



Report to:	Care Scrutiny Committee
Date	7 July 2022
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Regional Lead / SRO:	Morwena Edwards and Clare Darlington (Joint Chairs of the Regional Commissioning Board)
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Subject:	North Wales Market Stability Report - Draft Report 2022

1 Purpose of the report

- 1.1 To provide an overview of the North Wales Market Stability Report 2022 [MSR] (Appendix 1) which has been produced as a requirement of the Social Services and Well-being (Wales) Act 2014.
- 1.2 A single regional MSR report must be produced for the North Wales Region and be approved by Full Council for each of the local authority areas (Gwynedd, Ynys Mon, Conwy, Denbighshire, Flintshire and Wrexham) and the Board of the Local Health Board.
- 1.3 The assessment of the care market should be produced and published by June 2022. A draft of this report has been shared with Welsh Government. However it has been made very clear to Welsh Government that this is an early draft that has not been approved yet by the full Councils of each Local Authority and the Health Board. This approval process is taking place July – October 2022 with the Final version of the MSR going to the Regional Partnership Board (RPB) at their November 2022 meeting before being submitted to Welsh Government.

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

2 What is the reason for making this report?

- 2.1 To seek the committee's support for the approval of the North Wales Market Stability Report by the Cabinet and Council.

3 Recommendation

- 3.1 That the committee approves the North Wales Market Stability Report 2022 for submission to the Cabinet and Council.

4 Report details

- 4.1 The Welsh Government has introduced the Code of Practice for the preparation of Market Stability Reports to support this requirement stated in the Social Services and Wellbeing Act (2014).

- 4.2 The MSR Code of Practice requires that local authorities and local health boards work in partnership to prepare and publish market stability report based on data for each local authority area as well as an aggregated version on an RPB footprint. The Code of Practice states that:

"The duty to prepare and publish a market stability report, as set out in the 2014 Act, sits with each local authority, but the Regulations require them to carry out this function on a regional footprint and in partnership with the Local Health Board, so that one market stability report will be prepared for each of the seven RPB areas across Wales" [CoP Section 3.11]

- 4.3 However, local authorities must ensure that the market stability report also contains an assessment of the market for care and support within each local authority area as well as across the RPB area as a whole [CoP Section 3.13].

- 4.4 In this way, the report will inform both **regional and local decision-making** around commissioning care and support (especially, but not exclusively, regulated services), feeding into the strategic area plan for the RPB area and helping shape local and regional commissioning strategies [CoP Section 3.14].

- 4.5 In preparing their market stability reports, local authorities must carry out, in partnership with the Local Health Board and other RPB partners, an assessment of both:

- a) *the **sufficiency of care and support** in meeting the needs and demand for social care as set out in the population needs assessment, and*
- b) *the **stability of the market** for regulated services providing care and support [CoP section 4.2].*

- 4.6 The market stability assessment focuses on regulated services. These are:

- care home services (adult and children's)
- secure accommodation services (for children)
- residential family centre services
- adoption services

- fostering services
- adult placement ('shared lives') services
- advocacy services
- domiciliary support services

4.7 The MSR Code of Practice also states that whilst Preventative services are not regulated services it requires local authorities and Local Health Boards to set out the range and level of preventative services that will be required to meet those needs identified in the Population Needs Assessment and assess how the availability of preventative services can also have a major impact upon the need for regulated services. Therefore, Preventative services must be considered as part of the MSR.

