to live in their own home. Reablement is available to anyone who has an assessed need, this is a short term service which can be provided for up to six weeks.

The service has close links with hospital discharge teams and staff understand how difficult the transition from hospital to home can be. The service also plays an important role in working with people to achieve their own personal goals to aid integration back into their own environment at home and into their local community. The reablement service plays an important role in contributing to a reduction in hospital admissions and readmissions and works closely with a range of professionals including Occupational Therapists, Social Workers, Physiotherapists and District Nurses. The service also works positively with people and their families during this initial six week period to deliver

positive change and stability. We aim to support people to maximize their independence as quickly as possible and ensure that if people need ongoing care and support this is at the appropriate level.

- **Living Well** - our Living Well teams provide flexible care and support for people living with dementia. The service offers people a flexible package of care in their own home that is designed to allow independent living and aims to support people to stay active in their own community for as long as possible.

The Living Well teams provide long and short term care for people living with dementia, regularly reviews the care and support people receive to ensure the care and support is still relevant to the individual. One of the most important aspects of this service is that the care and support is tailored around the individual. Care, support and activities are developed over time as the staff build up a relationship with the person and they understand what they like and need. This has huge positive outcomes and contributes to people living with dementia maintaining their independence for as long as possible.

- People who have long-term **complex care** needs are supported by the service, with a distinct aim to remain independent in their own home. This includes daily living support, helping to achieve identified goals, support with medication. Where required we are able to support people at the end of their life with palliative care providing sensitive support to individual and their families through this difficult time.

The service is also able to support people who have complex relationships and this can include family situation or even where there has been a breakdown in the relationship with other care services. Often the service offers vital stability and reassurance that can support people overcome a crisis within their home life.

### **Local Domiciliary Care Market - Dom Care providers**

There are 49 providers on the North Wales Domiciliary Care Framework who applied to deliver services in Flintshire of which 28 are actively delivering care in the area, although a small proportion are delivering supported living exclusively under an alternative framework. This is in addition to the Local Authority's in-house care provision which more detail is provided on in the following section.

Both independent sector and Local Authority services are currently delivering around 7500 hours of domiciliary care per week. Flintshire County Council in-house provision delivers approximately 14% of this market, but aims to increase service delivery in this area to support more people to live at home, in line with the Council Plan. These figures exclude the provision of Extra Care, from which the Local Authority delivers around 370 hours of care per week.

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

In regards to the business demographic of providers, the vast majority (12 out of the 18) are local providing services either exclusively in Flintshire, or within Flintshire and neighbouring authorities. Another 4 provider's work across the North Wales region, while we also have 2 national providers.

In regards to the demographic of people accessing domiciliary care, the vast majority are people aged 85 and over;

Age Group	Percentage of Provision
18-24	1%
25-64	17%
65-74	12%
75-84	27%
85+	43%

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

**Extra Care**

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

The benefits of living in an Extra Care facility include:

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

The Council currently has 4 Extra Care facilities, Llys Eleanor (Deeside), Llys Jasmine (Mold), Llys Raddington (Flint) and the newly occupied Plas yr Ywen (Holywell).

The Council are working to expand our network of Extra Care accommodation with our partners. A new Extra Care site will be established in Buckley.

**Challenges**

There are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. There are suggestions on how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

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

- The ICF and Transformation Funding moving to the Regional Integration Fund’s (RIF) a five year programme is welcomed, however we continue to work through the guidance and impact of the changes. Due to the value of this funding, it is critical that any changes in criteria are articulated with notice so the Local Authority can consider and plan services with this in mind.
- Procurement restrictions have been conflicting to this need to act rapidly, specifically where there has been a need to commission directly with a provider. In addition procurement processes have proven heavy and unattractive to certain providers, particularly in the third sector, which then hinders the number of suppliers submitting tender applications.

- There is an urgent priority around ensuring a sufficient workforce is in place for the delivery of social services and social care functions. The recruitment and retention of Social Workers, Occupational Therapists and direct care workers has become a particular challenge.

Other local actions include:

- Move Micro-care from a pilot programme to part of the ongoing Social Services offer.
- Progress in-house residential care expansion schemes

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

As outlined in The North Wales Social Care and Community Health Workforce Strategy, the sector is under significant pressure as a result of :

- Changes to legislation as a result of the Regulation & Inspection of Social Care (Wales) Act 2016
- A new qualification framework
- Competitive pay structures with other sectors
- Competition from other sectors

A further challenge is the financial implications decreasing budgets could have on the amount of services which are able to be commissioned and provided.