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

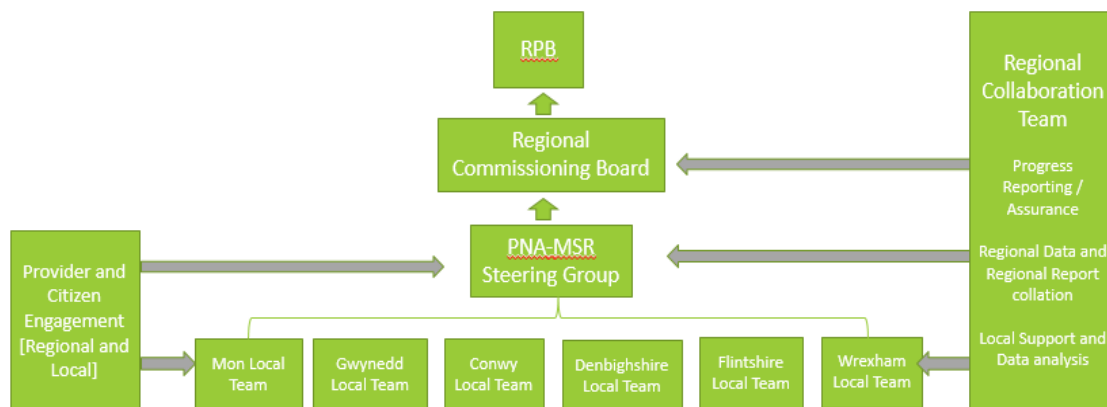
- a) Social Value
- b) The Welsh Language
- c) Workforce
- d) Direct Payments and self-funded provision

4.9 There is a strong link between the MSR and the recently produced North Wales Population Needs Assessment 2022 where the population needs assessment sets out current and projected need and demand for care and support, and the range and level of services that will be required to meet that demand. The market stability report will assess the sufficiency of the care and support provided in meeting the needs and demand established through the population needs assessment.

4.10 Whilst the MSR is a statutory requirement, this is not the main reason for undertaking the work. The MSR is a vital document that provides an evidence base to support organisations and services across the region, specifically it is to be used for strategic planning cycles underpinning the integration of services and support partnership arrangements.

4.11 Significant officer time has been involved in the production of local working papers, data analysis and research to inform the regional report. These working papers, although not published as part of the regional report, are valuable local planning documents. The approach we have taken to this work is detailed in Figure 1 below.

Figure 1 – North Wales Approach to the development of the PNA&MSR



- 4.12 Both the PNA and MSR documents will be used to plan local and regional delivery plan and service development plans going forward. The key local messages are in Section 5 of this paper.
- 4.13 It is also vital that both documents are kept up to date and are used as live document for on-going planning. Therefore, the PNA-MSR Steering Group [see Figure 1] will continue to meet to undertake this updating and ongoing review of both documents and to work with the local teams on the development of the regional and local implementation/delivery plans.
- 4.14 The requirement to produce an accessible, regional report in a short timescale has limited what can be included. The work has been carried out during a very challenging time due to the pressures and capacity across the partner organisations. It has involved a significant effort by officers to ensure that a meaningful document was produced.
- 4.15 It should also be noted that very little national data on the care market was available and thus we have relied heavily on local and regional commissioning information.
- 4.16 The final MSR document is therefore not perfect and we recommend updating as new national data becomes available and more work is carried out locally e.g. the impact of Covid, financial challenges and the impact of re-balancing social care on the on the care market. We will develop an on-going process to improve and update the MSR so that it remains meaningful and current. This will also help make it a more manageable process.
- 4.17 The MSR is a co-produced document and engagement led. Local and regional lead officers undertook data analysis, background literature reviews, service reviews and additional focussed local engagement work. The key issues and themes identified are based on consultation and feedback from staff, partner organisations, Public Health Wales and local Health Board colleagues, service users and the general public to identify strategic needs for care and support. This included information from existing commissioning strategies and needs assessments.

4.18 As such our co-production approach to the work means that we have a meaningful and informed MSR document that involved a wide variety of people, as opposed to a document created in isolation via a desk-top exercise, which has been the approach employed by some other regions of Wales.

5. Key Local Messages

5.1 Residential and nursing

- The demand for nursing and residential care home placements is likely to increase
- We are continuing to develop dementia units in the Council's residential care homes
- There is a need for specialist dementia care; there is no nursing/dementia provision in Meirionnydd nor Llŷn
- There is a lack of specialist residential and nursing placements for older people with a learning disability who also have physical health and dementia needs
- There is a need for sustainable and sufficient care home fees
- There is a lack of community support workers in the learning disability field
- There is no specialist mental health provision including for autism and severe mental illness
- There is a gap in residential and nursing care for young people with physical and sensory needs

5.2 Living with support

- The demand for extra care housing is greater than the provision, and there are plans underway to develop more
- The relationship with supported living providers is a good one, and also between providers, with providers working together to complete their rotas