As of January 2022, areas of ongoing pressure include:

- double person care
- rural areas
- border areas between local authorities and with England.
- discharge from hospital
- hand-backs from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, borne in the main by care staff themselves

### **Micro-care**

To meet the growing demand for care the Micro-care pilot project has been established to expand both the supply of care in and the choices available for people across Flintshire.

Micro-care enterprises are small businesses ranging from sole traders up to businesses employing 5 people who offer flexible and personalised care and support services to vulnerable people, tailored to their individual's needs.

The project supported by two development officers seeks to promote social care as a career option and help develop micro-care enterprises to support vulnerable people across Flintshire.

The aim is to encourage people to become micro-carers who are either:

- Interested in providing social care services to older people but may have no experience
- Currently working in the care sector but interested in being their own boss
- Actively supporting people in their local communities

- Want to do something that support others and makes a difference

The Micro-care team work with individuals to:

- Support them develop their business or idea
- Provide information on training, funding and other available support and resources
- Support individuals to develop and deliver a quality service in line with current Welsh Government legislation and regulations
- Providing links to a network of other micro-care providers for mutual support

As of February 2022, there were 20 Micro-carers trading in Flintshire.

<b>Direct Payment Hours Delivered</b>	<b>April 20 - March 21</b>	<b>April 21 - October 2021</b>	<b>Total over pilot period (To Jan 22)</b>
Direct Payment Care Hours	1680.00	1813.00	3493.00
Direct Payment Support Hours	2377.00	11464.75	13841.75
Direct Payment Wellbeing hours	0.00	86.50	86.50
<b>Average Total no. of hours deliver over for the pilot</b>	<b>4057.00</b>	<b>13364.25</b>	<b>17421.25</b>

<b>Private Hours Delivered</b>	<b>April 20 - March 21</b>	<b>April 21 - January 2022</b>	<b>Total over period</b>
Private - Care Hours	233.50	1212.50	1446.00
Private - Support Hours	660.25	2705.25	3365.50
Private - Wellbeing hours	1272.50	2370.50	3643.00
<b>Average Total no. of hours deliver over for the pilot</b>	<b>2166.25</b>	<b>6288.25</b>	<b>8454.50</b>

As well as the above, we have successfully established a virtual micro-care network group, meeting on average every two weeks. The Flintshire Micro-Care Team have also created micro-care web pages for use by both micro-carers and people looking for micro-carers. It provides key information for people considering working as a micro-carer. For the public it also has explanations about micro-care and lists micro-carers and their contact details. This will support our aim to develop ongoing sustainability in the project. The website is located at [www.careatflintshire.co.uk](http://www.careatflintshire.co.uk)

This programme is now moving out of the 'pilot' phase and incorporated in to our offer.

## 5.2 MARKET STABILITY

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

There is a challenge of a deficit of care workers, those requiring care are struggling with a decreasing pool of carers. Large care agencies have premises and overheads to pay for and

investors/stakeholders to satisfy, so care per hour costs are higher, sadly not passed onto the caring staff, many of whom are on minimum or just above. The latter point does not help to retain or encourage new people into the caring roll.

Within Older People's services, there is a diverse provider base, no reliance on one provider. However within LD/PD, there is a small number of providers to choose from who are relied upon to meet the needs of the service.

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

### **Support for the sector**

The Contracts and Commissioning Team have facilitated regular meetings with residential care, domiciliary care and Supported Living providers. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also 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.

The Council have also worked with Mind in North East Wales to provide extra support for social care workers. Information, talking therapies and activities designed to support wellbeing during this difficult time were available.

## **5.3 Consideration of Market Quality**

### **Progress for Providers**

Progress for Providers in Care Homes is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes. 'Personalised Support' is a key aim of national policy and means tailoring support to the individual, and enabling them to have as much choice and control over their service and life as possible, rather than supporting everyone in the same way. This means learning what matters to the person and ensuring that any support wanted or needed is shaped by this. Using person-centred thinking tools and approaches helps staff to provide the best support that they can in ways that reflect what is important to the person. Working in this way is not about doing more, but about doing things differently.

The programme has been expanded to include domiciliary and extra care services and in 2020/21, the Progress for Providers Programme has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector.

#### **5.4 Provision of service in the Welsh Language**

As part of the Mwy Na Geiriau framework the Council ensures that service users and their families are in receipt of the Active Offer. Whilst this has been taken up for some social work assessments, individuals and their families are aware of the current shortage in care staff and we have not received requests for care to be delivered by Welsh speaking carers. We are however, very conscious of this and throughout the recent pandemic have observed an increase in the numbers of staff who are learning Welsh and those who are re-kindling previous Welsh language skills which many not have been used for many years. The Council works in partnership with our local FEI to provide Welsh Language courses at all levels to meet individual's needs

#### **5.5 Sustainability of provision**

Flintshire County Council has recently employed a Planning and Development Officer to support the independent adult social care sector through the recent COVID-19 pandemic, and to become confident and resilient to meet the support needs of older people in Flintshire into the future. The officer will work closely with the adult social care sector to aid sustainability and recovery following the pandemic. This will include supporting with sustainability plans and recruitment drives in house and across the sector.

#### **5.6 Risks to market stability**

Both in-house and independent care providers continue to have significant staff vacancies as existing carers vacate the care sector for a variety of well-rehearsed reasons.

This is of concern with regards to the stability of the market and our ability to deliver care particularly to harder to reach areas

Whilst Welsh Government have made provision for the delivery of the Real Living Wage to direct care workers, the impact of this on pay compression and none care staff may have an impact on market stability as the next financial year unfolds.

Business costs, outside of wages are also increasing with inflation escalating and fuel costs in particular increasing significantly. For Domiciliary Care this has a significant impact on the attractiveness of the role and the financial viability of existing business models.

Recently, we have experienced the repercussions of the requirements for training and registration on the local markets, with some England based providers withdrawing services from Flintshire as they are reluctant to train staff to meet the requirements for registration with Social Care Wales. This has affected our ability to source care in areas which border England, such as Broughton, Sealand and Saltney.

#### **5.7 NON-REGULATED PROVISION [PREVENTATIVE SERVICES]**

A long term priority for Flintshire County Council is to continue to support people to regain their independence, reduce reliance on the statutory care sector. This will be done by providing effective access to the social prescribing / third sector services through the Single Point of Access as well as effective management of admissions to set up / step down placements.

#### **Local examples of community approaches:**

Age Friendly Communities - The Ageing Well in Flintshire Action Plan identifies what needs to be done and by whom, to make growing older in Flintshire a good place to be.

Single Point of Access (SPoA) - SPoA is multi-agency initiatives in Flintshire providing support for adults. By telephoning just one number an individual will be able to speak to someone about community health, wellbeing and care services. Access to information, advice, assistance, assessment and co-ordinated care will be available. SPoA also supports a co-ordinator who can advise and signpost to organisations within the Third Sector.

DEWIS - Dewis Cymru is a website that aims to help people with well-being, whether that's their own well-being or the well-being of a family member or friend.

The website contains information that can help people think about what matters to them and has information on services that can be accessed for support. Organisations across Wales can upload their own information to the site

## **5.8 Social Value**

The **recruitment of volunteers** began at the start of April, initiated by colleagues in FLVC. In mid-April, FLVC handed over a group of around 70 volunteers to the Social Services Deployment Team.

The Workforce Development Team, supported by FLVC, provided some basic training to volunteers, relating to safeguarding, food hygiene, health and safety, consent, data protection, dignity, principles of care and confidentiality. By the end of April 2020, following the training and required DBS checks, a group of 64 volunteers were available for deployment to volunteering opportunities across the county.

The volunteer group provided support from April to August to a number of activities and initiatives including twice-weekly delivery of PPE for staff at older people's care homes and domiciliary providers and schools, weekly shopping deliveries to two Supported Living Homes, delivery of donates chocolate eggs, 1:1 telephone support, Well Fed project and Food Bank Food parcel delivery; and delivery of iPads and Codgers Quarterly Newsletter to reduce isolation in care settings. Volunteers also supported the opening of Tŷ Treffynnon care home and transported an employee to shifts at an independent sector care home.

In 2020/21, the Progress for Providers Programme has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector. Working with Helen Sanderson Associates once again, providers were engaged to review and adapt the existing Progress for Providers self-

assessment tool to ensure it was aspirational and reflective of existing high standards within the sector.