5.3 Domiciliary care

- It is forecast that 1050 in Gwynedd will find it difficult to deal with independent living tasks by 2040, an increase of 20%
- There is not enough domiciliary care to meet need, particularly in the. Eifionydd and Pwllheli areas
- We are developing a new domiciliary care model in Gwynedd which will focus on what is important for the individual and will tailor the care around that

5.4 Services for children and families

- There is a lack of provision in Wales and also in England, with providers therefore acting selectively and avoiding accepting placements of children with intensive needs
- The lack of capacity pushes fees higher
- More providers are needed who can deliver their services in Welsh

- 10/16 (63%) of Gwynedd children's residential placements have been made outside north Wales
- The increase in Gwynedd housing stock prices makes a business case in Gwynedd less attractive
- There is a lack of specialist provision for children and young people with complex behavioural and emotional needs

5.5 Fostering

- Children in Gwynedd have been increasingly placed into foster placements within Gwynedd
- Around 20 new foster placements are needed each year to improve provision
- Lack of funding often results in using out of county providers which in turn means higher costs

5.6 Carers

- Some carers who need support find it difficult to find alternative care and go for long periods without a break
- A wide range of support for unpaid carers is funded through long term grants which can lead to destabilising some services

5.7 Workforce

- 57% of the care workforce are fluent Welsh speakers
- Staff recruitment is a problem across the sector

5.8 It should be noted that the local data we have used for the MSR is continuously changing and that we take this into consideration when planning our services.

5.9 As detailed above the local working papers and the full MSR document will be used locally to inform future service planning, particularly in post pandemic recovery. It will be a key document to consider in the development of the Market Stability Report as well as informing the local Wellbeing Plan and also will feed in to other documents, including the Community Strategy, Tackling Poverty plans and Housing/Supporting People plans.

6 What consultations have been carried out?

6.1 As detailed in Figure 1, The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the work for the technical, engagement, data and other theme-based groups to lead on specific tasks. Membership of the groups is from each North Wales local authority, Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales and other parties with an interest in the needs assessment such as officers for the PSBs.

6.2 Engagement for the MSR included: a questionnaire for organisations that asks for their views and evidence; engagement with different sector providers e.g. third sector and also local workshops with providers. This has provided rich qualitative data to inform the MSR. Further findings are available on the [regional collaboration engagement database](#), which is an ongoing project to

improve the coordination of engagement activities across the region and enable better use of the findings.

7 How does the decision contribute to the corporate priorities?

- 7.1 The MSR assessment of the sufficiency and stability of the market for regulated care and support services adds to the assessment of care and support needs of the population contained in the PNA. Both the PNA and MSR documents contribute to regional and local level strategic planning cycles, consequently this will support the local authorities' corporate priorities that are linked to the health and social care needs of its resident population.
- 7.2 A Well-being Assessment must be produced as a requirement of the Well-being of Future Generations (Wales) Act 2015 by each Public Service Board. The population assessment considered the care and support needs of the population while the Well-being Assessment covers prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. There is overlap between the two so the project team for the MSR are liaising with officers for the PSBs about the progress of the needs assessment and Well-being assessments and sharing information where necessary.
- 7.3 As well as informing our local plans, the next phase of the project will also involve using the population assessment and the market stability report to develop an area plan for the region. Future work on the area plan may involve further research and consultation to explore priority areas in more depth before agreeing which areas to prioritise for regional work. The area plan is to be developed and published in 2023.

8 Resource implications

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

9 Risks and Impact Assessment

- 9.1 It has not been possible to gain approval from all six councils and the Board of BCUHB by the original date given in the MSR code of practice of June 2022 due to time needed to capture data and undertake the market analysis as well as the timetable of governance meetings of each local authority and health

board. To mitigate this, we have liaised closely with Welsh Government regarding our revised timescales and have also sent them an early draft of the document for information.

9.2 The EQIA is given in Appendix 2.

Background papers	Location	Website info.
Social Services and Well-being (Wales) Act 2014: Code of Practice		http://www.ccwales.org.uk/codes-of-practice-and-statutory-guidance/