Representatives from in-house and independent provider services worked with the Council to create a new, bespoke version of Progress for Providers, a version that acknowledges the particular importance of digital communication for people with learning disabilities. The programme supports the implementation of both the North Wales Learning Disability Strategy and Welsh Government Improving Lives Programme.

12 independent sector providers and the Council's in-house services have signed up to the part of the programme.

## 5.9 Resources

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

- Promoting third sector organisations, services and activities to statutory partners
- Representing the third sector at strategic planning and partnership groups
- Engaging the third sector in consultations and engagement about health and social services
- Promoting partnership working within the third sector and across sectors
- Signpost to or provide business support and funding
- Provide training to organisations to improve their capacity and effectiveness
- Explain the complexities of commissioning and procurement
- Help keep services up to date with the latest evidence base, and guide you through the changes in NHS and local authority structures.
- Help the start-up of new services or groups
- Support the third sector in Flintshire and Wrexham to access FLVC and AVOW's services

## 5.10 Direct Payments

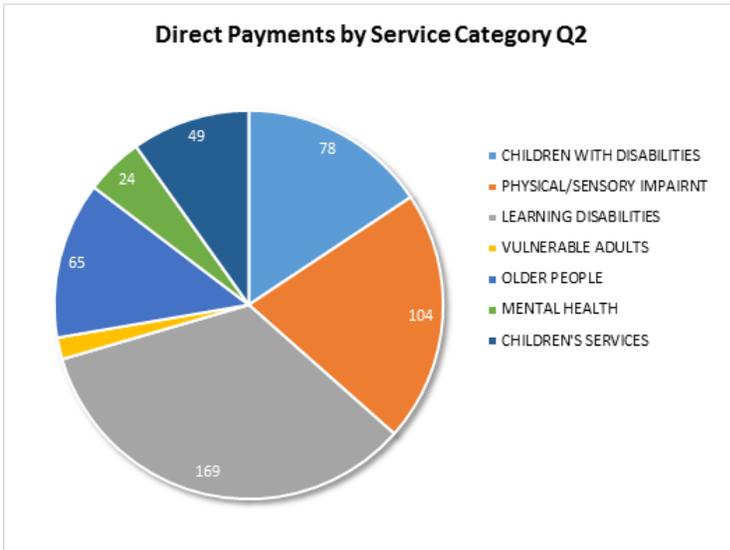
Direct payments are monetary amounts made available by local authorities to individuals, or their representatives, to enable them to arrange bespoke solutions that meet their assessed care and support needs, and achieve agreed well-being outcomes. In the case of informal Carers direct payments can be used to meet their eligible support needs.

Direct Payments support a collaborative approach to designing bespoke care and support solutions. Individuals with eligible care and support needs are empowered to focus on what matters to them, identify key outcomes that enable them to live their best life.

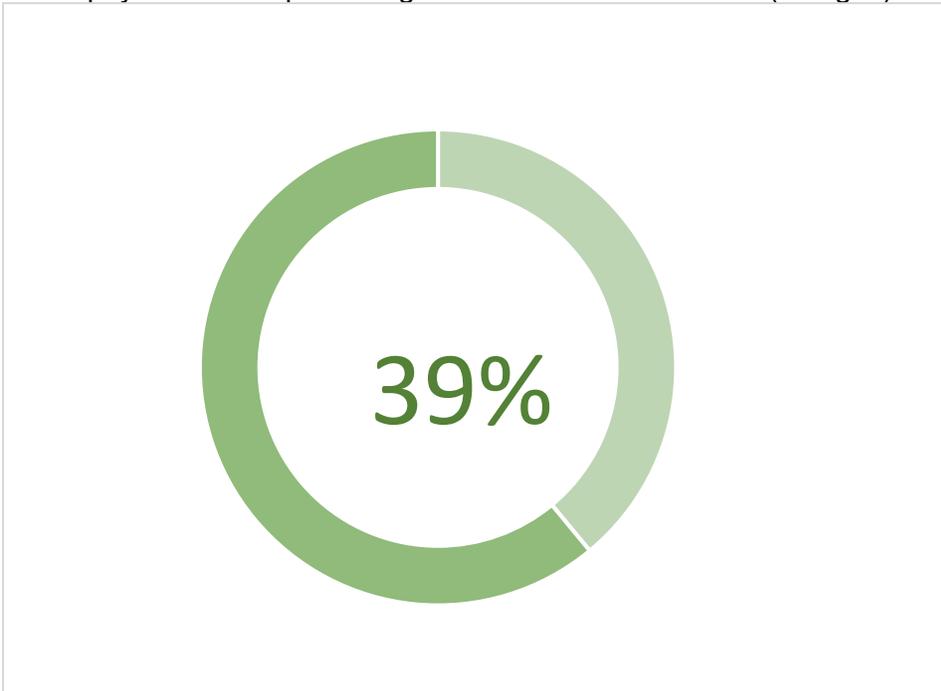
Direct payments are an important mechanism by which people can exercise choice, voice and control to decide how to achieve their needs for care and support and achieve their personal outcomes. In Flintshire our approaches focus on strengths and outcomes, they aim to enable citizens to retain autonomy over their life, support, self-determination and autonomy and efficient use of resources.

Direct payments feature strongly throughout the SSWB (Wales) Act 2014 as a means of helping people exercise choice and control. In the provision of, and operation of direct payments, local arrangements are aligned with The Care and Support (Direct Payments) (Wales) Regulations 2015' made under sections 50, 51, 52 and 54 of the Act.

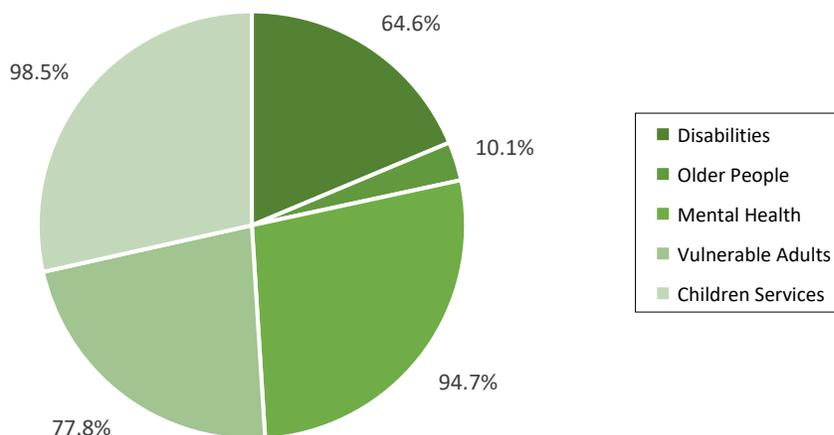
*During Quarter 2 (July to Sept) 498 people received a Direct Payment in Flintshire. This represents the highest number of recipients per head of population of any Welsh Local Authority. Direct Payments currently make up 39% of Home based services.*



Direct payments as a percentage of Home Based Services (All ages) 2021/22



% of "home-based" services delivered via a direct payment by area 2021/22



### Direct Payments Support Service

In recent years the Flintshire Direct Payments Support Services has been completely redesigned and now provides a far more holistic service benefitting both Flintshire Citizens, social services and third sector partners.

#### Key benefits of the service:

- Far greater control over the service and how it meets the department's priorities.
- Service works collaboratively with social work teams to embed person centered practices in line with the SSWB (Wales) 2014 Act
- Shared systems, improved communication, and better access to the service.
- Outcomes focused Referral process centers on what is to be achieved and supports joint working with the individual to own the outcome and develop bespoke solutions.
- Better placed to work in partnership with third sector organisations.
- Autonomy to develop, test and imbed innovation in line with the depts. Ambition and priorities.
- Far more holistic approach centered on the needs of citizens in the first instance, but also practitioners, communities, partners etc.
- Consideration for the Personal Assistant market in terms of standards, quality, training and opportunities for progression.
- Support that is proportionate. Importantly, we don't want to over support people, but enable them to manage their own arrangements.

#### Some feedback from citizens using Direct Payments.

- *"My life before direct payments was sometimes chaotic with Agency support. My team support each other and I am never let down now!"*
- *"Yes, it means our son has time away from the family unit to build on his confidence and gives the rest of the family some down time to do things we couldn't normally do"*
- *"It provides the freedom to use the funds to enrich my son's life in ways best suited to his needs and well-being. I recruit my Personal Assistants for my son so that he has a mix of ages and sexes and train them myself to help them better understand his*

needs”.

- *The system has enabled me to find the most appropriate care for my husband, its flexibility has given me as a carer much needed support”.*
- *“I employ a Personal Assistant, without him I would be lost”*

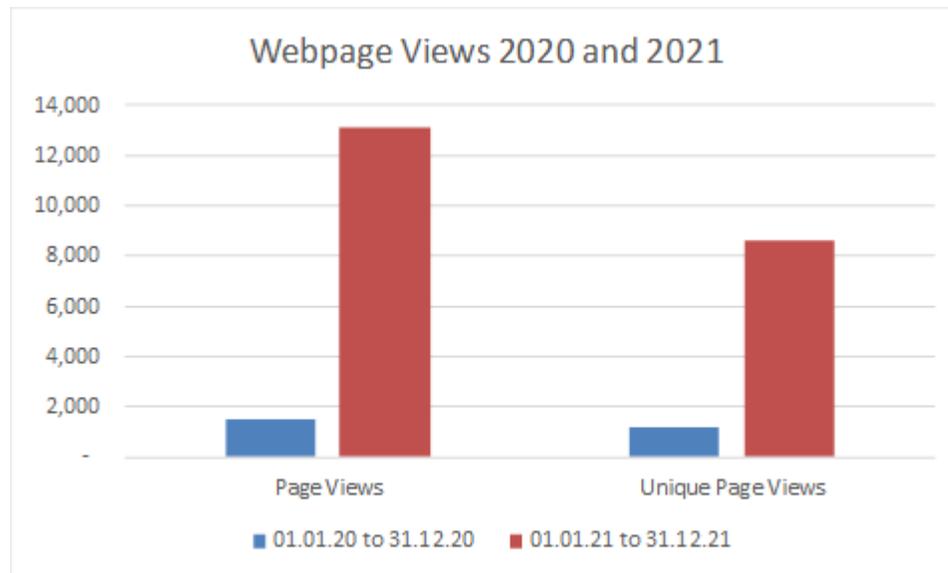
### **Direct Payments Web Pages**

Working in partnership with Flintshire I.T we redesigned our web based Direct Payments pages. Our focus has been on improving information, accessibility and usability. Our vision was to co-produce a one stop shop for citizens to obtain information, advice and support in relation to direct payments and independent living.

Feedback from citizens, colleagues and third sector stakeholders confirms that our approach has been very well received. The platform aims to encourage people to find out more about direct payments and consider whether they might benefit from increased choice, control and flexibility around available options to meet their assessed care and support needs.

The following graphics help demonstrate the significant difference our newly designed approaches to providing citizens with web based information, advice and support has had.

Total of all webpages	01.01.20 to 31.12.20	01.01.21 to 31.12.21	% increase
<b>Page Views</b>	1,512	13,109	766.99%
<b>Unique Page Views</b>	1,181	8,584	626.84%



Link:

<https://www.flintshire.gov.uk/en/Resident/Social-Services/Direct-Payments/Home.aspx>

### **Personal Assistant Workforce**

For many citizens having maximum choice and control over how their physical support is met, directly employing Personal Assistants is a very attractive and rewarding option.

We have worked in collaboration with Citizens to design and implement a unique platform that supports both direct payments employers and Personal Assistants.

The Flintshire PA Portal enables direct payments employers to search for available PA's in their area autonomously and for PA's to promote themselves and their availability to work.

Personal Assistants complete a profile describing themselves, their experience, availability etc. and prospective direct payments employers can search the data base and engage with people they feel may be able to help meet their needs and/or achieve personal well-being outcomes.

Recently we have added a vacancy page that enables citizens to post their requirements i.e. needs to be met/outcomes to be achieved, making the system a two way process.

Link:

<https://www.flintshire.gov.uk/en/Resident/Social-Services/Direct-Payments/PA-Portal.aspx>

### **Direct Payments promotional Films**

Working in partnership with a small local film company (Follow Films) we have supported Flintshire Direct Payments recipients to tell their unique stories of their lives and how direct payments have contributed towards them achieving positive outcomes and improved life experiences.

We are all very proud of the films that have been produced so far. The impact of these films and the feedback received has been significant and the films are now being utilised by local authorities and institutions far and wide.

Links:

<https://www.youtube.com/watch?v=ko8MnMw9sS8>

<https://www.youtube.com/watch?v=IEPcGb7RwrQ>

<https://www.youtube.com/watch?v=MVITQR1q-eA>

[https://www.youtube.com/watch?v=qBqY\\_xiBw9U](https://www.youtube.com/watch?v=qBqY_xiBw9U)

<https://www.youtube.com/watch?v=eJPeFZEYrzo>

## **5.11 Self funders**

We have introduced an online financial self-assessment to give people the opportunity to arrange their own self-funded care.

## **5.12 Workforce**

Identified issues include:

- Difficulty of the work duties and how hard it is
- The pandemic has left people wanting to retire early
- The difficulty of the work / clients
- The pay

The North Wales Social Care and Community Health Workforce is in a time of unprecedented change whereby they are required to deliver services differently with a focus on prevention,

protection, intervention, partnership and integrated working, coproduction and empowerment; requiring a different emphasis on workforce skills and training.

The sector provides a wide range of care and support across a range of settings including people's homes, residential and nursing homes, hospitals and community settings, making it one of the most diverse workforces across a range of organisations and people including social care, health, the independent sector including private and third sector organisations and carers.

Delivering the Social Services & Well-being (Wales) Act 2014 requires that not only health and social care partners deliver integrated services, but that there is a greater emphasis on partnership working with other sectors such as housing, education and corporate services, to meet an individual's needs.

The introduction of new working practices in meeting the requirements of the Social Services and Well-being (Wales) Act 2014 is likely to lead to skills gaps in the social care and health workforce reflecting the substantial changes in social care and health organisations, including the introduction of new legislation and the restructuring of services.

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

There are approximately 15,000 domiciliary care staff employed by commissioned care providers in Wales (Care Council for Wales, 2015). Welsh Government's consultation in to the Domiciliary Workforce (2016) recommends that those working in the sector are recognised as the skilled professionals they are. The negative image of the sector must be challenged to encourage people to join the social care workforce.

The key factor highlighted by this consultation included:

- Low wages
- Work pressures
- Unsociable hours
- Poor terms and conditions
- 'Zero hours' or 'non-guaranteed hours' contracts deterring people from joining the sector, as there were no guaranteed hours
- Some call times not enough to address the needs of the individual
- Lack of training and career development opportunities
- Seen as a low status job compared to healthcare

Flintshire County Council has bought in to the Carefirst Employee Assistance Programme. Carefirst provides confidential, impartial advice and support 24 hours a day, 365 days a year, online or via the freephone telephone number. The service is free for all employees to access whenever they need it.

Carefirst offers free and confidential assessment, short term counselling and follow up services to employees who have personal and/or work related problems. These can include from complex issues affecting mental and emotional well-being, such as alcohol and

substance abuse, stress, grief, family problems and psychological disorders. A similar form of support may be of benefit to those working in the sector to build a resilient, supported workforce. The effect on sickness levels and retention levels can be monitored alongside and implementation.

For many citizens wanting maximum choice and control over how their physical support is met, employing Personal Assistants is a very attractive option.

Personal Assistants are employed directly by the person needing help and support, or by an appointed Suitable Person. Supported by the Flintshire Direct Payments team citizens are assisted to explore their networks to identify and recruit the perfect person for them. People generally want to employ people they can develop a trusting relationship with and many PA's stay with their employer and adapt to their changing needs over considerable lengths of time.

There are approximately 500 personal Assistants working across Flintshire, supporting some of our most vulnerable citizens. They are a diverse workforce made up of a wide range of people delivering support for numerous different reasons.

The Flintshire direct payments scheme has consciously set out to change the support available for this significant, but sometimes disassociated workforce. Some of the initiatives to date are:

- Personal Assistant Coordinator engaging with the workforce. Pastoral support for PA's working in complex/isolated positions being built into the role.
- Personal Assistant Code of Conduct developed and implemented. This has helped PA's understand their role, where they fit in and what the expectations of them are.
- Flintshire Personal Assistant Induction Certificate developed around 7 core modules and designed specifically around the PA role. Since its introduction 11 PA's have completed the certificate and a further 35 are working towards the award. For PA's enrolled on the scheme there are a further 50 training modules that they are able to access in their own time. This is the first initiative of its kind and we are in discussions with Social Care Wales regarding the potential for a National approach.
- Personal Assistant Portal developed to aid recruitment for direct payments employers and to promote work opportunities for prospective PA's.

Dedicated Direct Payments Social Media pages developed and being embedded

The recruitment of care and support staff, has historically been problematic due to the small workforce pool, lack of awareness or recognition of the roles and the risk of destabilising the private market. However, following a review of our recruitment and the launch of new initiatives such as, WeCare campaign and the values based recruitment work, we have seen an increase in the number of new and returning candidates to the profession.

### **5.13 Conclusions and Recommendations**

There are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. There are suggestions on how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

Other local actions include:

- Move Micro-care from a pilot programme to part of the ongoing Social Services offer.

## **Appendix 1**

### **Summary Findings of Care Home Business Diagnostics (2017)**

#### **General description of business**

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

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

#### **Client/Patient Base**

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

#### **Staff**

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

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

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

#### **Training**

All homes visited were very proud of their training record and acknowledged the value of the Flintshire County Council training vouchers. The homes owned by a group have their own training programmes in place and often used external training providers. They recognise the value of career progression and remarked that this policy often assisted in staff retention rates. Smaller family owned homes found the cost element to be more of a handicap but still

recognised the need. There was a willingness for managers to broaden their management skills but stated that time to train was a major barrier in them not proceeding.

### **Premises**

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

### **Sales and Marketing**

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

### **Asset Management**

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

**Environmental and Energy.** The cost of utilities was highlighted as an issue and there was a distinct difference between group owned and privately owned homes. The group owned homes had a central utilities policy and the purchasing decisions were not made by the registered manager, but the privately-owned homes were very conscious of the cost implications. Heating costs were the biggest concern and many of the businesses had signs of being very inefficient. Several homes suggested that they would be interested in a joint procurement project to give themselves a stronger buying power. The value of a robust Waste policy is an area that is becoming more topical and most homes indicated that if we were able to provide support in this area, it would be welcomed.

### **Finance**

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

**Compliance**

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

**Growth**

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

## Appendix 2 – Feedback from workshops with Responsible Individuals

In October 2021, the Contracts & Commissioning Teams arranged workshops with Responsible Individuals of local regulated services to gather feedback to support the regional Market Stability Report.

The workshops focused on strengths, weaknesses, opportunities and threats to the sector at the present time.



MSR - Dom care  
SWOT 14.10.21.pdf



MSR - Residential  
SWOT 15.10.21.pdf



MSR - Supported  
Living SWOT 15.10.2

## **Appendix 3 – North Wales Regional Survey for Registered Market Providers**

### **Introduction**

This short survey is part of a programme of data analysis and engagement with care providers across the North Wales region as a precursor to the preparation of a Regional Market Stability Report.

This online survey is targeted at non local authority providers located across the 6 Local Authority council areas of Ynys Môn, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham which includes the footprint of the Betsi Cadwaladr University Health Board.

The survey is for those that provide the following statutory services:

- Care Home Services (Adult)
- Care Home Services (Children)
- Secure Accommodation Services (Children)
- Residential Family Services
- Adoption Services
- Fostering Services
- Adult Placement ('Shared Lives') Services
- Advocacy Services
- Domiciliary Care Services
- Supported Living

Providers have helped design this survey and will seek to provide an up-to-date snapshot of the regional care market and insights as to future business intentions, complemented by detailed analysis of available data.

The survey and data analysis will be followed up with a programme of interviews with providers to explore the issues raised in more depth to inform a series of recommendations at both council and regional level. For those interested in the interviews, there is an opportunity to sign-up at the end of this survey.

### **Commissioning context**

The North Wales Regional Partnership (formed of the 6 County Councils and Betsi Cadwaladr University Health Board), under the direction of the Regional Partnership Board, has identified integrated commissioning as a key priority and statutory partners are committed to working with providers across sectors in a spirit of co-production to shape future delivery models of care and ensure that the market locally remains robust and is supported to deliver the care that our citizens expect.

This survey is providing you with the chance to tell us what you think the opportunities and challenges are moving forwards. What you tell us will be a vital part in ensuring our focus and our resources remain on supporting an innovative and flourishing care sector in this part of Wales.

### **Completing the survey**

Please complete the survey from the perspective of your registered care sector or service, even if you are part of a larger group of registered care / nursing homes or other care services.

We are encouraging you to answer every question where appropriate, but if you have any queries then please do not hesitate to contact us at:  
[northwalescollaborative@denbighshire.gov.uk](mailto:northwalescollaborative@denbighshire.gov.uk)

### **Data protection and confidentiality**

Survey responses will be collected using Snap Survey. For information on how and where your data will be stored, please see Snap Survey's privacy policy. The information you give us will be anonymised and your comments will not be identifiable.

### **Results**



FCC - MSR Provider  
Survey Final 010422